

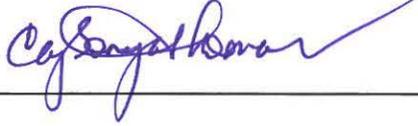


County of San Bernardino Department of Behavioral Health

INFORMATION NOTICE 14-09

Date June 9, 2014

To Department of Behavioral Health (DBH) and DBH Contract Agency
Health Care Providers and Billing Staff

From CaSonya Thomas, MPA, CHC, Director 

Subject Updated DBH Billing Forms and Reference Materials for Mental Health (MH)
and Alcohol and Drug Services (ADS)

Purpose This notice is to apprise DBH and its contract agency health care providers and billing staff that DBH has revised its billing forms and reference documents in order to streamline billing codes. Effective July 1, 2014, billing codes not referenced in this Information Notice or attached documents will no longer be available for use.

Modes of Services A MH billing reference document that DBH updated was the Mode of Service form, [BOP024](#). The form lists mode of service, service function and procedure code of a particular service. Services listed on the form include those DBH are authorized by the California Department of Health Care Services (DHCS) to provide as the Mental Health Plan (MHP).

DBH programs and contract agencies utilize the form to indicate services and procedure codes the clinic plans to provide when obtaining Medi-Cal certification. DBH utilizes the Mode of Service form for the following purposes:

- verify services indicated on the form match services the program is required to provide as indicated in the DBH contract or Memorandum of Understanding (MOU)
- verify services indicated on the form match services listed on the program's Medi-Cal certification
- create program billing parameters in DBH's Behavioral Health Management Information System (BHMIS)
- insert the billing rate(s) for service type(s)

Important Note: If a program does not have a particular mode of service, service function or procedure code on its Mode of Service form, services cannot be entered in the DBH BHMIS. Changes to the Mode of Service cannot be made without formal approval from DBH via a [Change Order Request](#).

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Charge Data Invoices

Charge data invoices (CDI) are billing documents DBH staff and its contract agencies utilize to bill and/or track services rendered by its health care providers. Currently some DBH programs have specific CDIs, while other programs utilize the Universal CDI.

Effective July 1, 2014, DBH staff must adhere to the following when completing CDIs:

- Utilize only DBH approved and posted CDIs:
 - Universal, [CLP006](#)
 - Juvenile Justice Outpatient Program, [CLP009](#)
 - Alcohol and Drug Services (coming soon)
 - Prevention and Early Intervention Services, [PEI001](#)
- Select appropriate procedure code that reflects service rendered
- Select and enter accurate service location code
 - Only one (1) code can be entered
 - Service location on CDI must match code entered on chart note
 - Code location shall follow the client, meaning clinicians shall keep in mind where client is when the service is rendered
 - Example: Clinician is at Jail Mental Health Services clinic speaking to client who is incarcerated. The service location code would be 8 jail since the client is in jail, even though the clinician is rendering services in the clinic
 - **Important Note:** Do not code service location code as 1-8 to indicate clinician is in clinic providing services to client in jail. Use of multiple service location codes causes confusion for those completing data entry as well as inaccurate reporting to State for Client and Service Information (CSI) data
- Select appropriate evidence-based practice(s) (EBP) and service strategy(ies) (SS)
 - Up to three codes may be selected and entered on CDI
 - Information is reported to State for CSI data so accuracy is imperative
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Important Note: Be aware that only procedure codes appearing on the DBH approved and posted CDIs will be active, all other codes will be inactivated and denied.

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Children's Intensive Services

DBH has identified new MH billing codes to utilize when billing children's intensive services. The following are new billing codes to be utilized:

- 575 Intensive Care Coordination (Non-Billable)
- 576 Intensive Care Coordination
- 577 Intensive Home Based Services (Non-Billable)
- 578 Intensive Home Based Services

Staff should refer to the [DBH Scope of Practice and Billing Guide](#) regarding a description of these services as well as discipline of staff that can provide the service. For more detailed information regarding criteria for children to receive these services and claiming, please refer to the DHCS [Mental Health Services Division Information Notice 13-11](#).

Duplicate Procedure Codes

DBH reviewed its procedure codes for accuracy and duplication. The review revealed the existence of duplicate codes for one service type. An example of duplicate codes includes, but is not limited to the following:

- Procedure code 331 for Assessment
- Procedure code 332 for Assessment for AB2726 Services
- Procedure code 334 for Assessment for Hospital Aftercare Services

Rather than have several procedure codes, DBH determined one procedure code is acceptable as services are tracked when the respective reporting unit and service location information are entered.

Please see attached [Billing Changes](#) document for procedure codes added and deleted.

Crisis Intervention Services

Due to changes in the Current Procedural Terminology (CPT) codes, DBH implemented a significant change when coding procedure code 371, Crisis Intervention. When a crisis intervention service is provided that lasts in excess of 60 minutes, another CPT code will appear for every 30 minutes the service goes beyond the initial 60 minutes. The additional code(s) will appear as multiple services for the given day in DBH's BHMIS and behind the scene for claiming purposes.

