SECTION XV – OVER-THRESHOLD AND INPATIENT PROFESSIONAL SERVICES

OVER-THRESHOLD SERVICES

Over-threshold requirement to request for services for Medi-cal beneficiaries who continue to meet medical necessity and demonstrate the need for additional services beyond the under-threshold services, which are defined as eight sessions in a four-month trimester period, is no longer valid effective 09/01/2020 (MHSUDS Information Notice No.: 19-026). When Specialty Mental Health Services (SMHS) are medically necessary, Network Providers are not required to go to the Provider Connect Application and submit an over-threshold authorization request.

INPATIENT PROFESSIONAL SERVICES

Clients receiving acute psychiatric inpatient services must also be electronically enrolled in the IBHIS. (Refer to Section V: Confirmation of Medi-Cal Eligibility and Electronic Medi-Cal Beneficiary Enrollment).

Reimbursement for inpatient professional services delivered in acute inpatient hospital settings (a psychiatric hospital or a mental health unit of a general acute care fee-for-service hospital) is linked to approved inpatient hospital days determined by State medical necessity criteria and Treatment Authorization Request (TAR) approval guidelines. Therefore, the claim submitted for inpatient professional services must include the TAR number and the name of the inpatient facility. The TAR number will be used to determine the number of approved hospital days eligible for reimbursement of inpatient professional services. Reference the Medi-Cal Fee-For-Service Inpatient Hospital Provider Manual. For convenience, this manual is located on the Fee-For-Service website at: https://dmh.lacounty.gov/pc/cp/ffs2/ Under “Manuals and Guides”

It is, therefore, imperative that the network provider be notified by the inpatient acute facility of DMH action on all TARs. The specific manner of communication between facility and network provider is to be established by each inpatient facility.

Inpatient professional services provided in a psychiatric hospital, a mental health unit of a general acute care hospital facility or a general medical/surgical hospital facility are excluded from the threshold limit, and therefore do not require prior authorization for services that exceed the threshold. A TAR is not required for inpatient professional services delivered in a general medical/surgical hospital unit.

In adult and child/adolescent residential care settings, including board and care and skilled nursing facilities, specialty mental health services are authorized in the same manner and under the same guidelines as when delivered in other outpatient settings.

Note: Inpatient professional services rendered in a Short-Doyle/Medi-Cal mental health unit of a psychiatric or general acute care hospital facility will **not** be reimbursed by the LMHP.