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 Angeles

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.