Quality Assurance Bulletin

April 9, 2007 No. 07-I

Program Support Bureau

Los Angeles County, Department of Mental Health

PROCEDURE CODES ALERT

ACCURATE USAGE OF INDIVIDUAL PSYCHOTHERAPY VERSUS INDIVIDUAL REHABILITATION PROCEDURE CODES

The necessity for this Code Alert became apparent when a significant coding error rate was discovered following a review by the Department Compliance Program Office staff of DMH and Contractor claiming transactions for October, November, and December 2006. Based on the review, it appears there is significant and widespread confusion between Individual Psychotherapy and Individual Rehabilitation types of service. Staff not eligible to use Individual Psychotherapy procedure codes for services they provide were, in fact, using these codes. The purpose of this Code Alert is to ensure that the distinction between these services is clear.

Individual Psychotherapy – Procedure code use restricted to five licensed disciplines providing psychotherapy

Page 3 of the December 18, 2006 Procedure Code Guide defines Individual Psychotherapy services (procedure codes 90804, 90806, 90808, 90810, 90812, and 90814). The service must be entirely psychotherapy. It specifies that **any staff claiming services using this code must be licensed, registered, waivered, or student professionals (with co-signature) in the following disciplines: Physicians, Clinical Psychologists, Social Workers, Marriage and Family Therapists, and Nurse Practitioners/Registered Nurses.**

Individual Rehabilitation – Procedure code use restricted only by appropriate scope of practice for the service being rendered

Page 5 of the Procedure Code Guide defines Individual Rehabilitation services (procedure code H2015). It specifies that any staff operating within his/her training/experience and scope of practice may use this code. If unlicensed staff are involved in the delivery of a mental health service to an individual, whether independently or along with licensed staff, the service may only be claimed using H2015. This code is to be used by all staff, licensed or unlicensed, who are delivering Rehab services.

Claims Monitoring Management Responsibility

The Department's commitment to ethical practices requires that all claims comply with the Procedure Code Guide. Management staff, contract and directly-operated, are reminded of their responsibility to ensure this compliance. It is imperative that managers have in place a process for the review of claims to ensure accuracy prior to their submission.

Should you have any questions, please contact your Service Area Procedure Codes Liaisons (see attached.

c: Executive Leadership Team
District Chiefs for Distribution
ACHSA – Wendy Wang
QIC Chairs
Procedure Code Liaisons
Compliance Program Office

Quality Assurance Bulletin

April 16, 2007 No. 07-2

Program Support Bureau

Los Angeles County, Department of Mental Health

PROCEDURE CODES ALERT

INAPPROPRIATE CLAIMING OF OUTPATIENT SERVICES WHEN CLIENT IS IN A 24-HOUR FACILITY

The urgency of this Bulletin is to assist 24-hour facilities in obtaining all appropriate Medi-Cal reimbursement for days a client is in their facility. Currently Department 24-hour facilities are denied thousands of dollars of legitimate Medi-Cal reimbursement because outpatient providers are inappropriately claiming Mental Health Services to Medi-Cal while a client is in a 24-hour facility that has restrictions on claiming services to Medi-Cal. This Bulletin is being issued in association with IS News Bulletin #38. While the IS Bulletin explains to 24-hour providers how they can get reimbursed by Medi-Cal for the majority of days a client is in the facility, it requires that a facility, after its initial claim has been denied, void and re-enter their service data in a manner that does not accurately reflect the client stay in the facility. **This Bulletin explains actions outpatient providers need to take to ensure that 24-hour facility claims do not get denied.**

The SD/MC Organizational Provider's Manual clearly states that **NO** Mental Health Services (such as individual, collateral, team conference/case consultation) are supposed to be claimed to Medi-Cal while a client is in certain types of 24-hour facilities. **If an outpatient claim is submitted and paid by Medi-Cal when a client is in a 24-hour facility for which claiming restrictions exist, ALL the days a client is in the 24-hour facility are denied.** Outpatient claims are almost always entered into the IS and reimbursed prior to 24-hour claims being processed. Thus, outpatient claims are paid and 24-hour claims are denied. For this and other technical reasons, the Department, as yet, has not been able to establish a workable edit for the IS to prevent appropriate 24-hour facility claims from being denied. This means **the Department must rely on outpatient providers to submit claims only to County General Funds when services are provided in a 24-hour facility with claiming restrictions.**

Action required by outpatient providers: All of the following services/codes claim to Medi-Cal as Mental Health Services. Consequently, **the following services/codes should NOT be claimed to Medi-Cal when a client is in a 24-hour facility with Medi-Cal claiming restrictions.**

- Assessment – Codes 90801 & 90802
- Psychological Testing - Codes 96101, 96102, 96103, 90889
- **Individual Psychotherapy and Individual Psychotherapy with Evaluation and Management– Codes 90804 through 90815**
- **Individual Rehabilitation – Codes H2015 & H2025**
- Family & Group – Codes 90847, 90849, 90853, 90857, H2015
- **Collateral – Code 90887**
- **Team Conference/Case Consultation – Codes 99361 & 99362**
- No Contact – Report Writing – Code 90889

24-hour facilities with Medi-Cal Mental Health Services claiming restrictions:
None of the above services/codes should be claimed to Medi-Cal when a client is in any of the following facilities. **If a service is provided while a client is in one of these facilities, the Medi-Cal box must be unchecked prior to submission of the claim.**

