SUD Support Newsletter

QUALITY MANAGEMENT SERVICES

April 2025

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Updates

"New" Patient Definition

There is an update to our guidance regarding the distinction between "new" and "established" patients for the evaluation and management service billing codes that are allowable for the physicians and physician extenders (e.g., Office Outpatient Visit of a New Patient, 15-29 Min 99202-1, Office Outpatient Visit of an Established Patient, 10-19 Min 99212-1). "New" patient

continued on page 2…

WHAT'S NEW?

Telephone Evaluation & Management (E/M)

We have been made aware that the Telephone Evaluation & Management Service, 5-10/11-20/21-30 Min (99441-1/99442-1/99443-1) codes are no longer included in the DHCS Medi-Cal Rate Table, which means that they are not available for use in the DMC-ODS. This change is effective for services dated as of **1/1/25**.

Until we receive confirmation on replacement codes, the following codes may be used for a physician's telephone contact with a client (depending on the focus/purpose of the encounter):

- SUD Treatment Plan Development/Modification (70899-125) T1007
- Medication Training and Support, Individual per 15 Min (70899-110) H0034

If the physician's telephone contact with the client is primarily to address medication issues that require consideration for a change in the medication (e.g., type, dosage, etc.) and thereby potentially the course of treatment for the client, the service should be coded using the SUD Treatment Plan Dev/Mod (70899-125) T1007

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Training & Resources Access

DMC-ODS Payment Reform 2024 - CPT Guide (version 2):

DMC-ODS Payment Reform 2024 CPT Guide v2.pdf (ochealthinfo.com)

Updated SUD Documentation Manual

DMC-ODS_CalAIM_Doc_Manual.pdf

Updated MAT Documentation Manual

FINAL_CalAIM_MAT_Documentation_Manual_v3_11.6.24.pdf

NOTICE: In lieu of a standalone SUD Documentation Training, please refer to the most recent Documentation Manual, CPT Guide, and the monthly newsletters for the most recent changes! If you are unsure about the current guidance, please reach out to BHPSUDSupport@ochca.com

Updates (continued)

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means an individual who has not received services from any provider within the same provider entity in the past three (3) years. "Within the same provider entity" means the legal entity that the client is presenting to. Thus, as a provider you would simply check to see whether the client has received services at your organization/program. If there are no past records in the last three (3) years that can be reviewed to inform the initial evaluation, the client is considered "new." You do not need to check in IRIS to see if the client has received services elsewhere within our system. These codes are not available for use at the residential and withdrawal management levels of care.

Place of Service code 09

The State has added a place of service code to several of the outpatient billing codes that are intended to be used on claims for services that are provided in prison or correctional facilities. However, this is primarily for the Justice-Involved Initiative and does not mean that all outpatient services can now be provided in prison or correctional facilities. For outpatient programs, it is only allowable when the client is in holding, not when they are incarcerated.

WHAT'S NEW? (continued)

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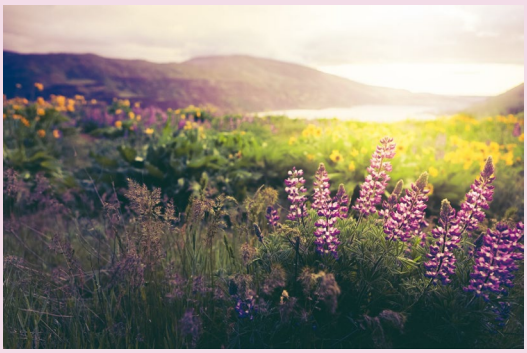
code. This code is not available for use at the residential and withdrawal management levels of care.
If the physician's telephone contact with the client is more about educating the client on the specific medication (e.g., helping the client in understanding, managing, adhering to prescribed medications to address compliance and mitigating side effects), the Medication Training and Support, Individual per 15 Min (70899-110) H0034 code is appropriate. This code may be used for MAT in the residential and withdrawal management levels of care; however, the physician should be meeting with the client in-person for such services at these levels of care.

Peer Support Services Groups

We have received information from the State that the group size limitations in effect for group counseling services are also applicable for the groups provided by Peer Support Specialists. The requirement to bill for groups is when there is a minimum of 2 and a maximum of 12 clients.



Documentation FAQ

1. Can care coordination be billed at withdrawal management programs prior to the SUD diagnosis determination?

Yes. Remember that the Z55-Z65 codes can be used by the non-LPHA to bill for services until an SUD diagnosis is established. In those instances where the consultation between the non-LHPA who completed the brief assessment and the LPHA has not yet taken place, but care coordination services were provided, we have the Z55-Z65 codes that can be utilized to claim those services.

