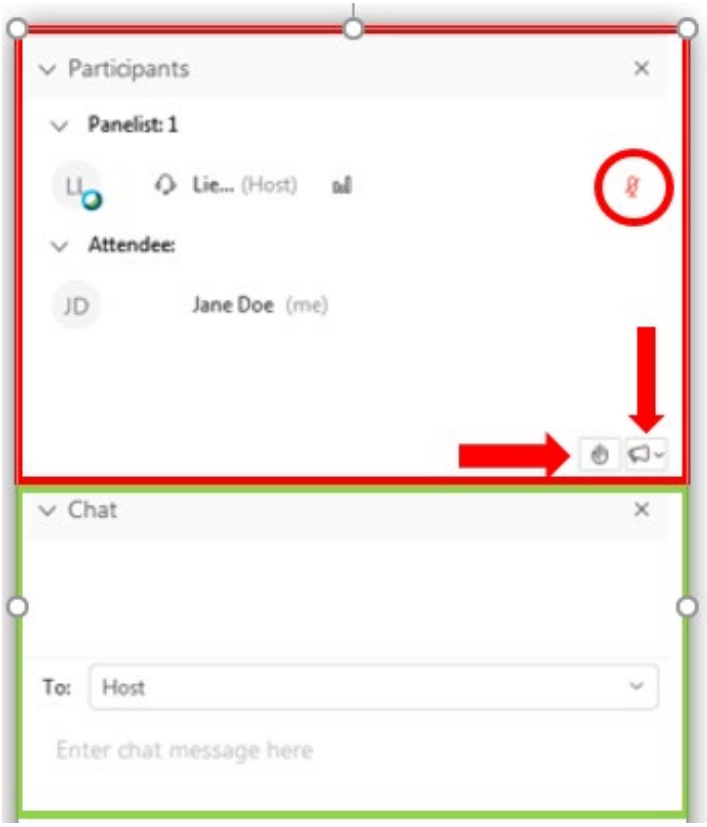
Payment Reform & Claims Billing

June 21, 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:

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

Today's Expectations

- During the training today the team will not be addressing questions related to rates, whether verbal or through the chat. Your contract is considered proprietary to us, and it will not be discussed in the presence of others. Thank you for your understanding.
- Provide you an introduction to the code changes that go in to affect 7/1/2023.
- Attempt to provide a scale up opportunity (where needed) to assist in ensuring the changes do not impact revenue.
- Provide guidance on how to bill units moving forward.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Outpatient
Services

Outpatient Services (ASAM Level1)

Outpatient services are provided to beneficiaries up to nine hours per week for adults, and less than six hours per week for adolescents. Services using level of care **Modifier U7** include and not limited to:

- ASAM Assessment- G2011, G0396, G0397
- Care Coordination- 99367, 99368, 99451, H1000 (peri), T1017
- Counseling (individual and group)- H0004, H0005
- Family Therapy- 90846, 90847, 90849
- Medication Management- G2212, H0033, or H0034
- Patient Education- H2014
- Recovery Services- H2015, H2017, H2035
- SUD Crisis Intervention Services- 96170, 96171

Intensive Outpatient Services (ASAM Level 2.1)

Structured programming services are provided to beneficiaries a minimum of nine hours with a maximum of nineteen hours a week for adults, and a minimum of six hours with a maximum of nineteen hours a week for adolescents. Services billed with level of care **Modifier U8** consist of, but not limited to:

- ASAM Assessment- G2011, G0396, or G0397
- Care Coordination- 99367, 99368, 99451, H1000 (peri), T1017, T1006
- Counseling (individual and group)- H0004 or H0005
- Family Therapy- 90846, 90847, 90849
- Medication & MAT Services- H0033, H0034
- Patient Education- H2014
- Recovery Services- H2015, H2017, or H2035
- SUD Crisis Intervention Services- 96170 or 96171

Group size is limited to no less than two (2) and no more than twelve (12) beneficiaries during a 90-minute session.


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Residential
Treatment

Residential Treatment (ASAM Level 3.1, 3.3 & 3.5)

- **Modifier U1, U2, U3**

- This treatment is a non-institutional, 24-hour non-medical, short-term program that provides rehabilitation services which includes intake, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention, treatment planning, transportation services, and discharge services. **These services are included in the all-inclusive day rate billed under H0019.**

- In order for residential treatment to be reimbursed on a daily basis, the service provided must include a required structured activity on the date of billing as outlined in MHSUDS IN18-001.