- Psychiatric Unit of an Acute General Hospital or a Free-standing Psychiatric Hospital
  - Harbor/UCLA General Hospital
  - LAC/USC at Martin Luther King, Jr. Hospital
  - LAC/USC at Engleside Hospital
  - Olive View General Hospital
  - Gateways Hospital & Mental Health Center
  - Kedren Community Mental Health Center
- Psychiatric Health Facilities (PHF)
  - La Casa PHF in Long Beach
- Mental Health Rehabilitation Center (MHRC)
  - La Casa MHRC in Long Beach
- Institutions for Mental Diseases (IMD)
  - Community Care Center in Duarte
  - Harborview Adolescent Center in Long Beach
  - Laurel Park Center in Pomona
  - Landmark Medical Center in Pomona
  - La Paz in Paramount
  - Meadowbrook Manor in Los Angeles
  - Penn Mar (San Gabriel Valley Convalescent Hospital) in El Monte
  - Olive Vista Center in Pomona
  - Sierra Vista in Highland
  - Starview Adolescent Center in Long Beach
  - View Heights in Los Angeles
- Enriched residential
  - Cedar Street Homes
  - Percy Village
- Crisis Residential Facilities
  - Excelsior House in Inglewood
  - Jump Street in Los Angles

Please note that the restrictions discussed in this Bulletin do not apply to discharge planning provided as a Targeted Case Management (TCM) service for a client in one of these facilities. For TCM discharge planning service only, Medi-Cal can be claimed in these facilities for three (3), thirty (30) non-consecutive days prior to discharge.

c: Executive Leadership Team
District Chiefs for Distribution
ACHSA – Wendy Wang
QIC Chairs
Procedure Code Liaisons
Compliance Program Office
Donna Warren-Kruer for Distribution to Network Providers

Integrated System News Bulletin

Recovering FFP Resulting from Denied Medi-Cal Claims due to the Submission of an OP Claim within the IP Stay

Attention: SD/Medi-Cal 24-Hour Service Providers

STOP – Impact to You

When a twenty-four hour (24 hr) provider, such as a residential or inpatient acute hospital, and an outpatient provider submit claims for services that were provided on the same day, the claim that is entered second is placed on the Duplicate Error Correction Report (DECR). The duplicate claim will deny after 90 days. The State denies the 24 hr provider claim due to a "lock out" which precludes Medi-Cal from reimbursing both an outpatient and a 24 hour provider for the same day. The Medi-Cal policy states services are considered to be all-inclusive of the 24 hr stay. Refer to **"Quality Assurance Bulletin 07-2"** for exceptions to the "lock out" and appropriate claiming of outpatient services when a client is in a 24 hr facility.

CAUTION – What You Need to Know

This issue has been well-recognized with all local counties and the State DMH. The State will soon send their final version of the Companion Guide that includes three new transactions: Void, Correction and Replace (VCR). Once the Void transaction is implemented, the outpatient claim should be voided by the outpatient provider and will be removed from the State DHS database. Then the denied claim submitted by the 24 hr provider can be resubmitted as a Correction transaction.

Until DMH implements the VCR process, an alternate solution is available to all 24 hr providers to recover Medi-Cal dollars resulting from these types of denials.

GO – What You Need to Do

To provide instructions on this procedure of voiding and re-entering these types of denials, training has been scheduled for all 24 hr providers.

There will be two sessions to accommodate users. Both sessions are located at:

DMH CIOB
695 S. Vermont Avenue
Los Angeles, Ca 90005

The training dates and room numbers are:

DATE: May 4, 2007
TIME: 9am – Noon
ROOM: 7th Floor, Conference Room 713

DATE: May 8, 2007
TIME: 1pm – 4pm
ROOM: 6th Floor, Conference Room 603

These dates are subject to change based on provider participation. We will contact you regarding any changes.

We are asking that a maximum of three users per agency please attend. To reserve your attendance, please go the IS Website at http://dmh.lacounty.info/hipaa/cp_home.htm

If you have questions regarding how to register for this training please email Joanne Garcia-Bagues at jgarciabagues@dmh.lacounty.gov

Service Area/Program Procedure Codes Primary Liaisons

Program Area	Name & Phone	Program Area	Name & Phone
SA 1	Marge Borjon (661) 723-4260	ICAT-START	Janel Jones (213) 351-5220
SA 2 – Child	Mark Foster (213) 738-3090	EOB	Irma Castaneda (213) 738-2420
SA 2 – Adult	Kimber Salvaggio (818) 598-6974	CalWORKs/GROW	Elizabeth Gross (213) 738-4253
SA 3	Reina Vidaurri (213) 738-3454	ASOC	Krista Scholton (213) 738-4746
SA 4	Carol Giannini (213) 738-4963	Older Adult	Barbara Massey (213) 351-5369
SA 5	Patrice Grant (310) 268-2508	Harbor/UCLA	Jeffrey Adams (310) 222-3322
SA 6	Rashied Jibri (310) 668-6947	Juvenile Halls & Camps	Mynetta Harvey (213) 738-2113
SA 7	Lupe Ayala (213) 739-6241	Juvenile Courts	Angel Kelly—Blaydes (323) 526-6361
SA 8	Adele Loufek (323) 241-6890	Jails - Adults	Mary Bruce (213) 893-5410
Countywide Child	Belen Fuller (213) 738-6153	Medicare	Judy Porter-Wherry (213) 738-4324
AB3632-Sec I	Adele Katz (310) 268-2521	AB3632-Sec II	Deborah Smith (562) 927-3491