2. If a client is stepping down from the residential to outpatient level of care at the same program, does the evidence-based MAT assessment need to be completed again?

The regulations are not explicit about the evidence-based MAT assessment for programs with multiple levels of care. The requirement is for each facility site to establish a MAT Policies & Procedures that includes information about the evidence-based MAT assessment to be utilized. Therefore, it is permissible for the evidence-based MAT assessment to be administered one time at the time of the client's initial entrance to the program. However, it is advised that the clinical need and appropriateness for re-assessment be considered. Transitions in levels of care can mean that several months have passed since the evidence-based MAT assessment was administered. If the client's condition has changed, another assessment may be warranted. It is also good practice to revisit the client's consideration for MAT involvement that could potentially augment their current treatment.

3. If the Medical Director completes a physical exam for clients in our program, is this billable?

For outpatient programs, the physician may bill for performing a

Continued on page 3…

Documentation FAQ (continued)

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physical exam of a client using the Psychiatric Diagnostic Evaluation with Medical Services, 60 Min (90792-1) or the Office Outpatient Visit of New or Established Patient (99202-1/99203-1/99204-1/99205-1/99212-1/99213-1/99214-1/99215-1) codes. For the residential and withdrawal management levels of care, there is no separate billing. A physical exam would be considered part of the daily bundle of services. For MAT at residential and withdrawal management, if a physical exam is medically necessary, the time may be claimed as part of the MAT service.

4. If a non-LPHA met with a client for individual counseling and then the LPHA met with the same client later in the day for individual counseling, are both services billable?

Yes, if each service is medically necessary and not duplicative in regard to the content. For example, the non-LPHA may have provided an individual counseling service to address the client's cravings and triggers associated with the start of a new job while the LPHA addressed the impact of client's past trauma on their substance use. In this case, the documentation on the progress note from each provider would demonstrate how the services, despite both being coded as individual counseling, are distinct/separate and medically necessary.

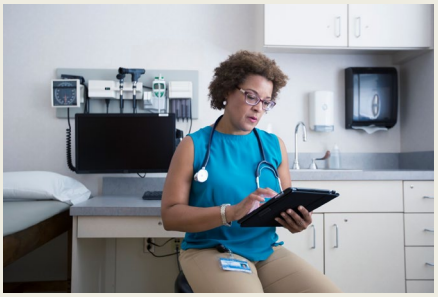
Reminders

Perinatal Billing Codes

There have been cases where the billing in IRIS for a client's episode of care include a mixture of both regular SUD outpatient services and perinatal, based on the billing codes. Incongruencies in the billing can be a red flag for State auditors. Be sure that the correct billing code is utilized! Remember that in order to utilize the perinatal billing codes, your program must be designated as perinatal and there must be medical documentation on file for the client.

Templating Re-Assessment

Re-assessments should contain information reflective of the client's presentation and level of functioning at the point at which it is completed. It should not be templated (or "copied and pasted") from the initial assessment or previous re-assessments, unless it is historical information used for reference. Service time that is claimed for completing re-assessments with predominantly templated content can be perceived as fraud, waste, and/or abuse and may result in disallowance or recoupment.



Care Coordination for Medical Staff

For MAT clients, it may be necessary to engage in various activities to help coordinate the client's medication needs. Oftentimes, this results in brief tasks that are completed at different times throughout the day. For example, the MD may be consulted with the RN about the client's medication after the RN's interaction with the client. The 7-minute consultation then leads to the MD needing to review the client's chart for 5 minutes to determine whether any changes in the client's medication are needed. As a result, the MD makes an adjustment that is called in to the pharmacy, which takes 3 minutes, followed by a phone call (3 minutes) to the client to follow up on the outcome. Each of these activities are not billable separately, on their own, especially since they are all less than 8 minutes. However, they all took place on the same day, with the bulk of the activities being of the same service type (care coordination), which means it is permissible to combine the separate encounters into one claim. Although the brief contact via telephone with the client at the end is not care coordination on its own, it is incidental to the predominant work of coordinating to ensure that the client is prescribed the appropriate medication for their presenting issues. Therefore, it is acceptable to include it. The documentation of these activities to justify the claim can be completed on one progress note. Be sure to clearly describe how the events unfolded and the purpose of each activity in your documentation to demonstrate medical necessity.

