Quality Assurance Bulletin

Quality Assurance Unit
County of Los Angeles – Department of Mental Health
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GUIDE TO PROCEDURE CODES UPDATES

The Guide to Procedure Codes for Specialty Mental Health Services, hereafter referred to as the "Guide", has been revised to include a list of the acceptable taxonomies for each discipline as well as to reference Medicare requirements. In addition, a new procedure code has been added. The following is a summary of the updates made:

New Procedure Code:
A new procedure code, H0034 – Medication Plan Development & Record Review, has been added to identify Medication Support Services that are not required to go to Medicare prior to claiming Medi-Cal. This new procedure code will encompass some activities that were previously claimed under H2010HE and resulted in rejections from Medicare which prevented these services from proceeding to Medi-Cal for claiming. H0034 can be used in the following situations:

- Chart review in preparation for a Medication Support Service when the client does not show. This includes if a medication refill is done based on the chart review. As a reminder, documentation for chart review should include what documents were reviewed and for what purpose (e.g., in preparation for session) as well as the circumstances of the client no-show (e.g., note whether the client made contact and informed of/provided a reason for the no show) (DHCS IN 17-040).
- Medication Support Service plan development activities with the client or significant support persons when not done in the context of another service. This would include consultations with other staff to monitor the client's treatment plan regarding medication. It also includes blood draws done for the purpose of medication monitoring.

This new procedure code will be available as of June 4, 2021 and may be used for any dates of service on or after January 1, 2021. Contracted providers may have up to six (6) months to begin using this new procedure code for the above activities. For Directly-Operated providers, refer to the IBHIS Bulletin 21-02 which provides additional information on how this new procedure code will be defaulted in when a no-show has been indicated.

Taxonomies
The allowable taxonomies for each discipline and category (specific subsets of the discipline) have been added to the Guide in accord with the Network Adequacy: Provider and Practitioner Administration (NAPPA) application. It is important to note that the Discipline is what controls procedure code usage while the taxonomy determines whether Medicare adjudication is required. A few reminders regarding taxonomy codes:

- A taxonomy code is a unique 10-character code that designates classification and specialization. This code is used when applying for a National Provider Identifier, commonly referred to as an NPI, in the National Plan and Provider Enumeration System (NPPES). Refer to DMH Policy 106.15: Updating and Maintaining National Provider Identifier Application Data.
- Taxonomy codes are self-selected by the practitioner. The taxonomy codes are organized based on education and training and are used to define specialty, not specific services that are rendered. Definitions of each taxonomy can be found at https://taxonomy.nucc.org/. Definitions for some of the codes reference specialty or certifying boards as a source, but this reference in no way implies that providers have met the requirements of that board if they choose the code to identify themselves.
- While taxonomy codes are self-selected by the practitioner, LACDMH has identified specific taxonomy codes that are reimbursable for identified disciplines/categories per direction by the Department of Health Care Services (DHCS) (DHCS Information Notice 11-06). Some taxonomy code definitions include both licensed and non-licensed practiotioners which is problematic because Medicare only reimburses for services provided by licensed practitioners.

Per DHCS, the following taxonomies must claim to Medicare first:

- ✓ 363 (Nurse Practitioner/Physician Assistant)
- ✓ 364 (Clinical Nurse Specialist)
- ✓ 207 (Physician)
- ✓ 208 (Physician)
- ✓ 103 (Psychologist)
- ✓ 104 (Social Worker)

- For the above reason, licensed physicians in residency programs, registered social workers, and waivered psychologists must different taxonomy codes than the above. The reimbursable taxonomies for each discipline/category are included in the Guide. Please remember that practitioners can identify both primary and secondary taxonomy codes associated to their NPI in NPESS. LACDMH does not require the taxonomy to be listed as a primary.
- Practitioner's must ensure that their taxonomy code is consistent with those allowable for their discipline/category (including licensure/waiver/registration status) per the Guide. For example, registered social workers must utilize the 101YM0800X taxonomy code designated "Counselor Mental Health" rather than the 1041 series of taxonomy codes designated "Social Worker" and reserved only for licensed social workers. Any changes needed should be made as soon as possible.

Roll-Up Procedure Codes

DHCS/Medi-Cal only accepts a limited set of Procedure Codes at this time. LACDMH "rolls-up" the Procedure Codes submitted by Providers to the more generic Procedure Codes accepted by DHCS/Medi-Cal. The Roll-Up Procedure Codes have been added to the Comments section of the Guide as a reference for Providers. In addition, a list of the Roll-Up Procedure Codes which bypass Medicare and are claimed directly to Medi-Cal have been included in the Guide.

If directly-operated or contracted providers have any questions related to this Bulletin, please contact the QA Unit at QualityAssurance@dmh.lacounty.gov.

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