<table>
<thead>
<tr>
<th>SECTIONS</th>
<th>PAGE(S)</th>
<th>LAST UPDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
<td>6/29/18</td>
</tr>
<tr>
<td>MAA Claiming/Reimbursement</td>
<td>5</td>
<td>6/29/18</td>
</tr>
<tr>
<td>Documentation Rules</td>
<td>6</td>
<td>6/29/18</td>
</tr>
<tr>
<td>MAA Notes/Claims</td>
<td>7</td>
<td>6/29/18</td>
</tr>
<tr>
<td>Activity Types</td>
<td>8</td>
<td>6/29/18</td>
</tr>
</tbody>
</table>
INTRODUCTION

Background
The Medicaid program is a joint federal and state health care program designed to offer medical assistance for individuals and families with limited income and resources. The program, which was established under Title XIX of the Social Security Act, is administered by the Centers for Medicare and Medicaid Services (CMS) of the federal Department of Health and Human Resources. In California, the Medicaid program is called Medi-Cal.

Medi-Cal offers a broad array of physical health and mental health services to their beneficiaries. Through a Section 1915 (b) Waiver called the Specialty Mental Health Waiver Program, the state contracts with a mental health plan (MHP) to provide or arrange and pay for the provision of all Specialty Mental Health Services to all county Medi-Cal beneficiaries who meet Medical Necessity criteria. Specialty Mental Health Services are Rehabilitative Services (which include mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential treatment services, and psychiatric health facility services), Psychiatric Inpatient Hospital Services, Targeted Case Management, Psychiatric Services, Psychologist Services, EPSDT Supplemental Specialty Mental Health Services and Psychiatric Nursing Facility Services (CCR §1810.247). The Los Angeles County Department of Mental Health (LACDMH) acts as the local MHP, the entity which enters into an agreement (under the State Contract) with the State Department of Health Care Services (DHCS) to arrange for and/or provide Specialty Mental Health Services.

Purpose
In order to ensure the proper and efficient administration of the Medi-Cal program, DHCS allows LACDMH to claim federal reimbursement for the cost of Medi-Cal Administrative Activities (herein referred to as MAA), that support and maintain the Medi-Cal program. MAA are specific services to:

1. Assist and outreach to potential Medi-Cal eligible individuals

2. Maintain and/or expand Medi-Cal Specialty Mental Health programs

MAA services are considered indirect mental health services. MAA services are not directly related to the assessment and treatment of a client.

In order to assist and outreach to individuals, MAA can be used to:
• Assist a potential client, family member, or community member with accessing any Medi-Cal Specialty Mental Health services

• Encourage and/or refer potential clients to any Medi-Cal Specialty Mental Health funded program and covered services, regardless of whether or not they actually apply

• Assist with completing financial screenings for potential clients (screening must be related to determining potential Medi-Cal Eligibility)

• Assist with scheduling and following up on appointments made for potential clients who are applying for Medi-Cal benefits

• Outreach and engage potential Medi-Cal eligible clients

In order to maintain and expand Medi-Cal Specialty Mental Health Programs, MAA can be used to:

• Provide or attend trainings specific to learning about MAA claimable activities (this does not include trainings regarding how to claim for MAA or clinical trainings related to Specialty Mental Health Services)

• Assist contracted providers with understanding County, State, or Federal Rules related to Medi-Cal covered services

• Participate in the development of a new Specialty Mental Health program or expanding an existing Specialty Mental Health program
**General Claiming/Reimbursement Rules**

- Services shall be provided within scope of practice of the staff delivering the services.

- Staff who provide MAA activities and claim for MAA must have a National Provider Identification (NPI) number.

- MAA should be provided in the setting and manner most appropriate to the needs of the individual, organization/agency, or community.

- If a service is reimbursable under both MAA and COS, you can claim for either MAA or COS, never both. MAA and COS should not be claimed simultaneously for the same service.

- Practitioners cannot claim MAA for services that are not typically covered by Medi-Cal.

- MAA services cannot be provided to individuals who have an open clinical record (e.g. individuals who are actively receiving any Specialty Mental Health Services).

  **NOTE:** Since episodes are not closed within LACDMH, “open clinical record” is defined as not currently receiving any Specialty Mental Health Services anywhere within LACDMH’s system of care.

