

To: Mental Health System of Care Providers
From: Steve Jones, LCSW, QM Program Manager
Re: New Service Code - 815 Non-Bill Other Support Service

Date: January 29, 2018

Effective: February 1, 2018

Dear Providers,

This memo is provided to introduce a new service code to capture non-billable other support services (Non-Specialty Mental Health Services) that are not eligible for insurance (Medi-Cal) reimbursement. The new service code **815 Non-Bill Other Support Service** will allow programs to capture non-billable support services provided to clients.

HISTORY

In the past (2011), there was only one designated service code for capturing all non-billable services. The old service code was SC60 – Other Support Non-Billable (see example below). As processes evolved, requiring more detailed reporting to the State, SC60 was retired and a new set of Non-Billable services codes (800-814 and 882-883) were developed. These new codes were designed to capture non-billable services by service type, for example, non-billable case management vs. non-billable mental health services. This was done in order to separate services by service type which is required in reporting the Total Units of Service (TUOS) to the Department of Health Care Services (DHCS). When the change to the new service codes was implemented, non-billable supportive services to clients were coded under these codes and these non-billable supportive services were reported to DHCS in the Total Units of Service Report. As clarifications have evolved regarding TUOS, the MHP has determined that non-billable other supportive services should not be included in the TUOS report sent to the DHCS.

CURRENT POLICY CHANGE

On August 24, 2017, the California Department of Health Care Services (DHCS) issued a MHSUDS Information Notice No: 17-040. This document was released to clarify multiple documentation and billing standards for Medi-Cal reimbursement. In this notice, the State clarified that travel time between provider sites or from a staff member’s residence to a provider site may not be claimed. The State further defined a “provider site” as a site with a provider number. This includes affiliated satellite sites and school sites.

To respond to these changes regarding what services get reported in the TUOS report and to have a means to record travel time between provider sites, QM has created a new non-billable other support service code. See example below.

QUALITY MANAGEMENT MEMO

Other Support Non-Billable

Service Code Approved Use Summary

CODE #	815
CODE NAME	Non-Bill Other Support Service

DEFINITION

A direct support service that is not a Specialty Mental Health Service (SMHS) provided to a client, and therefore, not eligible for insurance (MediCal) reimbursement. Examples include: staff travel time when providing a SHMS between provider sites***, providing a client with academic educational service, vocational service that has work or work training as its actual purpose, socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific target behaviors, recreational activities, grooming or personal care assistance, payee related services and solely transportation time when no SMHS service has occurred.

This new non-billable other support service code (815) shall be used only to record those supportive services provided to a client that are not Specialty Mental Health Services, but are services that support the client in his/her recovery. These are direct services provided to the client or are the staff travel time between provider sites when providing a SMHS.

The existing non-billable codes, 800-814 and 882-883 shall be used solely for billing corrections of valid SMHS that have been entered into CCBH and are no longer eligible for reimbursement. These codes shall be used when correcting valid SMHS that have been disallowed for non-compliant Client Plan, service documentation past 14 days, no progress note, no signature on the progress note, for paper progress notes where the time enter is greater than the time documented. These are valid SMHS that have been provided to the client, but for the reasons above are no longer able to be reimbursed. Programs shall follow the progress note correction processes for these types of corrections.

DOCUMENTATION REQUIREMENTS FOR SC815

The documentation of non-billable other support services shall substantiate the time that the staff is recording for the activity with the client. These services will never bill for insurance reimbursement so Medi-Cal documentation standards do not apply. Good quality documentation, however, is expected for non-billable other support services. The following standards should be followed:

1. Claim to the exact minute of time spent for direct service time, travel and documentation time.
2. Describe the non-billable other support service. Documentation should be specific, relevant and evidence how the service is helping the client meet or make progress toward his/her treatment goals.
3. Document the client's involvement in the activity and response to the service provided.
4. Non-billable other support services may be subject to disallowance during an audit if minimal documentation standards are not met.

As questions arise, QM encourages programs to contact QIMatters.hhsa@sdcounty.ca.gov for technical assistance.

Please see the Optum website for updated Service Code Definitions and Travel Time Guidelines.