MANAGED CARE SUPPORT TEAM

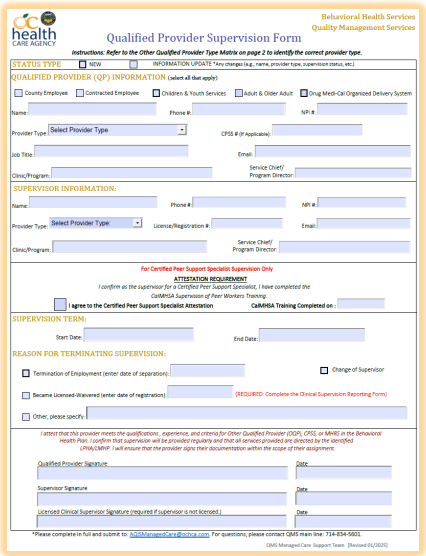
MCST OVERSIGHT

- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- CHANGE OF PROVIDER/2ND OPINIONS (MHP/DMC-ODS)
- CAL-OPTIMA CREDENTIALING (AOA COUNTY CLINICS)
- SUPERVISION REPORTING FORMS & REQUIREMENTS
- GRIEVANCES & INVESTIGATIONS
- COUNTY CREDENTIALING
- ACCESS LOGS
- MHP & DMC-ODS PROVIDER DIRECTORY
- PAVE ENROLLMENT (MHP PROVIDERS ONLY)

REMINDERS, ANNOUNCEMENTS & UPDATES

QUALIFIED PROVIDER SUPERVISION FORM (QPSF)

- Department of Health Care Services (DHCS) has identified more providers who can serve and bill for Medi-Cal covered services. The "Qualified Provider" types include additional qualifications to provide an opportunity for professional growth and to allow for more providers who can serve the SMHS and DMC-ODS population to be hired in the Behavioral Health Plan (BHP). With the additional types of providers, it also requires a supervisor who can provide direct or functional supervision of the services.
- The "Qualified Provider" types must attest that they are under supervision and submit the form to the MCST to track and monitor. The provider's education and work experiences is what will determine which type of provider the person falls under:
  - ✓ Mental Health Rehabilitation Specialist
  - ✓ Other Qualified Provider II
  - ✓ Other Qualified Provider I
  - ✓ Certified Peer Support Specialist
- If you have questions about determining which provider type best fits your program needs, contact AOA or CYS Support Team via the e-mail below:
  AOA – BHPAOASupport@ochca.com
  CYS – BHPCYSSupport@ochca.com
- The QPSF and County Memo is available and accessible online at:
  MHP: Behavioral Health Plan and Provider Information | Orange County California - Health Care Agency
  DMC-ODS: DMC-ODS For Providers | Orange County California - Health Care Agency :
- Be sure to submit the QPSF form for all your applicable providers to the MCST by **3/31/25**.



Behavioral Health Services
Quality Management Services

Qualified Provider Supervision Form

Instructions: Refer to the Other Qualified Provider Type Matrix on page 2 to identify the correct provider type.

STATUS TYPE ☐ NEW ☐ INFORMATION UPDATE *Any changes (e.g., name, provider type, supervision status, etc.)

QUALIFIED PROVIDER (QP) INFORMATION (select all that apply)

☐ County Employee ☐ Contracted Employee ☐ Children & Youth Services ☐ Adult & Older Adult ☐ Drug Medi-Cal Organized Delivery System

Name: Phone #: NPI #:

Provider Type: Select Provider Type CPSS # (If Applicable):

Job Title: Email:

Clinic/Program: Service Chief/ Program Director:

SUPERVISOR INFORMATION:

Name: Phone #: NPI #:

Provider Type: Select Provider Type License/Registration #: Email:

Clinic/Program: Service Chief/ Program Director:

For Certified Peer Support Specialist Supervision Only

ATTESTATION REQUIREMENT

I confirm as the supervisor for a Certified Peer Support Specialist, I have completed the CalMHSA Supervision of Peer Workers Training.

☐ I agree to the Certified Peer Support Specialist Attestation CalMHSA Training Completed on :

SUPERVISION TERM:

Start Date: End Date:

REASON FOR TERMINATING SUPERVISION:

☐ Termination of Employment (enter date of separation): ☐ Change of Supervisor

☐ Became Licensed-Waivered (enter date of registration): (REQUIRED: Complete the Clinical Supervision Reporting Form)

☐ Other, please specify:

I attest that this provider meets the qualifications, experience, and criteria for Other Qualified Provider (OQP), CPSS, or MHRS in the Behavioral Health Plan. I confirm that supervision will be provided regularly and that all services provided are directed by the identified LPHA/LMHP. I will ensure that the provider signs their documentation within the scope of their assignment.