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Crisis Intervention Services (continued)

This change is significant for DBH staff as multiple codes will appear on the 902 and 941 reports when verifying services and when completing Charge Data Correction Invoices (CDCI).

An example of behind the scene change is as follows:

- Clinical therapist (CT) completes a crisis intervention that lasts two (2) hours. CT will code 371 for the two (2) hours on the clinical note and CDI and the office assistant (OA) will key in service as indicated on CDI. However, when the 902 report is ran, the report will show a total of three procedure codes:
 - 371 for the initial 60 minutes of service (1-60 mins.)
 - 378 for the first 30 minutes beyond the initial hour (61-91 mins.)
 - 378 for the remaining minutes totaling two (2) hours (92-120)

Based on the above example, if a CDCI was needed, DBH staff and its contract agencies are required to complete three (3) entries to account for each procedure code indicated above. An example of the CDCI would be as follows:

- Staff shall complete three line procedure codes on the CDCI form:
 - 371 for the initial 60 minutes of service (1-60 mins.)
 - 378 for the first 30 minutes beyond the initial hour (61-91 mins.)
 - 378 for the remaining minutes totaling two (2) hours (92-120)

Accurate billing is imperative; therefore, to avoid overbilling, DBH will return all incomplete CDCIs to the sender for correction.

Important Note: For the purposes of chart and/or fiscal audit, auditors will see one (1) note entry for the entire block of time in the chart, but billing records will indicate three (3) claim lines, which represent the one (1) service. DBH staff needs to understand so they can explain to auditors that the three (3) claim lines equal the amount of time for the one service entered in chart.

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Change Order Requests

DBH clinics or contractors may find the need to complete a [Change Order Request](#) for the following reasons, including, but not limited to:

- Request business process change
- Notification of system update
- Request development of new procedure code(s), EBP or SS
- Request new mode of service due to approved and expanded service delivery as indicated in DBH contract

Before a Change Order Request may be submitted for review and approval by a DBH program or contract agency, the assigned DBH Program Manager shall be aware of request and if appropriate, approve. Once DBH PM approves, it should be routed to the appropriate DBH staff or program in the sequence indicated on the form

Direct Services Crosswalk

DBH will provide its contract agencies with a Direct Services Crosswalk that indicates the appropriate CPT and/or Healthcare Common Procedure Coding System (HCPCS) associated to the applicable procedure code for the service performed. If the program bills Medicare and/or other health coverage, it must select the appropriate CPT code indicated on the DBH Direct Services Crosswalk. If no CPT code exists, use the appropriate HCPCS code as the codes are nationally recognized. Failure to utilize the proper billing code will result in DBH denying the Remittance Advice (RA) submitted.

Questions

Should you have any questions regarding this Information Notice, please submit a DBH Helpdesk ticket, as indicated in DBH Policy [IT5002](#) so your question is directed to the appropriate DBH program: Quality Management, Compliance, Information Technology or Business Office

County of San Bernardino Department of Behavioral Health Billing Changes

Additions

Procedure Codes

- 140 Adult Crisis Residential (Non-Billable)
- 141 Adult Crisis Residential
- 201 No Show Intensive Day Treatment
- 280 Day Treatment Intensive (Non-Billable)
- 290 Day Treatment Rehabilitation (Non-Billable)
- 324 Developmental Screening w/interpretation & report, per standardized instrument form
- 325 Developmental Testing w/interpretation & report includes assessment of motor, language, social, adaptive and/or cognitive screening
- 326 Neurobehavioral status exam with patient for interpreting the results and preparing the report
- 327 Neuropsychological testing, administering test to client, interpreting test results and preparing the report
- 380 Medication Education and Training (Non-Billable)
- 381 Medication Education and Training, one (1) client
- 382 Medication Education and Training, 2-4 clients
- 383 Medication Education and Training, 5-8 clients
- 575 Intensive Care Coordination (Non-Billable)
- 576 Intensive Care Coordination
- 577 Intensive Home Based Services (Non-Billable)
- 578 Intensive Home Based Services
- 620 Conservatorship NB

Service Strategies

- 70 Access, Coordination and Enhancement
- 71 Walk in
- 72 Healthy Homes General
- 73 Intensive Services (Katie A) Evaluation
- 74 Core Practice Model (CPM) Evaluation
- 80 PCIT/PCAT
- 81 EBP Collateral
- 82 Floortime
- 83 Dyadic Therapy
- 84 Theraplay
- 85 Wait, Watch & Wonder
- 86 Parent Child Movement
- 87 Filial Therapy
- 88 Infant Message
- 89 NCAST (Nursing Child Assessment Satellite Training)
- 90 Trauma Focused CBT

Important Note: DBH separated the Evidence Based Practices (EBP) from the Service Strategies (SS) so that there is a listing for each. Additionally, DBH corrected the numbering of the EBPs in order for the numbers to match that of the State for the purposes of accurate Client and Service Information (CSI) reporting.

