Quality Assurance Bulletin

Quality Assurance Division
County of Los Angeles – Department of Mental Health
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June 15, 2018 **No. 18-07**

UPDATE: MAT PROCEDURE CODES AND DOCUMENTATION

This Bulletin serves as an update to QA Bulletin 09-06 regarding procedure codes available under MAT funding as well as documentation and claiming reminders for MAT providers. The Procedure Codes listed below reflect the most updated version of *A Guide to Procedure Codes*.

Multidisciplinary Assessment Team (MAT) Program

The Multidisciplinary Assessment Team (MAT) is a collaborative effort between the Department of Children and Family Services (DCFS) and the Department of Mental Health (DMH) designed to ensure the immediate and comprehensive assessment and linkage to appropriate services of children and youth entering out-of-home placement. The formulation collected in the assessment allows the child, family, and staff to collaborate in the development of a mutually agreed upon plan of treatment and recovery.

When a child is removed from his/her home, that child is eligible to receive a Multidisciplinary Assessment Team (MAT) assessment given the possible negative impacts on the child's mental health. The MAT Assessment was designed to ensure that all child/family needs are comprehensively assessed when a child enters foster care. Specifically, the MAT Assessment is designed to identify the child and family's needs and strengths as well as identify the stages of change/recovery. The information gathered by this assessment is used to determine what services are most needed by the child and family as well as what placement may be most appropriate to meet the child's needs.

MAT Funding Plans

The funding plans available for use by MAT providers are (1) Specialized Foster Care MAT Medi-Cal and (2) Specialized Foster Care Child Welfare Services DCFS MAT Non-Medi-Cal. These plans and their associated Procedure Codes may only be used when the service is for the purpose of assessment or linkage to appropriate services. Any treatment services such as therapy or rehab should not be claimed under these funding plans and should be claimed using an alternative, non-MAT funding plan.

1. **Specialized Foster Care MAT Medi-Cal**
   The Specialized Foster Care MAT-Medi-Cal Funding Plan is used for services that will be reimbursed by Medi-Cal. Below are Procedure Codes available for MAT Providers under this plan. The bolded, italicized codes reflect updated codes from the previous QA Bulletin:

	Service	Procedure Code
✓	Psychiatric diagnostic interview	***90791, 90792***
✓	Collecting assessment information from non-clients and non-collaterals	***H2015***
✓	Plan development (when not in the context of another service) to begin developing the treatment plan and provide recommendations for treatment	H0032*
✓	Psychological Testing	96101, 96102, 96103, ***96105, 96110, 96111, 96116, 96118, 96119, 96120, 96125***
✓	Collateral	90887
✓	Record Review	90885
✓	Targeted Case Management/ Intensive Care Coordination (ICC)	T1017/***T1017HK***
✓	Medication Support Services	***H2010***
✓	Crisis Intervention	***H2011***

Refer to the Guide to Procedure Codes for more information regarding definitions of services, allowable disciplines, and modifiers for procedure codes.

2. Specialized Foster Care Child Welfare DCFS MAT Non Medi-Cal

The Specialized Foster Care Child Welfare DCFS MAT Non Medi-Cal Funding Plan is used for services paid for by DCFS at full cost. Claims under this plan will never be claimed to Medi-Cal. Below are Procedure Codes available for MAT Providers under this plan. The bolded, italicized codes reflect updated codes from the previous QA Bulletin:

Note: Contracted Providers in IBHIS must include the HX modifier on all codes below except for G9007.

	Service	Procedure Code
✓	Psychiatric diagnostic interview	***90791, 90792***
✓	Collecting assessment information from non-clients and non-collaterals	***H2015***
✓	Plan development (when not in the context of another service) to begin developing the treatment plan and provide recommendations for treatment	H0032*
✓	Psychological Testing	96101, 96102, 96103, ***96105, 96110, 96111, 96116, 96118, 96119, 96120, 96125***
✓	Collateral	90887
✓	Record Review	90885
✓	No contact – Report Writing (MAT Summary of Findings)	90889
✓	Targeted Case Management/ Intensive Care Coordination (ICC)	T1017/***T1017HK***
✓	MAT-Case Conference Attendance	G9007
✓	Medication Support Services	***H2010***
✓	Crisis Intervention	***H2011***

Refer to the Guide to Procedure Codes for more information regarding definitions of services, allowable disciplines, and modifiers for procedure codes.

