

SUD Support Newsletter

QUALITY MANAGEMENT SERVICES

August 2023

SUD Support Team

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UPDATES

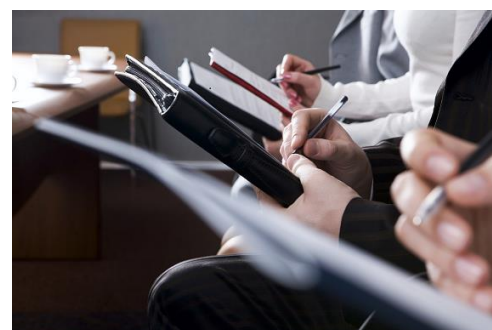
The California Department of Health Care Services' Behavioral Health Information Notice (BHIN) 23-030 released in July has extended the allowable billing period for postpartum clients from 60 days to 12 months. This means that for programs designated as Perinatal, the perinatal billing codes may be used to claim for services provided to pregnant and postpartum clients for up to 365-days postpartum. Please keep in mind that there is no

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WHAT'S NEW?

Welcome to our new Health Services Manager, Chiyo Matsubayashi! Many of you are already familiar with Chiyo so it will be a very seamless transition to her overseeing the Substance Use Disorder Support Team (SST). We are very excited for her to join us!

"Hi SUD teams! I've worked with many of you during my previous life on the IRIS Liaison Team and am looking forward to interacting with you in my new role. I've been providing QA support and T/A to the programs where I worked over most of my Orange County career. I started out on the MHP side of the County within Children and Youth Services. After many years in that role, I transitioned to the QMS IRIS liaison team, where I helped develop the EHR system for SUD. I was also part of the original workgroup that came together to stand up the Drug Medi-Cal Organized Delivery System (DMC-ODS) when it first started. I look forward to learning from each of you and continuing on this crazy DMC-ODS journey."



SUD Documentation Training

The SUD Documentation Training that addresses the CalAIM changes is now available online here:

http://www.ochalthinfo.com/bhs/about/aqis/dmc_ods/providers

Be sure to retain a copy of the certificate of completion for your records!

SUD Documentation Manual

This is your "go-to" reference tool that includes all of the information discussed in the online Documentation Training. Access it here:

<https://www.ochalthinfo.com/sites/healthcare/files/2023-02/DMC-ODS%20CalAIM%20Doc%20Manual.pdf>

UPDATES (continued)

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change in the requirement for medical documentation of the pregnancy or postpartum status to be on file in the client's chart in order to utilize the perinatal billing code. Charts without this medical documentation will need to utilize the regular, non-perinatal billing codes.

Access the IN here:

<https://www.dhcs.ca.gov/Documents/BHIN-23-030-SMHS-DMC-Postpartum-Claiming.pdf>

According to the updated DHCS DMC-ODS Billing Manual, the State has now provided **billing codes that can be used for Medication Assisted Treatment (MAT) within the residential and withdrawal management levels of care.** At this time, Medication Training and Support-Individual per 15 Min (70899-110) and Oral Medication Admin, Direct Observation, 15 Min (70899-109) may be used. These codes may only be used by a Licensed Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse.

DHCS DMC-ODS Billing Manual -

<https://www.dhcs.ca.gov/Documents/DMC-ODS-Billing-Manual-v-1-4.pdf>

SST's DMC-ODS Payment Reform CPT Guide -

<https://www.ochealthinfo.com/sites/healthcare/files/2023-06/DMC-ODS%20Payment%20Reform%202023%20CPT%20Guide%206.19.23.pdf>



TREATMENT PERCEPTIONS SURVEY (TPS)

The survey period will be from Monday, October 16, 2023 through Friday, October 20, 2023. It is open to youth (12-17 years old) and adults (18 years old and over) who receive a service in person, by telephone, or telehealth during this week. It does not need to be completed more than one time. The deadline for sending paper forms is Tuesday, October 24th. Online survey: <https://uclaisap.org/dmc-ods-eval/html/client-treatment-perceptions-survey.html>



Documentation FAQ

1. Should the new SUD Screening (70899-105) code be used for all clients transitioning from one level of care to another within the same outpatient program?

