



PROVIDER

BULLETIN

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Network Providers

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

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The purpose of this Provider Bulletin is to inform Fee-For-Service Medi-Cal Mental Health Services Providers that the Local Mental Health Plan (LMHP) must comply with DHCS, MDSUDS IN: 20-009 in communicating the requirements of ensuring ongoing access to care and minimizing the spread of COVID-19 virus. .

Telehealth services shall be provided and reimbursed from March 16, 2020, until further notice from the LMHP. The LMHP is establishing new CPTs for claiming reimbursement for delivery of telephone services, and as a result, Network Providers should only begin claiming after receipt of communication from the LMHP regarding the CPT codes for telephone services. The DMH team is working to implement these codes in the IBHIS system now. Telephone and video telehealth CPT codes are available now and can be located on the attachment.

Background

Los Angeles County Department of Mental Health as the LMHP has been notified by the Department of Health Care Services (DHCS) to assist Medi-Cal providers in providing medically necessary health care services in a timely fashion for patients impacted by COVID-19. As a result, the approval of services via telehealth is sufficient and contract changes are not required. The introduction of telehealth to maximize the number of services that can be provided by telephone and telehealth and minimize community spread of COVID-19 shall be billed for services via telehealth during this heightened COVID-19 concern.

Policy

Pursuant to DHCS, Behavioral Health Information No: 20-009, the LMHP shall make every effort to ensure that services furnished to Medi-Cal beneficiaries' standard of care is the same whether the patient is seen in-person, by telephone, or through telehealth.

Los Angeles County, Department of Mental Health, Intensive Care Division, has taken all appropriate and necessary measures to ensure that the LMHP's Medi-Cal beneficiaries can access all medically necessary services while minimizing community spread of COVID-19.

Implementation Clinical Documentation

To better inform our recently credentialed FFS2 Network providers rendering services in outpatient settings, the Network Provider Manual is available on the DMH Fee For Service Provider Updates web page at: dmh.lacounty.gov. Please go to the “FOR PROVIDERS” on the top manual bar. Please click on: Provider Central/Contract Providers/Fee For Service Providers Updates. Please refer to the Fee-For-Service Network Provider Manuals 6th Edition, December 2018 and the subsequent Special Bulletins issued after January 1, 2019 named as “Provider Bulletin 6th Edition – Issue 1,2,3 & 4”. Providers who render inpatient acute psychiatric hospital services must include a Place of Service and refer to the Inpatient Hospital Provider Manual found at dmh.lacounty.gov regarding clinical documentation.

Clinical documentation for claiming reimbursement and new information regarding video telehealth services are discussed below. Also the CPT codes for claiming telephone and video telehealth services can be found in the attachment to this bulletin entitled, *TELEPHONE AND TELEHEALTH PROCEDURE CODES DURING THE COVID-19 CRISIS*. The GT modifier must be added to the procedure code

The following events ensure that the LMHP is in compliance with all DHCS requirements necessary for Medi-providers to render services in a timely fashion to patients impacted by COVID-19. The provider shall have the following billable services and requirements.

Medical Necessity for Outpatient Services

Medical Necessity can be established during telehealth as long as the provider is rendering services within their scope of practice (DHCS, BHCS. Information No.:20-009). CCR, Title 9, Chapter 11, section 1830.205, remains the criteria used for reimbursement for special mental health services.

Any psychological testing services where appropriate may be provided by telephone or telehealth since not all components of the psychological testing services must be provided face-to-face.

Recent Provider Alert Bulletins posted on the website at: dmh.lacounty.gov will provide information on new diagnosis added for specialty mental health services.

Consent for Telehealth

The consent for treatment is a required consent. However, the consent for telehealth services is not a requirement for delivery of specialty mental health service (.California, Governor’s, Executive Order-43-20). This does not preclude a Network Provider from documenting that the patient verbally agreed to telehealth services and was unable to sign due to COVID-19 crisis. The current clinical documentation for outpatient specialty mental health services remain and requirements for the clinical record has not changed. A clinical record includes an assessment, a treatment plan, session progress note for each telephone and video telehealth session, and

termination/discharge note. The treatment plan should include that the patient verbally agreed in the planning and goal setting process for treatment.

Place of Service

Place of Service (POS) must be documented as the location where you would have provided the service prior to the COVID-19 pandemic. However, patients can receive telehealth services in their homes and providers may deliver services via telehealth from anywhere in the community, other than a clinic or other provider site. The Place of Service should be where the provider would have normally provided the service, such as their office, however, if the provider is normally providing services in the community then the progress note should indicate the POS as where they saw the client and provided treatment (e.g., Board & Care).

Network Providers rendering services in an inpatient setting must include POS as hospital or psychiatric health facility.

Authorized Video Telehealth Applications

Providers can use non-public facing remote communication products. Specifically, Apple, Facebook Messenger Video Chat, Google Hangouts Video, or Skype. However Facebook Live, Twitch, TikTok and similar communication application must not be used by Network Providers.