***Use of H0032 for MAT Providers**

According to the California Code of Regulations Section 1810.232, Plan Development 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." Plan development can include activities such as team conferences where clinical staff are determining what services are most appropriate for a client. For MAT Providers, H0032 may be used for these activities, as long as the purpose is to begin to develop the Client Treatment Plan.

Documentation Reminders:

- Any documentation in the client's clinical record must be about the client and the client's needs. Information about family members should be the minimum necessary and always for the purpose of the client's mental health needs.

- If a Full Assessment was completed prior to the MAT referral, MAT practitioners should:
  - ✓ Based on clinical judgement, use a Re-assessment or Addendum form and refer to the existing Full Assessment as a baseline
  - ✓ Document the reason for the MAT Assessment under Reason for Referral (i.e. detention from home has prompted to re-assess the child)
  - ✓ Expand on any relevant information already found in the Full Assessment
  - ✓ Document any new, clinically relevant information

- If information for the Assessment is gathered in multiple assessment contacts:
  - ✓ Reference sections of the Assessment completed in each Progress Note (i.e. completed Mental Health History and Developmental History)
  - ✓ Sign/date the Assessment as of the date of the last assessment contact

- If new information is gathered AFTER the assessment is finalized (i.e. signed), an Assessment Addendum MUST be used instead of adding to the original assessment.

- If a Full Assessment or Re-assessment form is used, it must contain all the required data elements depending on the type of assessment (*Refer to Organizational Provider's Manual for more information regarding specific required data elements of New Client Assessments and Returning Client Assessments*).

- Always reference supporting documentation in the Progress Note associated with the assessment activity.

Claiming Reminders:

- Only assessment contacts and crisis intervention can be claimed prior to Medical Necessity being determined.

- If a practitioner determines that a client does not meet Medical Necessity (e.g. client does not meet criteria for any included ICD-10 diagnosis), any subsequent services cannot be claimed to Medi-Cal. Assessment services up to and including the service by which no Medical Necessity was determined may be claimed to Medi-Cal.

- Practitioners cannot claim for services to the family (e.g. mental health assessment of the mother). Any service related to the family must be related directly to the mental health needs of the child.

The MAT Claiming Guidelines (attached) have also been updated to reflect the information in this Bulletin.

If Directly-Operated or Contracted providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

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COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

MULTIDISCIPLINARY ASSESSMENT TEAM (MAT) CLAIMING GUIDELINES

The MAT assessment is considered by the Los Angeles County Department of Mental Health (LACDMH) to be valuable in optimizing a comprehensive plan for a family. However, not all activities/services that contribute to arriving at this comprehensive plan are reimbursable through Medi-Cal.

Activities with Low Risk of Medi-Cal Audit Disallowance **provided the activity is supported by quality documentation**	**Activities with High Risk of Medi-Cal Audit Disallowance** **Items in *red bold italics* are not allowable MC services and not claimable to MAT-DCFS.** ***Items in blue bold italics* may be claimed to MAT-DCFS.**
	Clerical Activities such as making appts, appt reminders, and copying materials. (State DMH Letter No 02-07)
Travel time directly connected to contacts with a client and collaterals as well as contacts with non-collaterals (e.g. social workers, teachers, etc.) to determine the mental health needs of the client. (State DMH Letter No 02-07 and 17-040)	***Travel time to and from appts with client/collateral when no client/collateral contact is made. (State DMH Letter No 02-07 and 17-040)***
Assessment contacts up to and including the service from which the absence of Medical Necessity is determined, if applicable.	**Assessment contacts when absence of medical necessity has been determined** or without adequate documentation to support the need for additional contacts to establish medical necessity.
Psychological testing supported by documentation that establishes the need for each test.	Routine psychological testing for all assessments; non-individualized “batteries” of tests.
Collaterals (i.e. caretaker, family) and consultations (i.e. agencies) to obtain client assessment information.	Collaterals and consultations related to the social welfare needs of the child or family and not directly related to obtaining mental health assessment information about the child.
Mental health clinical assessment for a parent when the MAT agency opens a record on the parent and claims the service to that record.	***Mental health clinical assessment for a parent when the MAT agency does not have an open record on the parent (see item 3.6).***
Targeted case management (TCM) for client referrals and services that are directly related to the mental health needs of the client as documented in the client’s assessment, after the assessment is completed. TCM for emergent services prior to the completion of the assessment, but after Medical Necessity has been established (see item 3.1).	TCM for client referrals that are not directly related to the documented mental health needs of the client. ***Non emergent TCM for client referrals and services prior to the completion of the assessment.*** ***TCM for service and/or treatment needs of collaterals when not specifically linked to the mental health needs of the client.***
Plan Development for case consultations and team conferences, with or without the client present, when the purpose of the contact is beginning to develop the client’s treatment plan.	Plan Development for case consultation and team conferences when the purpose is not clearly related to developing the client’s treatment plan.
	Preparation of the MAT Summary of Findings Report (see item 5.1).