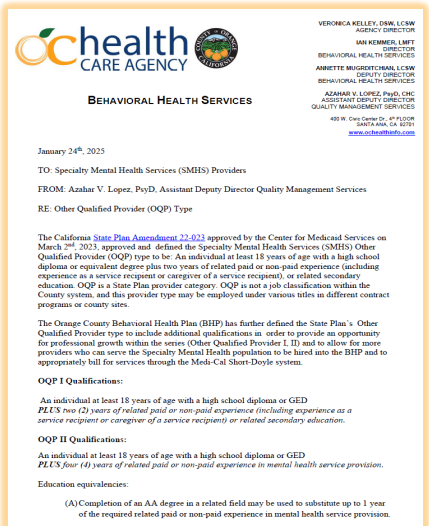
Qualified Provider Signature Date

Supervisor Signature Date

Licensed Clinical Supervisor Signature (required if supervisor is not licensed.) Date

*Please complete in full and submit to: AOBMonagedCare@ochca.com For questions, please contact QMS main line: 714-834-5601.

QMS Managed Care Support Team [Revised 01/2025]



health CARE AGENCY

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BEHAVIORAL HEALTH SERVICES

January 24th, 2025

TO: Specialty Mental Health Services (SMHS) Providers

FROM: Azahar V. Lopez, PsyD, Assistant Deputy Director Quality Management Services

RE: Other Qualified Provider (OQP) Type

The California State Plan Amendment 22-023 approved by the Center for Medicaid Services on March 2nd, 2023, approved and defined the Specialty Mental Health Services (SMHS) Other Qualified Provider (OQP) type to be: An individual at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education. OQP is a State Plan provider category. OQP is not a job classification within the County system, and this provider type may be employed under various titles in different contract programs or county sites.

The Orange County Behavioral Health Plan (BHP) has further defined the State Plan's Other Qualified Provider type to include additional qualifications in order to provide an opportunity for professional growth within the series (Other Qualified Provider I, II) and to allow for more providers who can serve the Specialty Mental Health population to be hired into the BHP and to appropriately bill for services through the Medi-Cal Short-Doyle system.

OQP I Qualifications:

An individual at least 18 years of age with a high school diploma or GED
PLUS two (2) years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient) or related secondary education.

OQP II Qualifications:

An individual at least 18 years of age with a high school diploma or GED
PLUS four (4) years of related paid or non-paid experience in mental health service provision.

Education equivalencies:

(A) Completion of an AA degree in a related field may be used to substitute up to 1 year of the required related paid or non-paid experience in mental health service provision.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

SUPERVISION REPORTING FORMS

There are four types of supervision reporting forms the MCST oversees. Below is a grid listing all the provider types that must submit one of the required supervision reporting forms below:

- ✓ Clinician Supervision Reporting Form
- ✓ Counselor Supervision Reporting Form
- ✓ Medical Supervision Reporting Form
- ✓ Qualified Provider Supervision Form

SUPERVISION REPORTING FORMS

LIST OF PROVIDERS REQUIRED TO SUBMIT A SUPERVISION REPORTING FORM

CLINICIANS	COUNSELORS	MEDICAL PROVIDERS	QUALIFIED PROVIDERS
• Registered ASW • Registered MFT • Registered PCC • Registered/Waivered Psychologist • Psychologist Clinical Trainee • Clinical Social Worker Clinical Trainee • Marriage & Family Therapist Clinical Trainee • Professional Counselor Clinical Trainee • Associate Applicant – BBS 90 Day Rule	• Registered Counselors	• Nurse Practitioner • Nurse Specialist Trainee • Registered Nurse Trainee • Vocational Nurse Trainee • Psychiatric Technician Trainee • Occupational Therapist Trainee • Occupational Therapist Assistant • Pharmacist Trainee • Physician Assistant Trainee • Physician Assistant • Medical Assistant • Licensed Vocational Nurse • Licensed Practical Nurse • Licensed Psychiatric Technician • Certified Nurse Assistant	• Mental Health Rehabilitation Specialist • Other Qualified Provider I • Other Qualified Provider II • Certified Peer Support Specialist

REMINDER

- All required providers must submit the supervision form to the MCST upon commencement (e.g., new hire).
- Any status change requires an updated form to be submitted to the MCST (e.g., separation, change in supervisor, etc.).
- Supervision must be provided regularly.
- Provider's that require supervision are **prohibited** from delivering any Medi-Cal covered services if they have **NOT** submitted their supervision reporting form.

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

BRAILLE REQUIREMENT

The DHCS has required Orange County to provide member materials in Braille in the 8 threshold languages. The "Grievance & Appeals Poster" and "Grievance Form" are being translated by a vendor through Behavioral Health Training Services (BHTS). QMS is working diligently to have all the member materials to be translated in braille and disseminated to the programs. Stay tuned.

