



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

July 26, 2023

Ninth Edition, Issue 3

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. FY 2023-2024 FUNDING SOURCE AUTHORIZATION NUMBER

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 FY 2023-2024 Funding Source Authorization is given by LACDMH to all disciplines of the providers. This 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 table on page 2.

Example of an FFS 837P Outpatient Claim Line with Primary, Interactive Complexity and Prolong Code for a service duration of 30 minutes on and after July 1, 2023. Please submit the claim in units and not in minutes.

Service Line Number (2400)

LX*1~

SV1*HC:90791*43.35*UN*1***1****Y~ Primary Code in Unit

DTP*472*D8*20230701~ Service Date

REF*G1*F268~ Funding Source Authorization number for the service period

NTE*DCP*00~

LX*2~

SV1*HC:90785*43.35*UN*1***1****Y~ Interactive Complexity Code in Unit

DTP*472*D8*20230701~

REF*G1* F268~

NTE*DCP*00~

LX*3~

SV1*HC:G2212*43.35*UN*1***1****Y~ Prolong Code in Unit

DTP*472*D8*20230701~

REF*G1* F268~

NTE*DCP*00~

Provider shall refer to the LACDMH HIPAA 837 5010 Companion Guide for additional information. The 5010 Companion Guide is available at: <https://dmh.lacounty.gov/pc/cp/edi/>

Funding Source Authorization used by Fee-for-Service (FFS) providers for specialty mental health services is issued as below:

Authorization Number for All FFS Providers

Service Date Between		Authorization Number to Use
Auth. Begin Date	Auth. End Date	
07/01/2023	06/30/2024	F268

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, an 11-digit number, is obtainable from the respective psychiatric inpatient hospital or psychiatric inpatient facility.

3. FY 2023-2024 FFS PROVISIONAL PAYMENT SCHEDULE

The FY 2023-2024 FFS Provisional Payment Schedule is posted on the DMH website:

<https://dmh.lacounty.gov/pc/cp/ffs2/>

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:

[FFS2 Provider Bulletins - Department of Mental Health \(lacounty.gov\)](https://dmh.lacounty.gov/pc/cp/ffs2/ffs2-provider-bulletins/)

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