MAT Team Meeting: Time claimed that is clearly linked to the documentation of the mental health contribution made and/or the mental health information gleaned during the meeting that contributed to the assessment or formulation of the client plan (see item 4.2 with scenario).	***MAT Team Meeting: conference time devoted to non-mental health and/or child welfare issues – (see item 5.2 with scenarios).***

Note: While Medi-Cal will reimburse for treatment services such as therapy or rehab, any treatment services will be denied under the MAT funding plans.

MULTI-DISCIPLINARY ASSESSMENT TEAM PROCESSES

1.0 Pre-Referral:

1.1 MAT assessments shall only be performed by MAT trained agencies/staff.

1.2 If a child is currently receiving mental health services at a non-MAT agency, the MAT agency should work collaboratively with the non-MAT agency in completing the MAT Assessment.

2.0 Assessment:

2.1 No third party payer sets limits on the length of time that can be claimed for a single assessment contact.

2.2 Assessment services up to and including the service from which the absence of Medical Necessity is determined can be claimed to Medi-Cal. Claiming to Medi-Cal must be discontinued once it is established that Medical Necessity does not exist.

2.3 Medical Necessity does not need to be established prior to opening the chart. The chart may be opened with a deferred diagnosis (i.e. ICD-10 code R69). If after the completion of the assessment, it is determined that the client does not meet Medical Necessity (e.g. client does not meet criteria for any included ICD-10 diagnosis), the chart may be closed with Z03.89 "No Diagnosis on Axis I" or any other allowable diagnosis.

2.4 **Specialized Foster Care Child Welfare DCFS MAT Non Medi-Cal** may be claimed for the services after no Medical Necessity is determined to complete the MAT Assessment.

2.5 When a MAT referral involves a child currently being seen at a DMH Directly Operated or DMH Contracted Agency, the MAT practitioner, using his/her clinical judgement, may use a Child/Adolescent Re-Assessment or Child/Adolescent Assessment Addendum (using the existing Full Assessment as the baseline) to document the reason for the MAT Assessment as well as any new, clinically relevant information.

Note: *In the absence of a new, clearly delineated presenting problem, it is assumed that all mental health assessment information specific to a child that is needed for the MAT Assessment has already been obtained.*

2.6 While DCFS focuses on the family, DMH must focus on the individual client and consider the impact of the family in the assessment/treatment of the child. Beyond this consideration, any parental assessment(s) would not be appropriate for Medi-Cal claims because services must focus on the individual being seen. Only if assessment services of the family are directly related to and focused on the mental health needs of the child may they be billed to Medi-Cal as collateral services. These services could still be disallowed despite their importance.

Note: *To claim reimbursement for the mental health assessment of a parent, a separate chart for the individual parent must be opened at the agency in which parental assessment findings are documented and claimed to Medi-Cal. The parent would then be the individual client being seen by DMH*.

3.0 Other Services During the Assessment:

3.1 Only emergent TCM services, as defined in QA Bulletin 17-09, may be provided and claimed to MAT prior to the completion of the MAT Assessment. An alternative funding plan to Specialized Foster Care MAT Medi-Cal and Specialized Foster Care Child Welfare Services DCFS MAT Non-Medi-Cal must be used for any other emergent services.

3.2 MAT practitioners may claim crisis intervention (H2011) services to either MAT funding plan at any point in the MAT process.

4.0 MAT Summary of Findings and MAT Team Meeting:

Within the LACDMH system of care, each person being assessed for services has his/her own chart. The DCFS system of care on the other hand is family focused. This means that each child in a family who is referred for a MAT Assessment will have his/her own chart opened and receive an individual assessment. Generally speaking, most other input (schools, health) is also individual. The MAT Team Meeting and Summary of Findings is intended to bring all of these individual findings together into a family-focused child welfare plan that may include mental health services for some members of the family.

