



Quality Assurance Bulletin

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Program Support Bureau

County of Los Angeles - Department of Mental Health
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NON-BILLABLE & NEVER-BILLABLE TO MEDI-CAL PROCEDURE CODES ADDED TO A GUIDE TO PROCEDURE CODES (Applies to IBHIS Only)

The Non-billable to Medi-Cal and Never-Billable procedure codes in the Integrated Behavioral Health Information System (IBHIS) have been added to A Guide to Procedure Codes. Non-Billable to Medi-Cal procedure codes are used for services that are not billable to Medi-Cal but are billable to another funding source (e.g. MHSA). Please refer to [QA Bulletin 11-08](#) and [15-07](#) for additional information. The Never-Billable procedure code is only available to Directly-Operated providers to capture time spent doing an activity that is not covered by any funding source (e.g. leaving a phone message). See below for the newly added procedure codes:

Directly-Operated Providers Using IBHIS:

Note: The client's status in regards to Medi-Cal should not be a determining factor in using one of the below procedure codes.

- **00000 Never-Billable:**
 - ✓ The name of this procedure code has also been modified from “Non Billable” to “Never Billable”.
 - ✓ Used for activities that are NOT billable to ANY funding source.
 - ✓ Face-to-Face time and Other time for Never Billable progress notes should be completed according to general documentation rules.
 - ✓ Examples: Missed/cancelled appointments, translation time, travel time with no service contact
- **00001 Non-Billable to Medi-Cal MHS:**
 - ✓ Used for Mental Health Services that are not billable to Medi-Cal due to a lockout or lack of Medical Necessity but are billable to another available payer.
 - ✓ Example: Collateral service when the client has been hospitalized
- **00002 Non-Billable to Medi-Cal TCM:**
 - ✓ Used for TCM services that are not billable to Medi-Cal due to a lockout or lack of Medical Necessity but are billable to another available payer.
 - ✓ Examples: Linkage and referral that is NOT discharge planning while a client is hospitalized
- **00003 Non-Billable to Medi-Cal MSS:**
 - ✓ Used for Medication Support Services that are not billable to Medi-Cal due to a lockout or lack of Medical Necessity but are billable to another available payer.
 - ✓ Example: Medication management service when four hours of Medication Support have already been claimed that day
- **00004 Non-Billable to Medical CI:**
 - ✓ Used for Crisis Intervention services that are not billable to Medi-Cal due to a lockout but are billable to another available payer.
 - ✓ Example: Crisis intervention when the eight hour maximum has already been claimed that day

Legal Entity Providers Using IBHIS

Note: The client's status in regards to Medi-Cal should be a determining factor in using a non billable to Medi-Cal procedure code.

For Legal Entity providers using IBHIS, the HX modifier is used on existing procedure codes (e.g. H0032, 90791, 90832) to indicate that they are not billable to Medi-Cal. Please refer to the [IBHIS Addendum Guide to Service and Procedure Codes](#) for a complete list of procedure codes with the HX modifier. Procedure codes with the HX modifier are only available for use under non Medi-Cal funded programs.

The HX modifier is to be used in the following situations:

- ✓ Client is indigent and does not have Medi-Cal
- ✓ The client has Medi-Cal, the service is not billable to Medi-Cal, and the service is billable to another payer source (e.g. client is hospitalized and a collateral service is provided)

A Guide to Procedure Codes for Claiming Mental Health Services has been updated to reflect the above procedure codes and is available on-line at: http://dmh.lacounty.gov/wps/portal/dmh/admin_tools/prov_manuals

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

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