



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

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March 1, 2010

DMH INFORMATION NOTICE No.: 10-03

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: UPDATE TO THE SHORT-DOYLE/MEDI-CAL (SD/MC) MASTER
AID CODE LIST

REFERENCE: DMH INFORMATION NOTICE NO. 09-09; DEPARTMENT OF
HEALTH CARE SERVICES (DHCS) ALL COUNTY WELFARE
DIRECTOR LETTERS (ACWDL) NO. 07-12 and 08-29

This notice informs Mental Health Plans (MHPs) of changes to the list of aid codes that will be implemented in the Short-Doyle/Medi-Cal (SD/MC) II claims processing system. The SD/MC II system will process claims for the following twenty-three aid codes: C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, E1, 2H, 5E, 8U, and 8V. These aid codes are currently active in the Medi-Cal Eligibility Data System (MEDS) and have been approved by DHCS for inclusion in the SD/MC II system. DHCS has also updated the SD/MC II system to remove the following two aid codes: 4P and 4R. These two aid codes do not provide Medi-Cal coverage. Please note these updates are applicable to the SD/MC II system and will not apply to the SD/MC I system.

For more information on the aid codes referenced in this Information Notice, please refer to the DMH Aid Codes Master Chart located at: <http://www.dmh.ca.gov/MedCCC/Library.asp>

As indicated on the DMH Aid Codes Master Chart, some of the new aid codes are restricted to Emergency and Pregnancy-related services only. The following definitions of "Emergency Services" or "Pregnancy-related Services" apply when using those aid codes to claim for federal financial participation reimbursement through the SD/MC II system:

"Emergency Services"- An inpatient emergency psychiatric condition is defined in the California Code of Regulations Title 9 Section 1810.216. An outpatient emergency psychiatric condition is when the beneficiary, due to a mental disorder, is a current

danger to self or others, or is immediately unable to provide for or utilize, food, shelter or clothing, and requires outpatient services for crisis stabilization, crisis intervention, or medication support.

“Pregnancy-related Services” are required to assure the health of the pregnant woman and the fetus. Pregnancy-related services may be provided prenatally from the day that pregnancy is medically established and postnatally to the end of the month in which the 60th day following delivery occurs.

The use of the new aid codes are subject to MHP certification of claims through form MH 1982A, Short-Doyle/Medi-Cal Claim for Reimbursement-Treatment Cost. For your reference, a current version of MH 1982A can be found at:

<http://www.dmh.ca.gov/MedCCC/Library.asp> By signing the certification form, the MHP is confirming that the beneficiary is Medi-Cal eligible on the date of service. By verifying eligibility, the MHP certifies compliance with the provisions outlined in the DHCS All County Welfare Directors Letters (ACWDL) No. 07-12 and 08-29, pertaining to eligibility of non-citizen immigrants. Links to those ACWDLs are included here for your reference:

<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c07-12.pdf>

<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c08-29.pdf>

If you have any questions related to claiming, please contact the Medi-Cal Claims Customer Service Office at 916-651-3283 or at MedCCC@dmh.ca.gov .

If you have programmatic questions, please contact your County Programs Technical Assistance representative. A current list of county assignments can be found at:

http://www.dmh.ca.gov/Services_and_Programs/Local_Program_Support/County_Technical_Assistance.asp.

Sincerely,

Original Signed by

STEPHEN W. MAYBERG, Ph.D.
Director

cc: Dina Kokkos-Gonzales, Chief, Waiver Analysis Section, DHCS