The SUD Screening (70899-105) code is not automatically used for new transitions. Its use is dependent on the activities provided in that session. It is most appropriate if there is some minor or brief assessment of a client's need for SUD treatment, combined with the review and completion of intake paperwork, such as Consent to Treatment, Privacy Practices, etc. It may also include time spent orienting the client to the program, such as rules/expectations and services offered. In cases where a client is transitioning from IOT to ODF at the same program, for example, much of the assessment has already taken place while the client was at IOT to determine the next level of care need. So the first session at the new level of care, or ODF in this example, may primarily be a review of the difference between IOT and ODF and obtaining consent for treatment. In such cases, the majority of the activities are associated with the client's linkage to ODF and would be claimed as Targeted Case Management (70899-120).

2. I am a provider at a residential program. Can I use the SUD Treatment Plan Development/Modification (70899-125) code?

No. The SUD Treatment Plan Development/Modification (70899-125) is categorized as a Discharge Service activity type by the State, which is only available at the outpatient levels of care. Therefore, if you are conducting a session/service with the client to create or modify the treatment plan or problem list at a

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Documentation FAQ (continued)

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residential program, this would be considered an individual counseling service. Although an individual counseling service is part of the bundled daily rate, it may count towards the 5 clinical hours required for the week at a residential level of care as long as there is appropriate documentation to account for the time. Providers at the residential and withdrawal management levels of care continue to bill by the treatment day under the CalAIM Payment Reform.

3. I'm a non-LPHA and run a multi-family group service. How do I bill for that?

Since the Multiple-Family Group Psychotherapy, 15 Min (90849-1) code is only able to be used by an LPHA, there are two options for a multi-family group service provided by a non-LPHA. The regular SUD Group Counseling code (70899-131) code may be used, if the client is present. If the client is not present, the SUD Family Counseling (70899-116) code should be used as this can be used for services with or without the client's presence (family only). In either case, a corresponding progress note for each client will need to be completed to document how the group benefitted the client and his/her/their recovery. However, when using the SUD Family Counseling code, the total duration of the group time must be split between the number of clients or client families because this code is not specific to groups. Multi-family groups conducted at the residential or withdrawal management levels of care (by either a non-LPHA or LPHA) are considered part of the daily bundle of services and cannot be billed separately.

Non-Billable Codes under Payment Reform

The State groups billing codes under specific activity types. Non-billable codes are determined by these activity types. To provide clarification, the following grids highlight some of the corresponding non-billable codes that should be used when coding a service as non-billable. Please note, that this is not the full list. More detailed information can be found in the forthcoming updated version of the CPT Guide.

Use these non-billable codes:	For these non-billable services:
Non-Billable SUD Individual Counseling (70899-309)	<ul style="list-style-type: none"> Non-Billable SUD Brief Intervention Non-Billable SUD Family Counseling
Non-Billable SUD Family Therapy (70899-307)	<ul style="list-style-type: none"> Non-Billable Family Psychotherapy (w/o Pt Present) Non-Billable Family Psychotherapy (w/ Pt Present) Non-Billable Multiple-Family Group Psychotherapy
Non-Billable SUD Treatment Planning (70899-303)	<ul style="list-style-type: none"> Non-Billable Skills Training and Dev, Indv Non-Billable Skills Training and Dev, Grp Non-Billable Psychoeducational Svc
Non-Billable SUD Discharge Services (70899-306)	<ul style="list-style-type: none"> Non-Billable Treatment Plan Development/Modification

REMINDERS

Notice of Adverse Benefit Determination (NOABD) at Recovery Services:

There are no specific timelines for clients being discharged at the Recovery Services level of care for the length of time between encounters like there is for outpatient clients (i.e., 30 days with no contact). Thus, a termination NOABD does not need to be issued unless the client completely disengages or drops out of services.

Documentation and Travel Time:

As you know, since July 1st 2023, the State has stopped allowing for the billing of documentation and travel time. Although it is not reimbursable, the times should still be noted in the progress notes and entered into IRIS, just as we have been doing in the past, so that this information can be used for future consideration of fiscal implications.

For assistance with the billing codes and IRIS, contact the Front Office Coordination team at bhsirisfrontofficesupport@ochca.com

For assistance on documentation and CPT codes, contact the agissudsupport@ochca.com