- MAA cannot be claimed when a potential client is in a non Medi-Cal setting such as an IMD (Institute for Mental Disease), jail, or other Medi-Cal lock out setting. The only exception to this is if the service being provided is assisting the potential client with applying for Medi-Cal benefits during the 30-day period immediately prior to discharge from the non Medi-Cal setting.

- MAA cannot be claimed for referring individuals to non-Medi-Cal settings such as an IMD.

- MAA cannot be claimed if the service being provided is a direct mental health service such as assessment, therapy, targeted case management, etc.

- MAA can be claimed for trainings related to performing MAA such as assisting potential clients in accessing Specialty Mental Health Services, however this
never includes trainings related to obtaining or maintaining one’s licensure or clinical trainings related to the delivery of Specialty Mental Health Services or other professional development.

- The reimbursable unit for MAA is practitioner time reported in the DMH electronic data system. MAA claims are staff based and do not identify a client (unlike direct services).

- The exact number of minutes used by the practitioner providing a reimbursable service shall be reported and billed.

- The duration of MAA includes time spent on the MAA activity, travel time and documentation time.

  ✓ The time required for documentation is reimbursable when the documentation is a component of MAA whether or not the documentation time is on the same day. The time required for documentation must be linked to the delivery of the MAA.

- When more than one practitioner provides a service at the same time, the total time spent by all practitioners shall be added together to yield the total claimable services.

- Supervision time is not reimbursable. Supervision focuses on the supervisee/trainee’s educational and professional growth and is never reimbursable.

- Transportation services are not claimable under MAA.

- Personal care services (i.e. grooming, personal hygiene, child or respite care, housekeeping, preparation of meals) performed for the client or potential client are not reimbursable unless otherwise stated in the funding plan.

- Translation or interpretive services are not reimbursable.

- Any missed or canceled appointments with potential clients or canceled opportunities are never reimbursable.

---

**DOCUMENTATION RULES**

- All providers must refer to and adhere to LACDMH Policy 401.02.

- Every claim must be supported by a MAA note that is retrievable by service date.
• MAA notes must be legible. Notes that are not legible are not reimbursable.

• All staff must use the DMH approved COS/MAA/QA Service Note within the Integrated Behavioral Health Information System (IBHIS) or other approved electronic health record system for MAA documentation

• Documentation must be done by the practitioner who provided the service. If a service involves multiple providers, only one note may be written by one of the practitioners but must include the interventions and time of all practitioners.

• A MAA Note must be written for each MAA service provided. Multiple MAA services of the same type aimed at the same objective occurring on the same day may also be written on the same MAA note.

### MAA NOTES/CLAIMS

**DESCRIPTION**

The MAA form serves as the means to document and claim MAA. The MAA form is available in IBHIS as the COS/MAA/QA Service Note and will be recorded and maintained in the system.

**NOTE/CLAIM REQUIREMENTS**

**MAA Note Requirements**

- Date of service
- Practitioner(s)
- Duration of service (in minutes) for each staff providing MAA
- Program of Service
- Procedure Code/Activity Code
- Description of MAA activity
- Signature of the practitioner providing the MAA activity (or electronic equivalent), the practitioner’s type of professional degree, licensure, or job title; and the relevant identification number (if applicable)

**Signature Requirements**
• The signature (or electronic equivalent) of the practitioner providing the MAA activity including the practitioner's type of professional degree, licensure or job title; and the relevant identification number (if applicable) must be on every MAA note.

• When more than one practitioner participates in the same MAA activity, the names of each participating practitioner must be included in the note with his/her specific intervention/contribution and time.

Retention/Storing for MAA Notes
• Since MAA claims are not client based, the original MAA forms must be maintained separately from client charts for the purpose of retrieval for audit. If the service was directed towards an individual with a non-opened (i.e. non-active) clinical record, a copy of the MAA Note may be placed in the record.

• MAA forms that contain any protected health information (PHI) should be safeguarded as with other PHI.

• MAA notes should be retained for a period of no less than 10 years.

ACTIVITY TYPES

MAA Activities identify the reimbursable interventions under Medi-Cal Administrative Activities. They identify the intervention provided to individuals and/or Medi-Cal Specialty Mental Health Programs.

