



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

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1. FUNDING SOURCE 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 Funding Source Authorizations are given by LACDMH according to the disciplines of the providers. These Funding Source Authorizations will be used by FFS providers for Specialty Mental Health, Psychological Testing and Medication Support services. Funding Source Authorizations begin with an 'F', followed by a number. Please see the tables on page 2.

Example of a Psychologist FFS Outpatient Claim Line:

Service Line Number (2400)

LX*1~

SV1*HC: 90791*71*MJ*60***1~ ===MJ for minutes

DTP*472*D8*20210701~===Service Date

REF*G1*F199~ ===Funding Source Authorization number for the discipline and service 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

FY 20/21 and FY 21/22 Funding Source Authorizations used by Fee-for-Service (FFS) providers for specialty mental health services are issued as below:

**Authorization Number 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>
Auth. Begin Date	Auth. End Date	
07/01/2020	08/31/2020	F164
09/01/2020	06/30/2021	F167
07/01/2021	06/30/2022	F199

Authorization Number for Psychiatrist.

<u>Service Date Between</u>		<u>Authorization Number to Use</u>
Auth. Begin Date	Auth. End Date	
07/01/2020	08/31/2020	F172
09/01/2020	06/30/2021	F173
07/01/2021	06/30/2022	F202

Psychological Testing Services Authorization Number for Psychologist or Psychiatrist.

<u>Psychological Testing Service Date Between</u>		<u>Authorization Number to Use</u>
Auth. Begin Date	Auth. End Date	
09/01/2020	06/30/2022	F191

Medication Support Services Authorization Number for Psychiatrist and Certified Nurse Practitioner.

<u>Medication Support Service Date Between</u>		<u>Authorization Number to Use</u>
Auth. Begin Date	Auth. End Date	
7/1/2020	8/31/2020	F170

2. SERVICES REQUIRE 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. Professional services rendered in a psychiatric inpatient hospital or psychiatric inpatient facility require a member authorization number instead of a funding source authorization number in the claim line.

The Member Authorization number, commonly known as Treatment Authorization Request (TAR) number, is obtainable from the respective psychiatric inpatient hospital or psychiatric inpatient facility.

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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