

General Documentation and Claiming: Reimbursement & Claiming

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Los Angeles County Department of
Mental Health (LACDMH)
Quality, Outcomes & Training Division
Quality Assurance Unit

About this Presentation

Disclaimer

- This video series presentation highlights the basic minimum documentation and claiming standards for the provision of Medi-Cal Specialty Mental Health Services in Los Angeles County and incorporates interim guidance to assist practitioners in meeting the mental health needs of the County while minimizing the community spread of COVID-19.
- For a comprehensive list of documentation and claiming rules please refer to the Organizational Provider's Manual, the A Guide to Procedure Codes, and LACDMH Policy 401.03, which can all be accessed through the DMH website at <https://dmh.lacounty.gov/> and for the latest COVID-19 related QA information, click on the COVID-19 link from the Quality Assurance page.
- For contract staff, please check with your agencies regarding higher standards than the ones discussed in this presentation that may have been set and how your agency is setting standards around COVID-19.

The Importance of Reimbursement and Claiming in the Care of our Clients

- As mental health staff who provide direct service to clients in DMH and DMH-Contracted programs, we work extremely hard to provide quality care to our clients.



In Person



Telephone



Telehealth

- The better we understand what services are reimbursable and how to properly claim for those services, the better we can help sustain our programs so that we can continue to help our clients.

Reimbursement

Medi-Cal Specialty Mental Health Services (SMHS)

Medi-Cal

- Insurance for those with limited income & resources

Specialty Mental Health Services (SMHS)

- Part of the Medi-Cal “carve out”
- Provided by mental health specialists
- Provided to Medi-Cal beneficiaries through LACDMH (the Mental Health Plan for Los Angeles County)

For reimbursement of SMHS, they must:

- Meet **Medical Necessity** as documented in the **Assessment** and **Client Treatment Plan** and
- Be a covered service under Medi-Cal SMHS that was provided and documented consistent with Medical Necessity
- Note:** Assessment and Crisis Intervention services are exceptions in that they do not have to meet medical necessity to be reimbursable to Medi-Cal

5

Medical Necessity: Who is covered? /Who is eligible?

Client must meet the following criteria to be eligible for services:

- A covered primary diagnosis (***included diagnosis***) and a significant **impairment(s)** as a result of that diagnosis as documented in the Assessment
- Proposed **intervention(s)** documented in the Client Treatment Plan that will address the client’s mental health needs identified in the Assessment and are expected to:
 - Significantly diminish the impairment or
 - Prevent significant deterioration in an important area of life functioning or
 - Allow the child to progress developmentally as individually appropriate
- The condition would not be responsive to physical healthcare based treatment

Note: If the client is under the age of 21 with the Medi-Cal benefit **Early and Periodic Screening, Diagnosis, & Treatment (EPSDT)** and does not meet criteria for impairment or intervention above, medical necessity can be met if SMHS are needed to correct or ameliorate a defect, mental illness, or condition

6

Types of Services & Service Components Covered Under Medi-Cal SMHS

Mental Health Services (MHS)

Service Components	Assessment
	Plan Development
	Therapy
	Rehabilitation
	Collateral

Medication Support Services (MSS)

Service Components	Evaluation of the Need for Medication
	Evaluation of Clinical Effectiveness & Side Effects of Medication
	Obtaining Informed Consent
	Medication Education
	Collateral
	Plan Development

Crisis Intervention (CI)

Service Components	Assessment
	Collateral
	Therapy
	Referral

Targeted Case Management (TCM)

Service Components	Assessment
	Plan Development
	Referral and Related Activities
	Monitoring and Follow-Up

7

Special Population Services & Service Components Covered Under Medi-Cal SMHS

Therapeutic Behavioral Services (TBS)

Service Components	Assessment
	Plan Development
	TBS Intervention
	Collateral

Intensive Care Coordination (ICC)

Service Components	Planning & Assessment of Strengths and Needs
	Reassessment of Strengths and Needs
	Referral, Monitoring, and Follow-Up Activities
	Transition

Intensive Home Based Services (IHBS)

Service Components	Rehabilitation
	Collateral

8

Demonstrating Reimbursement Criteria Are Met In Documentation

Assessment

- Clinician documents symptoms and behaviors to formulate a diagnosis
- Identifies/documents impairments resulting from an included diagnosis to establish Medical Necessity
- Identifies/documents needs and strengths

Client Treatment Plan (CTP)

- Objectives linked to symptoms/behaviors/impairments from Assessment
- Interventions to assist client in reaching the identified objectives

Progress Note

- Documents interventions provided to the client that tie back to the CTP
- Covered services are provided