The following activities describe the services allowable under MAA. Since the focus of MAA is expanding and maintaining the Medi-Cal program, potential clients as described in the activities below are defined as individuals who are eligible or potentially eligible for Medi-Cal. Although certain activities may benefit individuals who are not Medi-Cal beneficiaries, the focus of MAA is to assist potential Medi-Cal beneficiaries and expand/maintain programs for Medi-Cal beneficiaries. Certain activities specify whether the activity should be performed by an SPMP or Non-SPMP.
MAA accounts for LACDMH staff’s paid time and allows LACDMH to recover the costs of performing MAA. **Only paid LACDMH directly operated staff can claim for MAA.** LACDMH staff that can claim for MAA fall into two categories:

1. **SPMP:** Skilled Professional Medical Personnel are licensed staff who hold a current California licensure in any of the following fields:
   - Physician
   - Psychiatrist
   - Psychologist
   - Registered Nurse
   - Clinical Social Worker
   - Marriage and Family Therapist

2. **Non-SPMP:** Non-Skilled Professional Medical Personnel are non-licensed staff.

An activity labeled “not discounted” means that the activity is 100% reimbursable under the Medi-Cal program. The purpose of these activities is to specifically assist eligible and potentially eligible Medi-Cal beneficiaries or expand Medi-Cal Specialty Mental Health programs.

An activity labeled “discounted” means that the activity is partially reimbursable under the Medi-Cal program. LACDMH uses the Medi-Cal Discount Percentage to determine the share of cost of these activities. The Medi-Cal Discount Percentage is the ratio of Medi-Cal clients receiving a mental health service to the MHP’s total number of clients receiving mental health services. The purpose of discounted activities is to assist both Medi-Cal and non Medi-Cal eligible individuals.

---

**MEDI–CAL OUTREACH NOT DISCOUNTED**

**Definition**

This activity is intended to inform potential clients about Specialty Mental Health Services and assist/outreach to potential clients, especially at risk individuals. Medi-Cal Outreach (Not Discounted) involves:

- Informing potential clients about Medi-Cal Specialty Mental Health Services through various ways including:
  - Sending a team of outreach workers into the community to contact homeless adults about available mental health services
• Establishing a telephone or walk-in service for referring persons to Medi-Cal covered services or eligibility offices
• Operating a drop-in community center for underserved populations

• Assisting at-risk potential clients with understanding their need for Medi-Cal Specialty Mental Health Services
• Encouraging reluctant potential clients with applying for Medi-Cal Specialty Mental Health Services
• Assisting potential clients with access to Medi-Cal Specialty Mental Health services by providing referrals, follow-up, and transportation, if needed, to engage them in needed care
• Gathering information on the potential client’s mental health needs and Medi-Cal eligibility

Examples

• Educating individuals who are homeless about Specialty Mental Health Services
• Educating children and guardians in the foster care system about Specialty Mental Health Services
• Providing follow up contact to ensure that an individual received Specialty Mental Health Services to which he/she was referred
• Encouraging individuals who do not follow through with a referral to seek mental health services

Activity Code

The activity code for Medi-Cal Outreach – Not Discounted is four (4). This code is used for claiming to Medi-Cal.

Claiming (Mode, Service Function and Procedure Code)

Medi-Cal Outreach – Not Discounted activities are claimed under Mode 55. The following procedure code is utilized:

• 1 – MAA Not Discounted Medi-Cal Outreach
• 1HK – The HK modifier is added for any activity conducted with a specific client if the practitioner wants a copy of the MAA note to be filed in the client’s record in IBHIS

Refer to the Guide to Procedure Codes for a list of procedure codes and disciplines which may be claimed to MAA.
Definition

This activity is intended to assist potential clients with the application for Medi-Cal Specialty Mental Health benefits but does not include the eligibility determination itself. The following activities may be performed:

- Screening and assisting applicants for mental health services with the application for Medi-Cal benefits
- Explaining eligibility rules and the Medi-Cal eligibility process to prospective applicants
- Assisting an applicant to fill out a Medi-Cal eligibility application
- Gathering information related to the application and eligibility or redetermination
- Providing necessary forms and packaging all forms in preparation for the Medi-Cal determination

Examples

- Completing a financial screening to determine whether or not an individual requesting mental health services is likely eligible for Medi-Cal Specialty Mental Health Services
- Explaining Medi-Cal eligibility rules and the enrollment process to individuals requesting mental health services
- Assisting individuals with gathering information needed to complete the required forms, preparing the forms, and submitting the forms to county welfare departments to determine Medi-Cal eligibility

Activity Code

The activity code for Medi-Cal Eligibility Intake – Not Discounted is six (6). The code is used for claiming to Medi-Cal.

