Quality Assurance Bulletin

November 20, 2009 No. 09-11

Program Support Bureau

Los Angeles County, Department of Mental Health

Changes to Information Required for a Claim Implemented Upon the Start of SD/MC II Claiming

The State is implementing modifications to the manner in which claims for clinical services are electronically coded and transmitted. Collectively, these changes are known as "Short-Doyle/Medi-Cal Phase II" (SD/MC II). Under SD/MC II, claims must be submitted to outside payer sources before being sent to Medi-Cal. For this reason, it is imperative that all information required by outside payer sources is captured on claims. Additionally, the State has requested information regarding clients with specific Medi-Cal Aid Codes, EPSDT funding, and Healthy Families. For Directly-Operated Programs and Contract Programs using the DMH Daily Service Log, the information contained on the Log has been updated to capture this additional information. **This Bulletin outlines the changes in information captured on a claim under SD/MC II and must be implemented upon the start of SD/MC II claiming.**

The Daily Service Logs can be found at
http://dmh.lacounty.gov/ToolsForAdministrators/administrative_forms.html

The "Daily Service Logs" for Directly-Operated Programs and for Contract Programs are attached.

Place of Service Information

Please note the information below related to Place of Service is LA County DMH's interpretation of Medicare requirements and, thus, pertains only to Directly-Operated programs. Contract agencies must consult Medicare guidelines for the official requirements.

Medicare requires the address of the service site if the service was provided elsewhere than the Place of Service (POS) Code 11 (Office) or 12 (Home). For Medicare or Medi/Medi clients, every claim with a POS Code other than 11 or 12 must contain the address where the service was provided. An address field has been added to the Daily Service Log for these situations. See Page 114 of the IS Codes Manual (attached) for a listing of Place of Service codes.

EPSDT Screening Referral Information

For EPSDT clients, the State is requiring a field on every claim stating if the client was referred due to an EPSDT Screening Referral. LA County DMH has defined this as any "Agency of Primary Responsibility" (APR) other than APR 7 (None). APR is based on the original Department involved with the client; i.e. if a child was referred by DCFS, the Agency of Primary Responsibility

would be Code 1 (Department of Children's Services). Similarly, if a child was referred by the School District and Severe Emotional Disturbance is documented on the child's IEP, the APR would be Code 6 (School District: SED on IEP). If a child was not referred by/involved with the Departments listed under APR in the IS Codes Manual, the APR is Code 7 (none). For any client without Code 7, the client is designated as part of an "EPSDT Screening Referral" and the EPSDT Screening Referral box must be checked. See Page 3 of the IS Codes Manual (attached) for a listing of APR Codes. An EPSDT Screening Referral column has been added to the Daily Service Log to capture this information.

Pregnancy Information

For clients with a Pregnancy or Pregnancy/Emergency Medi-Cal Aid Code, the State is requiring information regarding whether the client is currently pregnant. If the client has a Pregnancy or Emergency/Pregnancy Aid Code and is pregnant, then the pregnancy box must be checked. A Pregnancy column has been added to the Daily Service Log to capture this information.

Emergency Service Information

For clients with an Emergency or Pregnancy/Emergency Medi-Cal Aid Code, the State is requiring information regarding whether the service provided was an emergency. If the client has an Emergency or Emergency/Pregnancy Aid Code and the service provided was a crisis intervention, crisis stabilization, or emergency medication support, then the emergency box must be checked. An Emergency column has been added to the Daily Service Log to capture this information.

SED Information

For clients who have Healthy Families, the State is requiring verification that the client meets the definition of Serious Emotional Disturbance (SED) on the claim. If the client has Healthy Families insurance and meets the criteria for SED, then the SED check box must be checked. An SED column has been added to the Daily Service Log to capture this information.

Share of Cost Information

For clients with a Share of Cost, an eligibility check must be run to determine what the current Share of Cost is. This information must then be entered onto the claim. For purposes of the Daily Service Log, a Share of Cost column has been included to assist data entry staff in determining if an eligibility check needs to be run. Depending on the process in the Program, this column **may** be completed by the Rendering Provider completing the Daily Service Log or completed by an appropriately designated staff who would then also sign the Daily Service Log.

If you have questions regarding the information in this QA Bulletin, please contact your Service Area QA liaison or your MHSA Age Lead QA liaison.

c: Executive Management Team
District Chiefs
Program Heads
ACHSA
Department QA staff
Compliance Program Office
Nancy Butram, Revenue Management
Donna Warren-Kruer, Network Org. Provider

MH 225DO
Revised 11-17-09

DAILY SERVICE LOG

DMH Directly-Operated

Activity Date: ______________

☐ **Day Treatment** ☐ **Outpatient**

Rendering Provider											Other Participating Staff									
Client ID#	Client Last Name & First Initial	*1. Place of ServiceCode	Telephone	Procedure Code	* EBP/SS	Face to Face		Other Time		# of Collateral	Employee Last Name, First Initial	Total Time		Claim Medi-Cal	Plan	2. Screening Referral	3. Pregnancy	4. Emergent	5 SED	6. SOC
						Hr	Min	Hr	Min			Hr	Min							
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By signing below, I attest that I have provided the mental health services on this Service log and that all information is accurate, complete and truthful to the best of my knowledge and belief. I further attest that the services provided by me, as reflected on this Service log form were consistent with the client's treatment plan and, if services are to be claimed to Medicare and/or Medi-Cal, were reasonable and medically necessary. Claims for services submitted as a result of this Service log are supported by documentation.

