



Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health
Marvin J. Southard, DSW, Director

CLAIMING CRISIS INTERVENTION & MEDICATION SUPPORT SERVICES: MEDI-CAL LOCKOUTS (For Directly-Operated Only)

Medi-Cal lockouts limit reimbursement for Crisis Intervention to eight hours (480 minutes) per client per day and Medication Support Services to four hours (240 minutes) per client per day. Unfortunately, these limits can be exceeded due to: the complexity of the situation, multiple staff involvement (potentially from multiple providers), and/or distance to location of service (travel time). While Medi-Cal will not reimburse for more than the allotted time, and in fact will deny the entire claim if the allotted time is exceeded, other funding sources may not have these restrictions.

In order to maximize reimbursement from all funding sources and to accurately document for Crisis Intervention and Medication Support Services, all practitioners must be aware of these lockouts and adhere to the following rules to prevent denials:

Note: Even though the lockouts only apply to Medi-Cal, the following documentation rules apply regardless of the client's financial eligibility in order to have one consistent method and in case the client obtains retroactive Medi-Cal.

Crisis Intervention (includes any H2011 procedure code)

- A single progress note using a Medi-Cal billable Crisis Intervention procedure code should never have more than 480 minutes for Crisis Intervention total duration (combined time of all practitioners on the progress note).
 - a) If the service lasted longer than 480 minutes, the Medi-Cal billable Crisis Intervention progress note must indicate only 480 minutes and a separate progress note must be written to capture the remainder of the time. (See directions below on the use of the Non Billable to Medi-Cal Crisis Intervention Procedure Codes)
- Multiple progress notes using a Medi-Cal billable Crisis Intervention procedure code for a single date of service must never have more than 480 minutes for Crisis Intervention total duration (combined time of all practitioners on all progress note).
 - a) Now that Directly-Operated providers have a shared clinical record (IBHIS), practitioners will be able to review the chart to see if another progress note has already been written using a Medi-Cal billable Crisis Intervention procedure code for the same date of service.
 - b) Once a progress note (or progress notes) has maxed out the 480 minute limit, any subsequent progress note written must utilize the Non Billable to Medi-Cal procedure code. (See directions below)

Non Billable to Medi-Cal Crisis Intervention Procedure Code (00004)

In order to maximize the claiming of other funding sources that do not have a 480 minute lockout and also enable practitioners to get “credit” for all time spent providing Crisis Intervention, the progress note(s) after the maximum 480 minute Crisis Intervention limit must utilize the Non Billable to Medi-Cal CI (00004) procedure code. The use of this procedure code prevents the claim(s) from ever going to Medi-Cal while also enabling the capture of revenue from other funding sources.

1. If the progress note utilizing the 00004 procedure code is written to capture the excess time of a progress note(s) that already maxed out the 480 allowable minutes, the text of the note should state: “This note captures the duration of non- Medi-Cal claimed service time beyond the 8 hours of allowable crisis intervention claiming to Medi-Cal. The note submitted on x/x/xx for date of service x/x/xx documents the full crisis intervention service provided.”
2. If the progress note utilizing the 00004 procedure code is written to capture additional Crisis Intervention services provided to the client during a different service (i.e. by another program/practitioner or at another contact), then the full text of the note shall be written describing the service provided.

Note: These claiming procedures do not include using a separate procedure code (such as T1017) to capture the time beyond 480 minutes for Crisis Intervention. Non Crisis Intervention procedure codes should no longer be used to identify services provided during a crisis contact in order to comply with DMH Policy 401.03 and the Organizational Provider’s Manual regarding Types of Service/Service Components and requirements for when a Client Treatment Plan is required.

Medication Support Services (any H2010, 96372, H0033 or E&M code)

- A single progress note using a Medi-Cal billable Medication Support Service procedure code must never have more than 240 minutes for Medication Support Service total duration (combined time of all practitioners on the progress note).
 - a) If the service lasted longer than 240 minutes, the Medi-Cal billable Medication Support Service progress note must indicate only 240 minutes and a separate progress note must be written to capture the remainder of the time. (See directions below on the use of the Non Billable to Medi-Cal Medication Support Service Procedure Codes)
- Multiple progress notes using a Medi-Cal billable Medication Support Service procedure code for a single date of service must never have more than 240 minutes for Medication Support Service total duration (combined time of all practitioners on all progress note).
 - a) Now that Directly-Operated providers have a shared clinical record (IBHIS), practitioners will be able to review the chart to see if another progress note has already been written using a Medi-Cal billable Medication Support Service for the same date of service.
 - b) Once a progress note (or progress notes) has maxed out the 240 minute limit, any subsequent progress note written must utilize the Non Billable to Medi-Cal procedure code. (See directions below)

Non Billable to Medi-Cal Medication Support Service Procedure Code (00003)

In order to maximize the claiming of other funding sources that do not have a 240 minute lockout and also enable practitioners to get “credit” for all time spent providing Medication Support Services, the progress note(s) after the maximum 240 minute Medication Support Service limit must utilize the Non Billable to Medi-Cal MSS (00003) procedure code. The use of this procedure code prevents the claim(s) from ever going to Medi-Cal while also enabling the capture of revenue from other funding sources.

3. If the progress note utilizing the 00003 procedure code is written to capture the excess time of a progress note(s) that already maxed out the 240 allowable minutes, the text of the note should state: “This note captures the duration of non-Medi-Cal claimed service

time beyond the 4 hours of allowable medication support service claiming to Medi-Cal. The note submitted on x/x/xx for date of service x/x/xx documents the full medication support service provided.”

4. If the progress note utilizing the 00003 procedure code is written to capture additional Medication Support Service provided to the client during a different service (i.e. by another program/practitioner or at another contact), then the full text of the note shall be written describing the service provided.

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

c: Executive Management Team
District Chiefs
Program Heads
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Judith Weigand, Compliance Program Office
Nancy Butram, Central Business Office
Pansy Washington, Managed Care
TJ Hill, ACHSA
Regional Medical Directors