Claiming (Mode, Service Function and Procedure Code)

Medi-Cal Eligibility Intake – Not Discounted activities are claimed under Mode 55. The following procedure code is utilized:

- 4 – MAA Medi-Cal Eligibility Intake
• 4HK – The HK modifier is added for any activity conducted with a specific client if the practitioner wants a copy of the MAA note to be filed in the client’s record in IBHIS

Refer to the Guide to Procedure Codes for a list of procedure codes and disciplines which may be claimed to MAA.

---

**REFERRAL IN CRISIS SITUATIONS FOR NON–OPEN CASES**

**Definition**

This activity is intended to assist potential clients who are experiencing a psychiatric crisis and who are not currently receiving Specialty Mental Health Services. Referral in Crisis Situations for Non-Open Cases involves:

• Intervening in a crisis situation by referring an individual to Specialty Mental Health Services when that individual is not currently receiving mental health services from the county mental health department

**Examples**

• Referring an individual who calls a mental health clinic and is experiencing a psychiatric crisis to an appropriate directly operated mental health provider

• Referring an individual who is experiencing a psychiatric crisis while in the community to an appropriate directly operated mental health provider

**Activity Code**

The activity code for Referral in Crisis Situation for Non-Open Cases is eight (8). The code is used for claiming to Medi-Cal.

**Claiming (Mode, Service Function and Procedure Code)**

Referral in Crisis Situation for Non-Open Cases activities are claimed under Mode 55. The following procedure code is utilized:

• 11 – MAA Referral in Crisis For Non-Open Cases

• 11HK – The HK modifier is added for any activity conducted with a specific client, if the practitioner wants a copy of the MAA note to be filed in the client’s record in IBHIS

Refer to the Guide to Procedure Codes for a list of procedure codes and disciplines which may be claimed to MAA.
Definition

This activity is intended to reimburse LACDMH for costs associated with the administration of contracts with providers that render Medi-Cal covered services to Medi-Cal beneficiaries. The following may be performed:

- Identifying and recruiting community agencies as mental health service providers exclusively serving Medi-Cal clients
- Developing and negotiating contracts with mental health service providers exclusively serving Medi-Cal clients
- Monitoring contracts with mental health service providers exclusively serving Medi-Cal clients
- Providing technical assistance to mental health service providers exclusively serving Medi-Cal clients regarding county, state, and federal regulations

Examples

- Preparing and releasing a request for application (RFA) to identify potential community agencies able to provide Specialty Mental Health Services exclusively to Medi-Cal beneficiaries
- Reviewing applications received from providers and selecting those best able to provide specialty mental health services exclusively to Medi-Cal beneficiaries
- Negotiating the terms of a contract with a provider that exclusively serves Medi-Cal beneficiaries
- Monitoring the quality of specialty mental health services provided exclusively to Medi-Cal beneficiaries
- Monitoring payments made to a provider to ensure those payments do not exceed the terms of the contract

Activity Code

The activity code for Medi-Cal Mental Health Services Contract Administration – Not Discounted is ten (10). This code is used for claiming to Medi-Cal.

Claiming (Mode, Service Function and Procedure Code)

Medi-Cal Mental Health Services Contract Administration – Not Discounted activities are claimed under Mode 55. The following procedure code is utilized:

- 10 – MAA Medi-Cal Mental Health Services Contract Administration
Refer to the Guide to Procedure Codes for a list of procedure codes and disciplines which may be claimed to MAA

MENTAL HEALTH SERVICES CONTRACT ADMINISTRATION - DISCOUNTED

Definition

This activity is intended to reimburse LACDMH for costs associated with the administration of contracts with providers that render Medi-Cal covered services to individuals who are either Medi-Cal or non-Medi-Cal beneficiaries. The following may be performed:

- Identifying and recruiting community agencies as mental health service providers serving Medi-Cal and non-Medi-Cal clients
- Developing and negotiating mental health service contracts serving Medi-Cal and non-Medi-Cal clients
- Monitoring mental health service contract providers serving Medi-Cal and non-Medi-Cal clients
- Providing technical assistance to mental health service contract providers serving Medi-Cal and non-Medi-Cal clients regarding county, state, and federal regulations