4.1 The MAT Summary of Findings is prepared by DMH or DMH contracted staff after the mental health clinical assessment has been completed on each child in the family. Since the MAT Summary of Findings is a DCFS document that includes child welfare needs in addition to mental health information and recommendations already stated in the Full Assessment, it cannot be claimed to Medi-Cal and should be claimed to **Specialized Foster Care Child Welfare DCFS MAT Non Medi-Cal.** Refer to QA Bulletin 15-01 regarding writing reports as a Specialty Mental Health Service.

4.2 The MAT Team Meeting is an inter-Departmental meeting that includes the family for the purposes of reviewing and discussing findings on each member of the family and formulating both individual and family-focused plans of action in all realms relevant to the family or individuals within it. The mental health findings on each of the children within a family will be discussed at the meeting along with individual health and child welfare findings. DMH staff facilitate this meeting. Plan Development (H0032) can be claimed to Medi-Cal when the purpose of the contact is to begin to develop the client's treatment plan, once it has been established that the client does meet Medical Necessity. Any time of the meeting that is specifically related to developing the client's treatment plan and including sharing pertinent mental health information on the child can be claimed to Medi-Cal. **The Specialized Foster Care Child Welfare DCFS MAT Non Medi-Cal Plan has been established to fund the MAT Team Meeting time that cannot be claimed to Medi-Cal.**

***Scenario 1**: A 2 hour MAT Team Meeting occurs in which a family of 2 children (child A and Child B) is discussed. Both children meet Medical Necessity criteria. The MAT practitioner takes 44 minutes presenting the mental health assessment and recommendations for child A and 40 minutes presenting the mental health assessment and recommendations for child B. The rest of the meeting (36 minutes) is spent gathering pertinent information that will inform each child's ongoing mental health treatment (e.g. information about the progress of their biological parents, where each child will be placed, etc.).*

Specialized Foster Care MAT Medi-Cal Claim:

- *Child A's progress note: 44 minutes + 18 minutes + travel/documentation time*
- *Child B's progress note: 40 minutes + 18 minutes + travel/documentation time*

***Scenario 2**: A 3 hour MAT Team Meeting occurs in which a family of 3 children (child A, Child B, Child C) is discussed. Only 2 of the children (Child A and B) meet Medical Necessity criteria. The MAT practitioner presents information for all three children. 44 minutes is spent presenting the mental health assessment and recommendations for Child A, 46 minutes is spent for Child B, and about 30 minutes is spent for Child C. The MAT practitioner also spends the rest of the time (60 minutes) gathering other mental health information that can be used in beginning to develop treatment plans for Child A and Child B.*

Specialized Foster Care MAT Medi-Cal Claim:

- *Child A's progress note: 44 minutes + 30 minutes + travel/documentation time*
- *Child B's progress note: 46 minutes + 30 minutes + travel/documentation time*

Specialized Foster Care Child Welfare DCFS MAT Non Medi-Cal Claim:

Practitioner can claim 30 minutes for Child C (child who did not meet Medical Necessity) to Specialized Foster Care Child Welfare DCFS MAT Non Medi-Cal

5.0 Progress Note:

5.1 The progress note serves as the audit trail. Progress notes should clearly state the process by which information was obtained for the assessment. For example, if the MAT practitioner met with the foster parent to gather information to complete the assessment, the corresponding progress note should mention this and state what parts of the assessment were completed given the information gathered by the foster parent.

5.2 Although it is preferable to complete the assessment process as soon as possible, given the nature of the MAT program, MAT practitioners may make several assessment contacts before completing the assessment and determining whether the child meets medical necessity. MAT practitioners should be mindful about the claiming implications when they determine and document that the child does not meet medical

necessity. Once it is documented that the child does not meet medical necessity, any subsequent contacts cannot be billed to Medi-Cal. Refer to the Organizational Providers Manual for more information regarding documentation and claiming requirements.

5.3 If the assessor is obtaining clinical history from a foster parent on more than one child, the assessor should track, within reasonable limits, the time spent gathering and documenting information on each child as noted in the following scenario:

***Scenario**: A 30 minute contact with mother of 2 sibs, both being evaluated.*

Claim:

- *1st sibling's Progress Note – "Gathered information on pre-natal and 0-5 history – see Assessment page 4"*
  0 minutes face to face time + 20 minutes gathering information from mother + documentation/travel time

- *2nd sibling's Progress Note – "Gathered information on pre-natal and 0-5 history – see Assessment page 4"*
  0 minutes face to face time + 10 minutes gathering information from mother + documentation/travel time