MCST GENERAL E-MAIL BOXES

QMS has renamed all the general e-mail addresses and created new ones to enhance the communication and efficiency with serving our providers and members. Please begin using the e-mail addresses listed below for questions and documents to be sent to the appropriate mailboxes. The old e-mail addresses will automatically be forwarded to the new ones for a short period of time. Please update our contact information, as soon as possible.

MCST MAILBOXES	OVERSEES
BHPGrievanceNOABD@ochca.com	Grievances & Investigations; Appeals/Expedited Appeals; State Fair Hearings; NOABDs; MCST Training Requests
BHPManagedCare@ochca.com	Access Logs, Access Log Entry Errors & Corrections; Change of Provider/2nd Opinion; County Credentialing; Cal-Optima Credentialing (AOA County Clinics); Expired Licenses, Waivers, Registrations & Certifications; PAVE (MHP Only); Personnel Action Notification (PAN).
new BHPProviderDirectory@ochca.com	Provider Directory Notifications; Provider Directory submission for SMHS and DMC-ODS programs by the 15th of every month.
new BHPSupervisionForms@ochca.com	Submission of the Supervision Reporting Forms for Clinicians, Counselor, Medical Professionals and Qualified Providers; Submission of updated Supervision Forms for Change of Supervisor, Separation, License/Registration Change, etc.

CAL-OPTIMA CREDENTIALING FOR AOA COUNTY CLINIC PROVIDERS ONLY

- OneCare and OneCare Connect are CalOptima's two Medicare health plans under the Certified Medicare Advantage Plans (CMAP), and the BHP has many members who have OneCare or OneCare Connect, with secondary Medi-Cal. OneCare and OneCare Connect are the only private insurances that are identified as "in network" in the BHP.
- In 2024, the legislation allowed LPCCs and LMFTs to bill Medicare directly for mental health diagnosis and treatment services. The MCST will be reaching out to the AOA county providers and Service Chiefs to begin the CalOptima credentialing process for the existing and new LMFT and LPCC providers.

CalOptima Health

MANAGED CARE SUPPORT TEAM

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

MCST TRAININGS ARE AVAILABLE UPON REQUEST

- **NEW** programs are required to schedule a full training to comply with the MCST oversight and DHCS requirements. It is recommended to have the Directors, Managers, Supervisors and Clinical Staff participate in the training to ensure those requirements are met and implemented. Contact the MCST to schedule the training at least a month prior to delivering Medi-Cal covered services.
- If you and your staff would like a refresher on a specific topic or a full training about MCST's oversight please e-mail the Health Services Administrator, Annette Tran at anntran@ochca.com and the Service Chief II, Catherine Shreenan at cshreenan@ochca.com.

MONTHLY MCST TRAININGS – NOW AVAILABLE

MCST is offering open training sessions for new and existing providers. The 2-hour training is on NOABDs, Grievances, Appeals, State Fair Hearings, 2nd Opinion/Change of Provider, Supervision Reporting Forms and Access Logs.

Please e-mail BHPGrievanceNOABD@ochca.com with Subject Line: MCST Training for MHP or DMC-ODS and a MCST representative will send you an e-mail invitation to attend the training via Microsoft Teams.

2nd Tuesdays of the Month @ 1 p.m. MCST Training (MHP)
4th Tuesdays of the Month @ 1 p.m. MCST Training (DMC-ODS)

GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND OPINION AND CHANGE OF PROVIDER
Leads: Esmi Carroll, LCSW & Jennifer Fernandez, LCSW

SUPERVISION REPORTING FORMS
Lead: Esmi Carroll, LCSW

ACCESS LOGS
Lead: Jennifer Fernandez, LCSW

PAVE ENROLLMENT FOR MHP
Leads: Araceli Cueva & Elizabeth "Liz" Fraga (Staff Specialists)

CREDENTIALING AND PROVIDER DIRECTORY
Credentialing Lead: Elaine Estrada, LCSW & Ashley Cortez, LCSW
Cal Optima Credentialing Lead: Araceli Cueva & Elizabeth "Liz" Fraga
Provider Directory Leads: Esther Chung & Joanne Pham (Office Specialists)

COMPLIANCE INVESTIGATIONS
Lead: Catherine Shreenan, LMFT & Annette Tran, LCSW

CONTACT INFORMATION

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E-MAIL ADDRESSES

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BHPProviderDirectory@ochca.com
BHPSupervisionForms@ochca.com

MCST ADMINISTRATORS

Annette Tran, LCSW
Health Services Administrator

Catherine Shreenan, LMFT
Service Chief II