Examples

- Preparing and releasing a request for application (RFA) to identify potential community agencies able to provide mental health services for Medi-Cal and non-Medi-Cal clients
- Reviewing applications received from providers and selecting those best able to provide mental health services for Medi-Cal and non-Medi-Cal clients
- Negotiating the terms of a contract with a provider to render mental health services to Medi-Cal and non-Medi-Cal clients
- Monitoring the quality of mental health services provided to Medi-Cal and non-Medi-Cal clients
- Monitoring payments made to a provider to ensure those payments do not exceed the terms of the contract

Activity Code

The activity code for Mental Health Service Contract Administration - Discounted is eleven (11). This code is used for claiming to Medi-Cal.
Claiming (Mode, Service Function and Procedure Code)

Mental Health Service Contract Administration - Discounted activities are claimed under Mode 55. The following procedure code is utilized:
- 14 – MAA Discounted Mental Health Service Contract Administration

Refer to the Guide to Procedure Codes for a list of procedure codes and disciplines which may be claimed to MAA

**PROGRAM PLANNING AND POLICY DEVELOPMENT (NON-SPMP) - DISCOUNTED**

**Definition**

This activity is intended to allow LACDMH to be reimbursed for costs associated with program planning and policy development designed to improve the mental health system for Medi-Cal beneficiaries. When performed by Non-SPMP staff, Program Planning and Policy Development involves:

- Developing strategies to increase Medi-Cal system capacity and to close service gaps, including the analysis of Medi-Cal data related to a specific program or specific group
- Interagency coordination to improve the delivery of Medi-Cal mental health services to seriously mentally ill adults or seriously emotionally disturbed children or adolescents
- Developing resource directories of Medi-Cal services and/or providers

**Examples**

- Developing a process for DCFS and DHS to refer individuals who may need mental health services to LACDMH
- Analyzing utilization data and penetration rates to determine groups of individuals who may not be accessing mental health services
- Developing strategies and implementing a program to ensure that transition age youth continue to receive mental health treatment after turning age 21
- Performing a cost benefit analysis on whether or not to open a mental health clinic or urgent care center in the community
- Working with contracted providers with the goal of developing stronger relationships in an effort to improve the provision of mental health services
- Preparing for a Board of Supervisors hearing at which the expansion and/or improvement of existing mental health services are discussed
- Planning and developing resources and referral guides to be used by clients when accessing LACDMH directly operated and contracted services
• Developing and implementing a telephone hotline for Spanish speaking clients

**Activity Code**

The activity code for Program Planning and Policy Development is thirteen (13). This code is used for claiming to Medi-Cal.

**Claiming (Mode, Service Function and Procedure Code)**

Program Planning and Policy Development activities are claimed under Mode 55. The following procedure code is utilized:

- 35 – MAA Non-SPMP Program Planning and Development

Refer to the Guide to Procedure Codes for a list of procedure codes and disciplines which may be claimed to MAA

---

**PROGRAM PLANNING AND POLICY DEVELOPMENT (SPMP)**

**Definition**

This activity is intended to allow LACDMH to be reimbursed for costs associated with program planning and policy development designed to improve the mental health system for Medi-Cal beneficiaries. When performed by SPMP staff, this activity involves:

- Developing strategies to increase Medi-Cal system capacity and to close service gaps, including the analysis of Medi-Cal data related to a specific program or specific group
- Participating in interagency coordination to improve the delivery of Medi-Cal mental health services to seriously mentally ill adults or seriously emotionally disturbed children or adolescents
- Developing resource directories of Medi-Cal services and/or providers

**Examples**

- An LCSW writes a program plan to implement an evidenced based program to meet the clinical needs of individuals who have a serious mental illness
- A licensed psychologist evaluates the academic literature supporting various interventions designed to meet the needs of transition age youth who are experiencing their first episode of psychosis and develops an evidenced-based program to meet the needs of those youth
- The Medical Director spends time analyzing the department’s patient billing data with the intention of improving the delivery of services
• An RN monitors the effectiveness of the delivery of mental health services to the local community through the collection and analysis of medical data
• An LMFT participates in the development of a large-scale Statewide initiative such as Continuum of Care Reform in order to provide improved services to children and youth currently residing in group homes, or who are assessed to require a congregate care-level setting
• An LCSW writes a program plan to implement an evidence-based program to meet the clinical needs of children and youth who have been the victims of commercial sexual exploitation
• A licensed psychiatrist spends time analyzing clinical outcomes of clients using different pharmaceutical interventions to determine those that are most cost effective for different diagnoses and functional impairments
• An LCSW attends a multi-departmental workgroup to design a screening instrument for youth in probation camps who may be in need mental health services
• An RN uses her healthcare expertise to assist in the development of policies and procedures related to mental health clinics co-located within physical health care facilities

Activity Code

The activity code for Program Planning and Policy Development (SPMP) is fourteen (14). This code is used for claiming to Medi-Cal.

