

Quality Assurance Bulletin

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Program Support Bureau

Los Angeles County, Department of Mental Health

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 <u>NO Mental Health Services</u> (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, <u>ALL</u> 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

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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
 - o Harbor/UCLA General Hospital
 - o LAC/USC at Martin Luther King, Jr. Hospital
 - LAC/USC at Engleside Hospital
 - Olive View General Hospital
 - o Gateways Hospital & Mental Health Center
 - o Kedren Community Mental Health Center
- Psychiatric Health Facilities (PHF)
 - o La Casa PHF in Long Beach
- Mental Health Rehabilitation Center (MHRC)
 - o La Casa MHRC in Long Beach
- Institutions for Mental Diseases (IMD)
 - o Community Care Center in Duarte
 - o Harborview Adolescent Center in Long Beach
 - Laurel Park Center in Pomona
 - Landmark Medical Center in Pomona
 - La Paz in Paramount
 - o Meadowbrook Manor in Los Angeles
 - o Penn Mar (San Gabriel Valley Convalescent Hospital) in El Monte
 - Olive Vista Center in Pomona
 - o Sierra Vista in Highland
 - o Starview Adolescent Center in Long Beach
 - View Heights in Los Angeles
- Enriched residential
 - Cedar Street Homes
 - o Percy Village
- Crisis Residential Facilities
 - Excelsior House in Inglewood
 - Jump Street in Los Angles

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 <u>TCM discharge planning service only</u>, <u>Medi-Cal can be claimed</u> in these facilities for three (3), thirty (30) non-consecutive days prior to discharge.