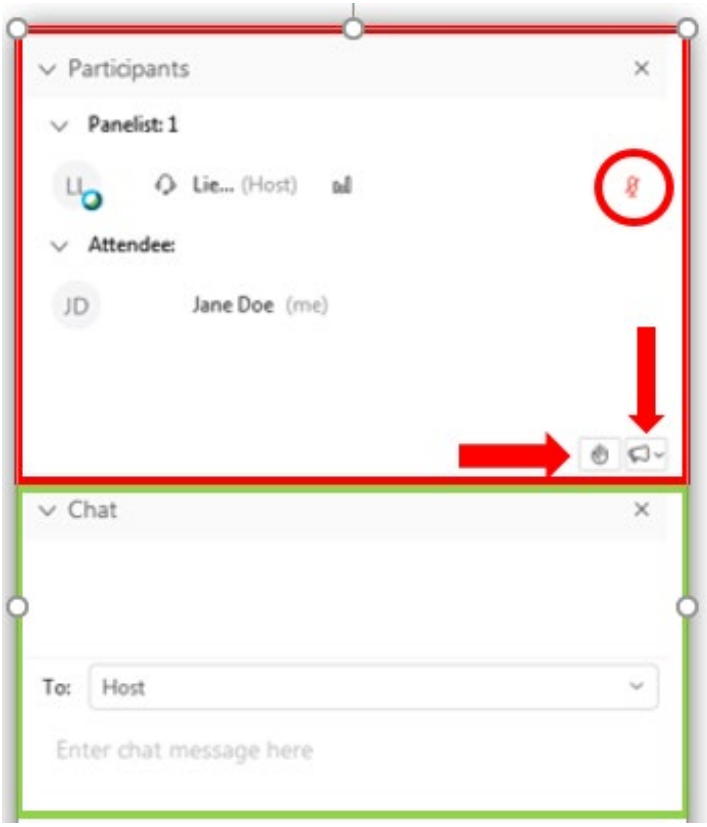
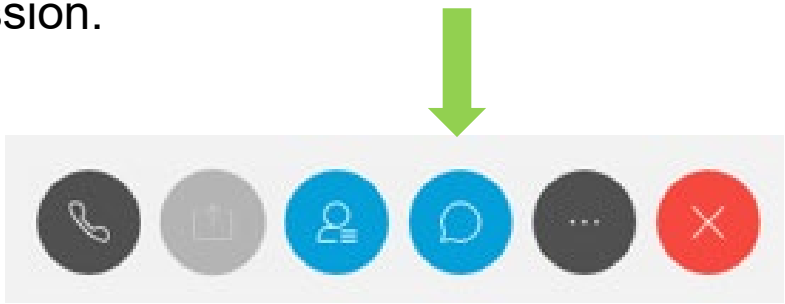
Payment Reform & Claims Billing

June 7th, 2023

Housekeeping

- Materials will be emailed to all participants after the presentation.
- To avoid noise interference all lines will be muted at the beginning of this webinar.
- If you have a question or would like to share your comments during the webinar, **please type your question in the "Chat" box located in the Participants box.**
- You will be able to unmute yourself at the conclusion of the webinar during the Q&A session.





Today's Training

During today's session you will hear more about:

DHCS changes	Navigating the billing manual	Modifiers	Maximum Units that Can be Billed
Disciplines	Place of service codes	Taxonomy codes	Medication services
Lockout rules/ Service limitations	Dependent on codes	Supplemental services	Crisis intervention / Mobile crisis

DHCS Changes

Modified the following statements:

- Ancillary services are included in the all-inclusive day rate billed under H0019.
  - DHCS will now recognize case management services in addition to the day rate
- 90 minute requirement of counseling services
  - No longer applicable

Navigating the Billing Manual

Configuration for EHRs mainly begins with the tables starting on **page 47.**

- This section will introduce you to all the necessary logic for configuration of your EHR
  - Disciplines
  - Place of service codes
  - Modifiers
  - Service tables
    - Applicable codes including allowances for each (disciplines, POS, dependencies, etc)
  - Taxonomy codes
  - Procedure codes

Disciplines

Here are the disciplines acknowledged by DHCS for the purposes of service delivery:

DMC ODS Counties	
Abbreviation	**Discipline**
LP	Licensed Physician
PA	Physician Assistant
Pharm	Registered Pharmacist
Psy	Psychologist (Licensed or Waivered)
LCSW	Licensed Clinical Social Worker
MFT	Licensed Marriage Family Therapist
LPCC	Licensed Professional Clinical Counselor
RN	Registered Nurse
NP	Nurse Practitioner
AOD	Certified/registered AOD Counselor
Peer	Certified Peer Support Specialist

Place of Service Codes

Many codes have specified place of service codes describing where they can be performed.

- As a result, allowable places of service must accompany appropriate **CPT** and **HCPCS** codes for PHC to process the claim.
- Note that 55 and 57 remain in place!

55	Residential Substance Abuse Treatment Facility	A facility, which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.
57	Non-residential Substance Abuse Treatment Facility	A location, which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.

*If a telehealth modifier is used, the place of service code must be 02 or 10.