Provider Disciplines

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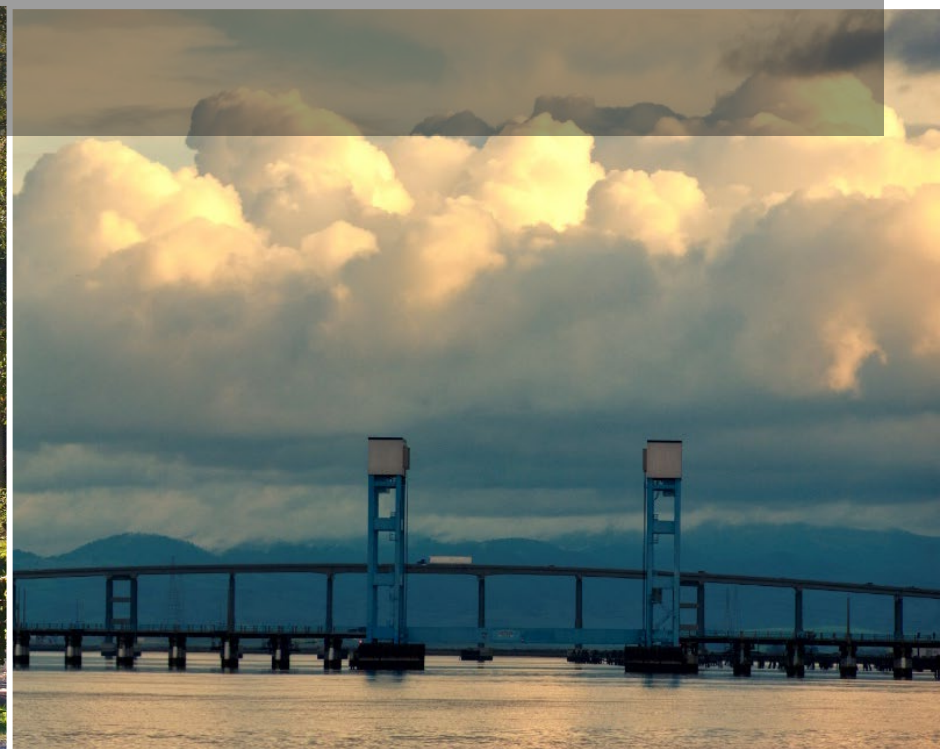

Provider Disciplines

- Rendering providers and practitioners may only render services consistent with their scope of practice. DHCS defines Disciplines by the education, licensure, length of experience and/or job description.

- All CPT codes billed now have a specified discipline requirement. Service Tables 1-12 of the manual display allowable services per disciplines. Claims will be denied if billed with inappropriate disciplines.

- A taxonomy code describing the provider's discipline should directly correlate to who's rendering the service, and must be listed on all claims Paper or electronic, or the claim will be denied.

- The complete list of allowable Disciplines are listed on page 46 of the manual. Additional info can also be found on pages 32,46 and 60.

Provider Disciplines

Abbreviations	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 Requirements

Place of Services

- The complete list of allowable place of services codes are listed on pages 48-51 of the manual. Additional info can also be found on page 33.
- Every CPT code billed now has a specified place of service code requirement. All code combinations are listed in the Services Tables 1-12 of the manual. Claims will be denied if billed with the incorrect place of service.

Notes:

- If a service is provided via telehealth (audio only or audio/video) place of service code 02 or 10 must be used.
- Place of service 09 is used for a Correction Facility and is not allowed for outpatient services, as services provided in public institutions such as jail or prison are not covered.

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.

Place of Service Example

Place of Service Code	Place of Service Name	Place of Service Description
10	Telehealth Provided in Patient's Home	Health services and health related services are provided or received, through a telecommunication system in the patient's home.
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	Congregate residential facility with self-contained units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
14	Group Home	A residence with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial services, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place to place equipped to provide preventive screening, diagnostic, and/or treatment services.
16	Temporary Lodging	A short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care and which is not identified by any other Place of Service code.
17	Walk-in Retail Health Clinic	A walk-in retail clinic, other than an office, urgent care facility, pharmacy, or independent clinic and not described by any other Place of Service code that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.
18	Place of Employment-Worksite	A location, not described by any other Place of Service code, owned and operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic, or rehabilitative services to the individual.
19	Off Campus—Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.


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Lockout Rules

Lockout Codes

What are Lockout services?

- CMS requires the NCCI identify procedure codes that should not be billed on the same day for the same beneficiary unless certain conditions are met.
- Lockout rules apply to Outpatient, Medication and Withdrawal Management Services.
- Service Tables 1-12 of the manual display allowable services per disciplines. Claims not billed in accordance with lockout rules, will be denied.

NOTE: All outpatient services are locked out against inpatient and 24-hour services except for the date of admission or discharge

- Modifiers can be used when billing separate encounters that should be considered distinctly different.
- See Modifier section of the manual for appropriate use to override lockout rules on pages 51-57
- Additional details on lockout services and rules can be found on pages 35-36, 60-61 of the manual.

Lockout Coding Example

Service	Code	SD/MC Allowable Disciplines	Allowable Place of Service	Lockout Codes **Note:** All **outpatient** services are locked out against inpatient and 24-hour services except for the date of admission or discharge.	Dependent on Codes	Exempt from Medicare COB?	Maximum Units that Can be Billed	Allowable Modifiers
Home Visit of a New Patient, 15-25 Minutes	99341	DMC – ODS: • LP • PA • NP	DMC – ODS: 04 - 08, 12-16, 31-34	Cannot be billed with: 90791,90792, 90849,90865, 96130*, 99234-99236, 99304-99306, 99342—99345, 99408-99409**, 99451, G0396*, G0397*, G2011*,	None	No	1	DMC – ODS: HD, U7, U8, UB, HL, GC, 27, 59, XE, XP, XU

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


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Modifiers

New Modifiers- Overrides and Provider Specific

- **27** – Indicating a second E&M service, same day (i.e.: 2 office visits)
- **59** – Indication of a separate and distinct service (i.e.: different session)
- **XE** – Indication of a separate and distinct encounter
- **XP** – Indication of a separate and distinct encounter by a different practitioner
- **XU** – Unusual non-overlapping service
- **UB** – Service provided by a licensed therapy assistant under supervision
- **HL** – Services provided by an intern
- **GC** – E&M service provided by a resident under supervision
- **SC** – Indicating medically necessary service

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.

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

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

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)


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Important
Reminders

What's Next?

- 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/services/MH/Documents/DMC-ODS-Billing-Manual-v-1-3.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