Quality Assurance Bulletin

December 18, 2006 No. 06-I

Program Support Bureau

Los Angeles County, Department of Mental Health

PROCEDURE CODES ALERT
MEDICATION SUPPORT CODE DEFINITIONS MODIFIED

This Bulletin is to alert all Providers to modifications in the Medication Support Procedure Codes. **The changes affect coding for prescription services only**. Physicians and nurse practitioners delivering this service should be informed of the changes as soon as possible with immediate implementation. Program Managers and/or Supervisors should ensure that all affected staff understand and have implemented use of the revised definitions no later than January 1, 2007.

These changes are highlighted on the attached pages of the Guide:

- ✓ The date of the Guide has been changed.
- ✓ The "Last Changed" date for the Medication Support page has been revised in the Table of Contents.
- ✓ The specific changes that were made on the Medication Support page of the Guide.

A revised version of the Procedure Codes Guide has been posted on the Web with a revision date of December 18, 2006. For DMH providers, click the "HIPAA" tab on the DMH Intranet Home Page and, for contractors, click on the "HIPAA & Integrated System" on the DMH Internet Home Page. Either of these "clicks" will take you to the IS Home page. The Procedure Codes Guide is in the list on the left under "IS Top Downloads".

Code Change Highlights:

- ✓ **90862 – Individual Medication Service** - There has been no change in the service definition of this code. However, we are aware that many physicians use this code for all or most regular medication refill visits. Please be aware that M0064 should be used for this purpose. Documentation supporting the use of 90862 must be extensive in support of decision-making regarding new medications, medication adjustments, or the annual medication review.
- ✓ **M0064 – Brief Medication Visit** – The "usually" in "Usually Face-to-Face" has been dropped in the service definition. This means that the contact must always be face-to-face with the client.
- ✓ **H2010 – Comprehensive Medication Service** – An added phrase "prescription services by phone or with collateral" now begins this service definition. Effective immediately this code should be used for any medication support prescription service in which the contact is:
  - by phone, whether or not the contact is with the client or a collateral, **OR**
  - with a collateral, whether or not the contact is face-to-face or by phone.

If you have any questions regarding these changes, please contact your Service Area/Program Codes Liaison listed on the next page.

c: Leadership Team
District Chiefs for Distribution
ACHSA – Wendy Wang
Procedure Code Liaisons

Service Area/Program Procedure Codes Primary Liaisons

Program Area	Name & Phone	Program Area	Name & Phone
SA 1	Marge Borjon (661) 723-4260	Countywide Child	Belen Fuller (213) 738-6153
SA 2 – Child	Mark Foster (213) 738-3090	ICAT-START	Janel Jones (213) 351-5220
SA 2 – Adult	Nancy Crosby (213) 305-3731	EOB	Irma Martinez (213) 738-3489
SA 3	Reina Vidaurri (213) 738-3454	CalWORKs/GROW	Elizabeth Gross (213) 738-4253
SA 4	Carol Giannini (213) 738-4963	ASOC	Linda Graul (213) 738-2866
SA 5	Patrice Grant (310) 268-2508	Older Adult	Danny Redmond (213) 351-5103
SA 6 – Child	Rashied Jibri (310) 668-6947	Harbor/UCLA	Jeffrey Adams (310) 222-3322
SA 6 – Adult	Rashied Jibri (310) 668-6947	Juvenile Halls	Mynetta Harvey (213) 738-2113
SA 6 – AFH	Lucious Wilson (310) 668-5902	Juvenile Courts	Angel Kelly—Blaydes (323) 526-6361
SA 7	Herlinda Jackson (213) 738-3475	Juvenile Camps	Karen Streich (213) 738-4620
SA 8	Cathy Warner (562) 435-2337	Jails - Adults	Mary Bruce (213) 893-5410

A GUIDE TO PROCEDURE CODES FOR CLAIMING MENTAL HEALTH SERVICES

County of Los Angeles – Department of Mental Health

Marvin J. Southard, D.S.W.
Director of Mental Health

Dennis Murata, M.S.W.
Deputy Director, Program Support Bureau

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MEDICATION SUPPORT – SD/MC & NETWORK PHYSICIANS & NURSE PRACTITIONERS

Service	Code (Modifier*)	Former FFS Code	Network MC Rendering Provider	Cost Report SFC	Former ClinServ ActCodes	Former OutptHospSv ActCodes	SD/MC Rendering Provider
Individual Medication Service (Face-to-Face) This service requires expanded problem-focused or detailed history and medical decision-making of low to moderate complexity for prescribing, adjusting, or monitoring meds. **Note:** If more than minimal, supportive psychotherapy is provided, the service must be claimed as an E&M Individual Psychotherapy service (see pg 4).	90862 Indiv & Group 15+ minutes Organizational 15-50 minutes	90862	Physician & Nurse Practitioner	62	(035) 1319	164 812 8012 9009 9116	Physician Nurse Practitioner
Brief Medication Visit (~~Usually~~ Face-to-Face) This service typically requires only a brief or problem-focused history including evaluation of safety & effectiveness with straightforward decision-making regarding renewal or simple dosage adjustments. The client is usually stable.	Effective 9/21/04 M0064 I&G: 7+ min Org: 7-50 min				035 811 1727 8011 9008 9094 9116		
Comprehensive Medication Service Prescription services by phone or with collateral, medication administration, medication education, medication group services, and other non-prescription, non-face-to-face activities pertinent to medication support services.	H2010 (HE*)	N/A	MD/DO & NP				MD/DO, NP/CNS, RN, LVN, PT, Pharmacist, & student professionals in these disciplines with co-signature

*Contract agencies submitting electronic claims to the Department must use the letter modifiers in the claims transmission.

Notes:

- These services are recorded in the clinical record and reported into the IS in hours:minutes.
- Not all staff listed who can report the service may claim to all payer sources. The Department will keep its employees informed, and, as appropriate, its agencies, regarding rules and regulations for service delivery and reimbursement.
- When a physician and a nurse provide Medication Support services to a client, the time of both staff should be claimed. If both staff are providing the same service, one note is written covering both staff and one claim is submitted that includes the time of both staff. If the two staff provide different services during the contact, two notes should be written with each staff submitting his/her own claim. If a staff person ineligible to claim Medication Support participates in the contact, then each staff present must write a separate note documenting service time as either TCM or Individual or Group in accord with the service provided.
- In the unusual circumstance in which medication support plan development occurs when neither the client nor a significant other is present, the service may be claimed as a Comprehensive Medication Service.
- **Medi-Cal Lockout:** Medication Support services are reimbursable up to a maximum of 4 hours a day per client.