



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
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Provider Bulletin

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FFS II Medi-Cal Providers

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

IN THIS ISSUE

1. PSYCHIATRIC – MENTAL HEALTH NURSE PRACTITIONERS

Effective July 1, 2021, Psychiatric-Mental Health Nurse Practitioners (PMHNP) who are nationally certified through American Nurses Association, ANCC Division and have met the Los Angeles County Department of Mental Health's (LAC DMH) credentialing and contract requirements for the Fee-For-Service Network are permitted to render specialty mental health services to Medi-Cal beneficiaries in an Inpatient Acute Psychiatric Hospital setting. LAC DMH conferred with California Department Health Care Services and confirmed that PMHNPs are allowed to provide and independently claim for professional services rendered in an inpatient acute psychiatric hospital setting (CCR, Title 9, Division 1, Chapter 11 sections 1810.223 and 1840.314).

Specific to CCR, Title 9, Chapter 11, section 1810.240, which requires that psychiatric services in an Inpatient Acute Psychiatric Hospital shall be provided by licensed physicians with training and/or experience in psychiatry, PMHNP's may complete the intake, or initial admitting psychiatric evaluation provided the PMHNP is operating within his/her scope of practice and under the direction of a psychiatrist. The admitting evaluation must be co-signed by the hospital's attending psychiatrist.

CCR Title 9, Chapter 11, Section 1830.230 and CCR Title 22 section 51003 only allows for one professional service claim per day for a patient, notwithstanding receiving services from more than one professional provider in a day. As a result, only one licensed professional providing services to the patient should be billing for each day services are rendered.

Example of a hospital admitting privileged Nurse Practitioner Claim Line for Professional Service:

Service Line Number (2400)

LX*1~

SV1*HC: 99221*71*MJ*29***1~ □===MJ for minutes

DTP*472*D8*20210701~□===Service Date

REF*G1*89191234565~ □=== Treatment Authorization Request (TAR) number from the inpatient acute psychiatric hospital

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

The procedure codes, durations and rates for professional services rendered in an inpatient acute psychiatric hospital setting are provided in the attachment I to this bulletin.

If you have any questions regarding this Provider Bulletin, please contact the FFS Hotline at (213) 738-3311 or send an email to: FFS2@dmh.lacounty.gov, or submit a HEAT Ticket.

Provider Bulletins are posted on the DMH website:

<https://dmh.lacounty.gov/pc/cp/ffs/>

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Intensive Care Division

Medi-Cal Professional Service & Authorization Division

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