Other Considerations

Telehealth services provided must be consistent with Mental Health Services Act (MHSA) funding and the LMHP agreement that mental health services are not able to be covered by any other source of funding.

The standard of care is the same whether the patient is seen in-person, by telephone, or through telehealth. Therefore, Network Provider shall apply their clinical judgment in assessing possible suicidal clients and should address issues on managing crisis prior to rendering services. The provider should be proactive as a telehealth provider and develop their own emergency protocol to assess risk. This process should include the provider considering to be proactive and re-verify the beneficiary's home address, mobile or landline services and email address for emergency services. A re-verification, if the client does not oppose, of the person to contact in the event of an emergency should be solicited from the client and included on the face sheet.

The Medical Board of California, Board of Behavioral Sciences, Board of Psychology and Board of Registered Nursing all have additional information on telehealth delivery service in response to COVID 19; however, the Professional Services agreement for Specialty Mental Health Services, this bulletin, other Fee-For-Service Bulletins, and the Provider Manual should be used to support Providers in this extraordinary effort to maintain continuity of care and access to mental health services.

The Providers Relation Unit is available at: 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>

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
 INTENSIVE CARE DIVISION
 FOR FFS INDIVIDUAL AND GROUP NETWORK PROVIDERS
 TELEPHONE AND TELEHEALTH PROCEDURE CODES DURING THE COVID-19 CRISIS

FFS Procedure Codes		
MENTAL HEALTH SERVICES		
Procedure Code	Definition	Telehealth SMHS Modifier
90791	PSYCH DIAGNOSTIC INTERVIEW	GT
90832	INDIVIDUAL PSYCHOTHERAPY	GT
90834	INDIVIDUAL PSYCHOTHERAPY	GT
90837	INDIVIDUAL PSYCHOTHERAPY	GT
90839	INDIVIDUAL PSYCHOTHERAPY IN CRISIS	GT
90847	FAMILY AND GROUP SERVICES FAMILY PSYCH ONE OR MORE	GT
90849	FAMILY AND GROUP SERVICES MULTI-FAMILY GROUP PSYCHOTHERAPY	GT
90853	FAMILY AND GROUP SERVICES GROUP PSYCHOTHERAPY	GT
90887	FAMILY AND GROUP SERVICES COLLATERAL	GT
99202	E&M OFFICE OR OTHER OUTPATIENT EVALUATION NEW	GT
99203	E&M OFFICE OR OTHER OUTPATIENT EVALUATION NEW	GT
99204	E&M OFFICE OR OTHER OUTPATIENT EVALUATION NEW	GT
99205	E&M OFFICE OR OTHER OUTPATIENT EVALUATION NEW	GT
99213	E&M OFFICE OR OTHER OUTPATIENT EVALUATION ESTABLISHED	GT
99214	E&M OFFICE OR OTHER OUTPATIENT EVALUATION ESTABLISHED	GT
99215	E&M OFFICE OR OTHER OUTPATIENT EVALUATION ESTABLISHED	GT
99221	E&M HOSPITAL INPATIENT INITIAL CARE	GT
99222	E&M HOSPITAL INPATIENT INITIAL CARE	GT
99223	E&M HOSPITAL INPATIENT INITIAL CARE	GT
99231	E&M HOSPITAL INPATIENT SUBSEQUENT	GT
99232	E&M HOSPITAL INPATIENT SUBSEQUENT	GT
99233	E&M HOSPITAL INPATIENT SUBSEQUENT	GT
99238	E&M HOSPITAL INPATIENT DISCHARGE	GT
99239	E&M HOSPITAL INPATIENT DISCHARGE	GT
99241	E&M CONSULTS OFFICE OR OTHER OUTPATIENT	GT
99242	E&M CONSULTS OFFICE OR OTHER OUTPATIENT	GT
99243	E&M CONSULTS OFFICE OR OTHER OUTPATIENT	GT
99244	E&M CONSULTS OFFICE OR OTHER OUTPATIENT	GT
99245	E&M CONSULTS OFFICE OR OTHER OUTPATIENT	GT
99251	E&M CONSULTS INPATIENT/NURSING FACILITY INITIAL	GT
99252	E&M CONSULTS INPATIENT/NURSING FACILITY INITIAL	GT
99253	E&M CONSULTS INPATIENT/NURSING FACILITY INITIAL	GT
99254	E&M CONSULTS INPATIENT/NURSING FACILITY INITIAL	GT
99255	E&M CONSULTS INPATIENT/NURSING FACILITY INITIAL	GT
99301	E&M NURSING FACILITY ASSESSMENT	GT
99302	E&M NURSING FACILITY ASSESSMENT	GT
99303	E&M NURSING FACILITY ASSESSMENT	GT
99311	E&M NURSING FACILITY SUBSEQUENT	GT
99312	E&M NURSING FACILITY SUBSEQUENT	GT
99313	E&M NURSING FACILITY SUBSEQUENT	GT
99315	E&M NURSING FACILITY DISCHARGE	GT
99316	E&M NURSING FACILITY DISCHARGE	GT
99321	E&M DOMICILIARY BOARD & CARE OR CUSTODIAL NEW CLIENT	GT
99322	E&M DOMICILIARY BOARD & CARE OR CUSTODIAL NEW CLIENT	GT
99323	E&M DOMICILIARY BOARD & CARE OR CUSTODIAL NEW CLIENT	GT
99331	E&M DOMICILIARY BOARD & CARE OR CUSTODIAL ESTABLISHED	GT
99332	E&M DOMICILIARY BOARD & CARE OR CUSTODIAL ESTABLISHED	GT
99333	E&M DOMICILIARY BOARD & CARE OR CUSTODIAL ESTABLISHED	GT
H0032	PLAN DEVELOPMENT	GT
MEDICATION SUPPORT SERVICES		
99201	INDIVIDUAL MEDICATION SERVICE	GT
99212	BRIEF MEDICATION VISIT	GT



