



Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health
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CHANGES TO CASE CONSULTATION/TEAM CONFERENCE PROCEDURE CODES: INACTIVATION OF 99361/99362 & EXPANSION OF H0032

Background

The Health Insurance Portability and Accountability Act (HIPAA) requires all healthcare providers to utilize nationally defined standards when transmitting healthcare information. Due to this requirement, the County of Los Angeles – Department of Mental Health (LAC-DMH) utilizes HIPAA compliant procedure codes which include two nationally recognized coding systems: Current Procedural Terminology (CPT) codes and the Level II Health Care Procedure Coding System (HCPCS). The American Medical Association is responsible for publishing the code sets found under each of these systems and, biannually, the CPT Editorial Panel is responsible for maintaining, revising, updating or modifying the CPT code set. Based on this biannual review, two commonly used procedure codes, 99361 and 99362, have been eliminated from the list of CPT codes. **This Bulletin announces the removal of 99361 and 99362 and the expansion in the use of H0032.**

Removal of 99361/99362

The CPT 2011 guide no longer includes 99361 and 99362. These two codes were replaced with several other procedure codes that are more specific in the disciplines that must be present, require that services are at least 30 minutes long, and are not used by Medi-Cal. For these reasons, DMH is not implementing these replacement procedure codes for Medi-Cal at this time.

Procedure Codes 99361 and 99362, used for Case Conference/Team Conference, are now invalid. **Beginning in Fiscal Year 2012/2013, these two procedure codes will not be accepted by the LAC-DMH Integrated System (IS).** It is expected that all staff should stop utilizing these procedure codes as soon as possible. Agencies have until the end of this fiscal year to fully implement this change.

Expansion of H0032

Currently, H0032 (Plan Development) is restricted for use only by Wraparound Providers. This code will now be available to all Providers with Service Function Code 42. The H0032 code can encompass all “stand-alone” plan development services. **Plan Development, in the California Code of Regulations Section 1810.232, is defined as a “service activity that consists of development of client plans, approval of client plans, and/or monitoring of a beneficiary’s progress.”** Stand-alone means that plan development is not part of another service provided such as during the assessment, therapy, or a medication support service contact. Plan development includes services such as: meeting with the client to develop a CCCP, discussing the progress of a client and the plan for services during a team conference, and consulting with clinical staff regarding appropriate services and approval of the CCCP.

The H0032-Plan Development procedure code may be used for case consultations and team conferences, with or without the client present, so long as the purpose of these contacts is about plan development. Consultations and team conferences are not claimable to Medi-Cal unless there is discussion regarding the client's progress, or lack thereof, in treatment and/or discussion of the client's plan for mental health treatment. Documentation of case consultations/team conferences involving plan development should clearly identify the reason for the case consultation/team conference, the pertinent information that is shared/discussed, any recommendations given and the action plan as a result of the case consultation/team conference.

There is no time limit for the use of this procedure code and may be used with or without the client present. Remember, if the client is present and involved in the plan development, there must be face-to-face time associated with the plan development claim.

Impact on Case Consultation/Team Conference Caps

The case consultation/team conference caps continue to be in place. Because the 99361/99362 procedure codes are invalid, the case consultation/team conference caps will be monitored using the H0032 code usage WITHOUT face-to-face time (i.e. without client involvement). Medi-Cal regulations require client involvement in the development of and monitoring of client plans. In addition, Recovery and Resiliency principles focus on involving the client in decisions made regarding treatment. For these reasons, LAC-DMH will continue to monitor the amount of time that is spent discussing and planning for the client without the client present.

The Guide to Procedure Codes has been updated with this information and placed on-line at: http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals

If you have any questions regarding this Bulletin, please contact your SA QA Liaison.

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