Rendering Provider:________________________________ **Date Received:**_______/______/______ **Entered By:**________________________________

Signature

☐ **Share of Cost information was completed by designated staff other than Rendering Provider** ________________________________ ________________________________

Name **Signature**

1. Place of Service Code: For Medicare or Medi/Medi clients, for codes other than 11 and 12 record the address where the service was provided.
2. Screening Referral: For EPSDT clients, check this box if the Agency of Primary Responsibility is other than code 7 (None).
3. Pregnancy: For clients with Pregnancy or Pregnancy/Emergent Aid Code, check this box if the client is pregnant.
4. Emergency: For clients with Emergency or Pregnancy/Emergent Aid Code, check this box if the service is a crisis intervention, crisis stabilization, or emergency medication support.
5. SED-Serious Emotional Disturbance: For clients with Healthy Families, check this box if the child meets the definition of (SED).
6. SOC-Share of Cost: For clients with a Share of Cost, check this box. If checked, an eligibility check must be run.

* A list of codes can be found in the IS Codes Manual located at: http://dmh.lacounty.gov/hipaa/index.html

Provider #: Rendering Provider: Staff Code:

Los Angeles County – Department of Mental Health

MH 225C
Revised 11-17-09

DAILY SERVICE LOG

DMH Contract Agency

Activity Date: _______________

☐ **Day Treatment** ☐ **Outpatient**

Rendering Provider											Other Participating Staff									
Client ID#	Client Last Name & First Initial	* Place of ServiceCode	Telephone	Procedure Code	* EBP/SS	Face to Face		Other Time		# of Collateral	Employee Last Name, First Initial	Total Time		Claim Medi-Cal	Plan	1. Screening Referral	2. Pregnancy	3. Emergent	4. SED	5. SOC
						Hr	Min	Hr	Min			Hr	Min							
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		Address:																		

Rendering Provider:____ **Date Received:**__________/_______/_______ **Entered By:**____

Signature

☐ **Share of Cost information was completed by designated staff other than Rendering Provider** ____ ____

Name **Signature**

1. Screening Referral: For EPSDT clients, check this box if the Agency of Primary Responsibility is other than code 7 (None).
2. Pregnancy: For clients with Pregnancy or Pregnancy/Emergency Aid Code, check this box if the client is pregnant.
3. Emergency: For clients with Emergency or Pregnancy/Emergency Aid Code, check this box if the service is a crisis intervention, crisis stabilization, or emergency medication support.
4. SED-Serious Emotional Disturbance: For clients with Healthy Families, check this box if the child meets the definition of (SED).
5. SOC-Share of Cost: For clients with a Share of Cost, check this box. If checked, an eligibility check must be run.

* A list of codes can be found in the IS Codes Manual located at: http://dmh.lacounty.gov/hipaa/index.html

Provider #: Rendering Provider: Staff Code:

Los Angeles County – Department of Mental Health

ADMISSION NECESSITY CODE

Identifies the type or reason for the client's admission into an acute care hospital.

Code	Type
1	Emergency
2	Planned (Prior Authorization)
9	Unknown Not Reported

NOTE:
The above codes are only applicable to Inpatient Episodes.

AGENCY OF PRIMARY RESPONSIBILITY (APR)

Code	Agency of Primary Responsibility
1	Department of Children's Services: Dependent and/or under Supervision of DCS (including Family Preservation)
2	Department of Probation: Ward
3	Department of Children's Services: Dependent and/or under DCS Supervision; and School District: SEP eligible
4	Department of Probation: Ward; and School District: SEP eligible
5	School District: SEP eligible
6	School District: SED on IEP (not SEP)
7	None

SERVICE LOCATION CODES

Identifies the location of services at which services were rendered.

Codes	Description	
03	School	
04	Homeless Shelter	(Effective 12-3-2007)
09	**Prison/Correctional Facility** *(Not applicable to FFS 2 providers)*	**(Effective 2-23-2009)**
11	Office	
12	Home	
13	Assisted Living Facility	(Effective 12-3-2007)
14	Group Home	(Effective 12-3-2007)
16	**Temporary Lodging, e.g. hotel**	**(Effective 2-23-2009)**
20	Urgent Care	
21	Inpatient Hospital	
22	Outpatient Hospital	
23	Emergency Room – Hospital	
25	Birthing Center	
26	Military Treatment Facility	
31	Skilled Nursing Facility – Without STP	
32	Nursing Facility – With STP	
33	Custodial Care Facility	
34	Hospice	
50	Federally Qualified Health Center	
51	Inpatient Psychiatric Facility	
52	Psychiatric Facility Partial Hospitalization	
53	Community Mental Health Center	
54	Intermediate Care Facility/Mentally Retarded	
55	Residential Substance Abuse Treatment Facility	
56	Psychiatric Residential Treatment Center	
71	State or Local Public Health Clinic	
99	Other Unlisted Facility	