DEPARTMENT OF MENTAL HEALTH
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April 22, 2020

TO: Fee For Service Providers (Hospital/Network)

FROM: Amanda Ruiz, M.D. 
Medical Director

SUBJECT: **FEE FOR SERVICE COVID-19 NOTIFICATION**

We are in this Together

I reach out to you and our entire provider community to reassure you of our relentless efforts and the ongoing planning taking place to address the mounting challenges we face together as a County due to the Coronavirus (COVID-19) pandemic. The Board of Supervisors and County Department Heads have been working around the clock with a range of partners at the local, state, and federal levels to be as proactive as possible in our actions, to respond in real time to changes in conditions that present literally each day, and to plan for contingencies we can and cannot predict. It will take the cooperation of the network as a whole to flatten the curve.

Essential Services in Context of Social Distancing

In the context of "Physical Distancing" as the new norm and a defining practice, we are challenged as a system. Both our Governor and our local Public Health Officer have ordered business closures, home confinement, and other actions in an effort to mitigate the spread of the virus. Our Board of Supervisors ordered that all County facilities to be closed to the public. In contrast, as essential services, the Centers for Disease Control recommended we manage mild to moderate cases of COVID-19 within our own facilities utilizing standard practices for infection prevention and control, including the capacity for isolation as appropriate. As a department and network, we must maintain our capacity, both to deliver mental health, as well as basic medical care. Our wheels must keep turning.

With essential services as our priority, DMH will remain fully operational and open for business to the best of our ability. The Intensive Care Division remains open and processing acute treatment authorization requests as well as packets for admissions and discharges for our sub-acute facilities. Our Emergency Outreach and Triage Division (EOTD) services, including 24/7 response, law enforcement mental health teams as well as our countywide street engagement services to the homeless will be continued at

capacity. It is expected that contracted providers will continue their vital role in our Mental Health Plan (MHP) of providing facility-based services to high need individuals (e.g., enriched residential services and urgent/crisis services to conserved individuals and persons with severe mental illness) as well as ensuring that clients discharged from hospitals are prioritized for appointments with their service provider.

As this public health crisis continues to evolve, we recognize that the agencies which make up our provider network and partner with us to provide mental health services and support the most vulnerable individuals and communities are themselves experiencing significant impacts to their service delivery operations.

We have received questions from hospital providers and hope that the information below will provide some clarity regarding our intent. We also hope it provides some safeguards for client's access to care.

FFS Authorization Matters

In order to provide additional flexibility in submitting TARS to the Intensive Care Division, we are offering the following alternatives to courier or FedEx services:

- For hospital providers that have access to Provider Connect, Intensive Care Division TAR Unit has a workflow available to allow you to submit your Medi-Cal retrospective TARS through this portal. Please contact Dr. Tredinnick for more details.
- For hospital providers who do not have access to Provider Connect you may be able to send your charts by secure e-mail. Please contact Dr. Tredinnick for more details.

Telehealth Services

WIC 5150 evaluations may be performed by authorized providers face-to-face via telehealth as per WIC 5008(a). This may include releases from involuntary evaluation and treatment, as appropriate. These services are billable to Medi-Cal regardless of whether they are provided in person or through telehealth as long as the individual has Medi-Cal coverage for the service and all Medi-Cal requirements are met. That said, assessments required by WIC 5151 are to be completed "in person" and, as such, shall not be provided using telehealth.

The Intensive Care Division has prepared a Provider Bulletin for our Individual and Group Providers (see attached).

Psychiatric Mobile Response and Individuals Needing 5150/5585 Holds

We have developed the COVID-19 Screening Form (see attached) that contract agencies evaluating individuals for involuntary holds may find useful in screening for COVID-19 risk. We will continue to develop contingency plans going forward as this pandemic evolves.

DMH has established a COVID-19 email address, DMHCovid19@dhm.lacounty.gov, where we invite you to submit any questions regarding this pandemic. Also, the County of Los Angeles Department of Public Health (DPH) now has a designated Novel Coronavirus website, <http://publichealth.lacounty.gov/media/coronavirus/> with daily updates.

AR:sl

Attachments