Claiming

Claiming

Procedure Codes – Codes representing specific activities used to claim for a reimbursable services or indicate non-reimbursable activities

Claiming – selecting the appropriate procedure code in your progress note to match the service provided

When Claiming We Are Tasked With:

- Discerning what can and can not be claimed to Medi-Cal SMHS
- Appropriately selecting the procedure code to match the service/activity performed
- Accurately and appropriately capturing the time spent providing the service or conducting the activity

11

General Claiming Rules



- Every claim must be supported by a progress note that must be present in the clinical record prior to the submission of a claim
- The note should justify the duration of the claim
- The exact number of minutes providing a reimbursable service shall be reported and claimed (i.e. no rounding off or blocks of time)

12

General Claiming Rules



- The duration of the claim may include:
 - **Face to face (FTF) time:** time spent providing a service to the client with the client present
 - Psychotherapy codes based on amount of FTF time (e.g. H0046 – 0-15 min; 90832 – 16-37min; 90834 – 38-52min , 90837 – 53+min)
 - **Other time:** time spent providing a service to a client without the client present (e.g. documentation, directing a service to a significant support person/other staff, traveling to/from a reimbursable service)
 - Service over the phone, Collateral, Report Writing and Record Review should be claimed as Other Time

13

General Claiming Rules: Non-Reimbursable Activities

Non-Reimbursable Activities:

- Do not include the time for non-reimbursable activities in the claim time on the Progress Note. (Bulletin No. 11-03)
 - Non-reimbursable activities (e.g. completed consent forms, addressed confidentiality, gathered client's financial info) completed during a reimbursable activity (Assessment) should be separated out
 - In the Progress Note, a notation should be made designating the non-reimbursable activities as "NOT CLAIMABLE"

14

General Claiming Rules: Non-Reimbursable Activities

Non-Reimbursable Activities:

❖ Medi-Cal “Lockout” situations:

- Medi-Cal funding is not available due to funding being provided to another source (e.g. psychiatric hospitals/facilities)
- Medi-Cal funding is not available based on hours of the day (e.g. the maximum amount billable for Crisis Intervention in a 24 hour period is 8 hours)

*Activities Non-Reimbursable to Medi-Cal due to a Medi-Cal Lockout are indicated by the use of a **00001 - 00005** code for Directly Operated. Contractors add **HX** to the end of procedure code to indicate not to be claimed to Medi-Cal

❖ Other situations where Medi-Cal reimbursement is not available:

- Client is not eligible for Medi-Cal benefits (e.g. client is an inmate in the jail or prison system)

NOTE: When services are not reimbursable by Medi-Cal, your program may have access to another funding source (e.g. MHSA funds, CalWorks funds, etc.)

15

General Claiming Rules: Never-Reimbursable Activities

Never-Reimbursable:

- Travel time when no reimbursable service is provided is never claimable
- Transportation alone is never claimable
- Translation/Interpreter services
- Missed appointments (and no services provided)
- Recreational/Socialization/Vocational services are never claimable UNLESS activities are to achieve a therapeutic goal and a specific mental health intervention (that is a covered service) is provided and documented

* To indicate that an activity is never reimbursable, Directly Operated providers use the **00000** code and Contractors may create their own code.

16

Guide for Claiming Decision Process

The purpose of the activity/service component provided helps guide which procedure code is selected:

This Activity	To Provide This Service Component	For the Purpose of This Type of Service	Possible Procedure Code(s) Include
Gathered info for clinical assessment	Assessment	MHS	90791, 90792, T1001, H2000
Evaluated the need for TCM	Assessment	TCM	T1017
Assessed risk, mental status, need for involuntary hold/treatment	Assessment	CI	H2011

17

Claiming for Telephone and Telehealth Services

- The location of where the practitioner would be providing service prior to COVID-19 should be listed as the service address.



Telephone Services

- Add **SC modifier** to procedure code (e.g. H2015SC)
- Telephone services are **not** considered **face-to-face** activities
 - Face-to-Face time on progress notes will always be zero
- Psychotherapy** services provided over the telephone:
 - Procedure Code: **H0046SC**
 - Face-to-Face time: 0 / Other time: includes exact minutes of service delivery over the telephone



Telehealth Services

- Add **GT modifier** to procedure code (e.g. H2015GT)
- Telehealth services are considered **face-to-face** services because the client is visually present via an interactive audio and video telecommunication mechanism
 - Face-to-Face time on the progress note will document the exact minutes of the face-to-face service
- The place of service will be **“02 – telehealth”** if the service would have been provided via telehealth regardless of the COVID-19 crisis

18