Claiming (Mode, Service Function and Procedure Code)

Program Planning and Policy Development (SPMP) activities are claimed under Mode 55. The following procedure code is utilized:
  • 24 – MAA SPMP Program Planning and Development

Refer to the Guide to Procedure Codes for a list of procedure codes and disciplines which may be claimed to MAA

CASE MANAGEMENT OF NON–OPEN CASES (SPMP)

Definition

This activity, when performed by an SPMP, is intended to assist Medi-Cal beneficiaries without an open/active mental health case to access Medi-Cal covered mental health services. When performed by an SPMP, Case Management of Non-Open Cases involves:
  • Gathering information about an individual’s health and mental health needs
• Evaluating the likelihood an individual meets the medical necessity criteria to access specialty mental health services
• Screening individuals for access to Medi-Cal Specialty Mental Health Services, by providing referrals, following-up, and arranging transportation for mental health care

Examples

• A parent calls ACCESS expressing concern for her child’s behaviors. An LCSW uses his/her clinical judgment in evaluating the parent’s responses to the Service Request Log (SRL) screening questions for an appropriate referral to a mental health service provider.
• An LMFT receives a referral from a DCFS children’s social worker and screens the newly detained child. Using his/her clinical judgment and clinical expertise, the LMFT refers the child to an appropriate provider for an assessment.
• At the request of a family member, a licensed psychologist meets with an individual who has reportedly begun to “act strangely.” Utilizing the skill and expertise of a licensed psychologist, the clinician makes a clinical judgment as to the mental health, and other community service, needs of the individual and makes appropriate referrals.

Activity Code

The activity code for Case Management of Non-Open Cases (SPMP) is sixteen (16). This code is used for claiming to Medi-Cal.

Claiming (Mode, Service Function and Procedure Code)

Case Management of Non-Open Cases (SPMP) activities are claimed under Mode 55. The following procedure code is utilized:
• 21 – MAA SPMP Case Management of Non-Open Cases
• 21HK - The HK modifier is added for any activity conducted with a specific client, if the practitioner wants a copy of the MAA note to be filed in the client’s record in IBHIS

Refer to the Guide to Procedure Codes for a list of procedure codes and disciplines which may be claimed to MAA
MENTAL HEALTH COORDINATION AND CLAIMS ADMINISTRATION

Definition

This activity is intended to reimburse LACDMH for costs associated with administration of the Mental Health MAA program. The following activities may be performed:

- Drafting, revising, and submitting MAA claiming plans
- Monitoring the performance of claiming programs
- Administering LACDMH’s claiming, including overseeing, preparing, compiling, revising, and submitting MAA claims to the State
- Attending training sessions, meetings, and conferences related to MAA
- Training LACDMH staff on state, federal, and MHP requirements for MAA claiming
- Ensuring MAA claims do not duplicate Medi-Cal claims for the same activities from other providers

Examples

- A staff in the accounting section prepares a quarterly invoice for federal reimbursement
- The MH MAA Coordinator works with a claiming unit and the State to draft and finalize a claiming plan amendment for the claiming unit
- The MH MAA Coordinator provides training to claiming unit staff regarding the time survey process*
- The MH MAA Coordinator attends a training sponsored by the State regarding the preparation of claiming plans and claiming plan amendments*

Activity Code

The activity code for Mental Health Coordination and Claims Administration is seventeen (17). This code is used for claiming to Medi-Cal.

Claiming (Mode, Service Function and Procedure Code)

Mental Health Coordination and Claims Administration activities are claimed under Mode 55. The following procedure code is utilized:

- 27 – MAA Monitoring and Training

Refer to the Guide to Procedure Codes for a list of procedure codes and disciplines which may be claimed to MAA

*Training involving MAA is no longer coded as a specific MAA activity. Any MAA related trainings should be coded to procedure code 27 which now includes other activities as well.