**Location code 09 (correctional facility), while listed in the DMC-ODS Billing Manual, is not yet eligible for billing.

Lockout Rules/ Service Limitations

Review the service tables to identify the combinations of procedure codes that cannot be billed for the same beneficiary on the same day.

- The combination of the Code in Column 2 and each Lockout Code in Column 5 represents a lockout situation when both are provided to the same beneficiary on the same day which is not reimbursable.

Consider lockout rules similar to service limitations (here are a few):

- All outpatient services are locked out against residential services except for the date of admission or discharge
- The only services that can be billed with Withdrawal Management are additional MAT, methadone dosing, care coordination, clinical consultation, and recovery services.
- Certain medication services have lockouts and are not allowed to be billed on the same day. See service table 3 for additional information

Dependent on Codes

In service tables 1-13 the procedure codes listed in the first column labeled “Service” are considered primary procedure codes.

The procedure codes listed in the sixth column labeled “Dependent on Codes” identifies procedure codes that must be billed alongside the primary procedure can be billed.

PHC will deny a dependent on code if not billed on the same claim, on the same day, for the same beneficiary without the primary procedure code.

Maximum Units that Can be Billed

Service Tables 1-12 , column 8, labeled “Maximum Units that Can be Billed” identifies the maximum units of service that may be included on a service line for each procedure.

PHC will deny a service line that exceeds the unit maximum.

Only the time it takes to provide direct services associated with that code can be counted toward a unit of service.

Units of service for all codes must be billed in whole numbers.

Example

Service	Code	SD/MC Allowable Disciplines	Allowable Pace of Service (POS)	Lockout Codes	Dependent on Codes	Exempt from Medicare COB?	Maximum Units that can be billed	Allowable Modifiers
Interactive Complexity	90785	DMC – ODS: • LP • PA • Psy • Pharma • LCSW • MFT • RN • NP • LPCC • AOD	DMC –ODS: All except 09	Cannot be billed with: 96170-96171	90791-90792, 99202-99205, 99212-99215, 99217,99234 - 99236, 99304-99310, 99324-99328, 99334-99337, 99341-99345, 99347-99350,	No	1 per allowed procedure per provider per beneficiary	DMC-ODS: HD, UA, HG, U1, U2, U3, U7, U8, U9, UB, HL, GC, 93, 95

Modifiers

All services are required to be submitted with only one level of care modifier.

The following level of care modifiers remain recognized by DMC - ODS:

- U1 3.1 Residential
- U2 3.3 Residential
- U3 3.5 Residential
- U7 Outpatient Services
- U8 Intensive Outpatient Services
- U9 3.2-WM
- UA **and** HG Opioid Treatment Program

*Service lines for recovery services must be submitted with the U6 modifier as well as a level of care modifier from above.

Taxonomy Codes

Taxonomy codes are unique 10 character codes that are used by healthcare providers to self-identify their specialty.

- The code set is structured into three distinct levels:
  - Provider grouping
  - Classification
  - Area of specialty

PHC uses the rendering provider's taxonomy code to verify that the rendering provider is eligible to provide the service rendered or use the procedure code reported on the service line.

- Service Tables 1-12 identify the allowable disciplines for each procedure code.

PHC will deny all service lines for services where the rendering provider's taxonomy code does not identify a Medi-Cal allowable discipline for the procedure code on the service line.

Medication Services

Medication Services includes prescription or administration of medication related to substance use disorder services, or the assessment of the side effects or results of the medication.

G2212

- Prolonged office visit

H0033

- Oral medication administration

H0034

- Medication training
- Support

Supplemental Services

Supplemental codes must be used to compliment a core service.

- 90785- Interactive Complexity
- 90887- Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons
- 96170- Health behavior intervention (family)
- 96171- Health behavior intervention (family- additional 15 mins)
- T1013- Sign language or oral interpreter services

Crisis Intervention / Mobile Crisis

A **crisis** means an actual relapse or an unforeseen event or circumstance, which presents to the beneficiary an imminent threat of relapse.

Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation, and be provided in the least intensive level of care that is medically necessary to treat their condition.

- ❑ **H0007**- Alcohol and/ or drug services- crisis intervention (outpatient)
- ❑ **H2011**- Mobile crisis intervention (per 15 mins)

What's Next?

Upcoming Provider Training

Register here for upcoming webinars:
https://partnershiphp.webex.com/webappng/sites/partnershiphp/webinar/webinarSeries/register/d22fff6300e44e438228ff2cd37e6b9d

June 21st

- Need one on one support? Contact your Claims Resolution Coordinator, Debi Koch: dkoch@partnershiphp.org.
- Recordings, FAQs and other materials will continue to be updated: http://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx

Resources

- New DMC-ODS Billing Manual 08-022:

https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS-Billing-Manual-08-22.pdf

- External trainings from CalMHSA on CPT codes:

https://www.calmhsa.org/calaim-payment-reform-webinars/

- CalAIM –Reference Guide for CPT codes – DMC-ODS: https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-DMC-ODS-Codes-2022-09-30.xlsx
- Taxonomy Codes: Taxonomy.NUCC.org

Need Help?

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Questions & Open Discussion