**County of San Bernardino
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Billing Changes**

Deletions

Procedure Codes

- 202 No Show AB2726
- 282 Full Day AB2726
- 286 Half Day Intensive AB2726
- 289 NB Full Day AB2726
- 302 No Show Walk in
- 304 Reschedule
- 305 Clinic Cancel
- 312 Collateral AB2726
- 313 Family Collateral
- 314 Collateral HAS
- 315 Collateral
- 316 Collateral Walk in
- 317 Collateral, Telemed
- 318 Collateral
- 319 Collateral NB AB2726
- 322 Psych Testing AB2726
- 325 MHS – Psych Testing
- 328 Psych Testing
- 329 Psych Testing NB AB2726
- 332 Assessment AB2726
- 333 Assessment Walk in
- 334 Assessment, HAS
- 335 Assessment
- 337 Assessment, Telemed
- 338 Assessment
- 339 Assessment NB AB2726
- 342 Individual AB2726
- 345 Individual Therapy
- 347 Individual Therapy, Telemed
- 348 Individual Therapy
- 349 Individual NB AB2726
- 352 Group AB2726
- 355 Group
- 358 Group
- 359 Group NB AB2726
- 362 Medications AB2726
- 367 Meds via Telemed
- 372 Crisis AB2726
- 373 Crisis Walk in
- 374 Healthy Homes, Crisis Intervention
- 375 Crisis
- 377 Crisis Intervention, Telemed
- 378 Crisis

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Deletions (cont'd)

- 379 Crisis NB AB2726
- 388 Assessment
- 389 Crisis Intervention
- 395 QA Case Review/Direct
- 397 Federal Service
- 402 Failed Intake/No Show NB AB2726
- 412 MH Promotion AB2726
- 415 Mental Health Promotion
- 420 AB Mediation/Due Process
- 422 Community CC AB2726
- 425 Community/Client Contact
- 432 OP Treatment Support AB2726
- 434 DT Treatment Support AB2726
- 447 Scheduled Hours
- 448 Federal Services
- 510 Evaluation NB
- 511 Evaluation
- 512 Evaluation AB2726
- 514 Evaluation HAS
- 515 Evaluation
- 518 Evaluation
- 519 Evaluation NB AB2726
- 522 Plan Development AB2726
- 524 Plan Development , HAS
- 525 Plan Development
- 526 AB2726 Expanded IEP
- 527 Plan Development
- 528 Plan Development
- 529 Plan Development NB AB2726
- 542 Placement Services AB2726
- 544 Placement Services, HAS
- 545 Placement Service
- 548 Placement Service
- 549 Placement Services NB AB2726
- 552 Rehab/ADL AB2726
- 554 Rehab ADL, HAS
- 555 Rehab/ADL
- 557 Rehab ADL, Telemed
- 558 Rehab/ADL
- 559 Rehab/ADL NB AB2726
- 562 Linkage/Consultation AB2726
- 564 Case Management, Walk-in
- 565 Linkage/Consultation
- 566 Linkage & Consultation, HAS

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Deletions (cont'd)

- 567 Linkage, Telemed
- 568 Linkage/Consultation
- 569 Linkage/Consultation
- 571 Plan Development, CM, L&C, MHS
- 572 Pan Development, AB2726, Case Management
- 574 Plan Development, CM, HAS
- 579 AB2726 NB Plan Development, Case Management
- 585 TBS Coaching
- 631 Conservatorship Administration
- 661 Case Management Support
- 662 Case Management Support AB2726
- 681 Healthy Homes, Collateral
- 682 Healthy Homes, E&M, MS high complexity new client
- 683 Healthy Homes, Family Collateral
- 684 Healthy Homes, Assessment
- 685 Healthy Homes, Individual Therapy, 16-37 mins
- 685 Healthy Homes, Individual Therapy, 38-52 mins
- 685 Healthy Homes, Individual Therapy, 53-67 mins
- 685 Healthy Homes, Individual Therapy, add'l 60 mins, Face to face
- 686 Healthy Homes, Group Therapy
- 687 Healthy Homes, Medication
- 688 Healthy Homes, Crisis Intervention
- 689 Healthy Homes, Diagnstc intrvw eval w/medical svcs
- 690 Healthy Homes, E&M, MS low-mod cmplx estb'd client
- 691 Healthy Homes, Plan Development
- 692 Healthy Homes, E&M, MS mod cmplx estab'd client
- 693 Healthy Homes, Placement
- 694 Healthy Homes, E&M, MS high cmplx estab'd client
- 695 Healthy Homes, Rehab ADL
- 696 Healthy Homes, Linkage and Cons
- 697 Healthy Homes, Plan Dev, CM