



# PROVIDER BULLETIN

November 20, 2019 Sixth Edition, Issue 4

Network Providers

A Publication of the Local Mental Health Plan of the County of Los Angeles Department of Mental Health

## IN THIS ISSUE

1. UNDER THRESHOLD SERVICES AUTHORIZATION NUMBERS FOR 2020 TRIMESTERS
2. SERVICES REQUIRED MEMBER AUTHORIZATION NUMBERS

### 1. 2020 CALENDAR YEAR UNDER THRESHOLD SERVICES AUTHORIZATION AND AUTHORIZATION NUMBERS

The Los Angeles County Department of Mental Health (LACDMH) requires an authorization for all services. Fee-For-Service (FFS) providers shall input only one authorization on a claim line.

The Local Mental Health Plan (LMHP) automatically authorizes eight specialty mental health services per clients within a four-month trimester period. This is referred to as a threshold standard. This standard was adopted in 1998 when the LMHP began program and fiscal administration for Los Angeles County Medi-Cal beneficiaries. The trimester months are as follows: 1st trimester is from January 1, 2020 to April 30, 2020; 2nd trimester is from May 1, 2020 to August 31, 2020; and 3rd trimester is from September 1, 2020 to December 31, 2020.

These Funding Source Authorizations are annually given by LACDMH according to the disciplines of the providers. As a result, these Funding Source Authorizations will be used by FFS providers for Under-Threshold and Medication Support services. Under-threshold Funding Source authorizations will cover a four-month (trimester) period. Providers will use a different Funding Source authorization for each trimester. Funding Source Authorizations begin with an 'F', followed by a number. Please see the tables on page 2.

Example of a Psychologist FFS Under Threshold Claim Line:

#### Service Line Number (2400)

LX\*1~

SV1\*HC: 90847\*71\*MJ\*60\*\*\*1~ ===MJ for minutes

DTP\*472\*D8\*20200101~===Service Date

REF\*G1\*F163~ ===Funding Source Authorization number for the discipline and service trimester period

NTE\*DCP\*01~ ===EBP (Evidence Based Practice) Code

Provider shall refer to the LACDMH HIPAA 837 5010 Companion Guide for additional information. The 5010 Companion Guide is available at:

[http://file.lacounty.gov/SDSInter/dmh/1064092\\_LACDMH8375010CompanionGuide.pdf](http://file.lacounty.gov/SDSInter/dmh/1064092_LACDMH8375010CompanionGuide.pdf)

2020 Funding Source Authorizations used by Fee-for-Service (FFS) providers for under-threshold and medication support services are issued as below:

**Under Threshold Authorization Table for Psychologist, Certified Nurse Practitioner,  
Licensed Clinical Social Worker, Licensed Marriage and Family Therapist.**

<u>Service Date Between</u>		<u>Authorization Number to Use</u>
<u>Auth. Begin Date</u>	<u>Auth. End Date</u>	
<u>1/1/2020</u>	<u>4/30/2020</u>	<u>F163</u>
<u>5/1/2020</u>	<u>8/31/2020</u>	<u>F164</u>
<u>9/1/2020</u>	<u>12/31/2020</u>	<u>F167</u>

**Medication Support Services Authorization Number based on the discipline.**

<u>Medication Support Service Date Between</u>		<u>Authorization Number to Use</u>
<u>Auth. Begin Date</u>	<u>Auth. End Date</u>	
<u>1/1/2020</u>	<u>12/31/2020</u>	<u>F170</u>

**Under Threshold Authorization Number for Psychiatrist.**

<u>Service Date Between</u>		<u>Authorization Number to Use</u>
<u>Auth. Begin Date</u>	<u>Auth. End Date</u>	
<u>1/1/2020</u>	<u>4/30/2020</u>	<u>F171</u>
<u>5/1/2020</u>	<u>8/31/2020</u>	<u>F172</u>
<u>9/1/2020</u>	<u>12/31/2020</u>	<u>F173</u>

**2. REQUIRED MEMBER AUTHORIZATION NUMBERS**

Member Authorization is specific to a client and used for specific services and duration of time. Member Authorization numbers are all numeric. The following services require a member authorization number instead of a funding source authorization number in the claim line:

1. Inpatient professional services rendered in a psychiatric inpatient hospital or facility with place of services codes 21 or 51 require a Treatment Authorization Request (TAR) number received from the respective hospital or facility on the claim line.
2. Services over the threshold standard of eight sessions per client, psychological testing services and electroconvulsive treatment services require a prior authorization from LACDMH. Providers shall request member authorizations via Provider Connect application.

Provider Bulletins are posted on the DMH website at: <https://dmh.lacounty.gov/pc/cp/ffs/>

Local Mental Health Plan  
Intensive Care Division  
Medi-Cal Professional Service & Authorization Division  
550 S. Vermont Ave, 7th FL, Los Angeles, Ca 90020  
FFS Hotline: (213) 738-3311  
Website: <http://dmh.lacounty.gov>

