



Drug Medi-Cal Organized Delivery System – Claiming Part II

**Technical Assistance Webinar for Counties
March 1, 2018**



Overview of Presentation

- State Updates
- Billing and Claiming in the DMC-ODS System
- Questions and Discussion
- Adjourn



State Updates



Drug Medi-Cal Organized Delivery System (DMC-ODS)

Claiming Part II

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DMC-ODS Levels of Care

1.0 Outpatient Drug Free

Opioid Treatment Program

- Methadone Maintenance/Medication Assisted Treatment

2.1 Intensive Outpatient Treatment

2.5 Partial Hospitalization



DMC-ODS Levels of Care

3.0 Residential

- 3.1 Low Intensity
- 3.3 High Intensity – Population Specific
- 3.5 High Intensity

Inpatient (Chemical Dependency Rehabilitation Hospital / Freestanding Acute Psychiatric Hospital)

- 3.7 Medically Monitored
- 4.0 Medically Managed



Residential

Residential Authorization

- Provide prior authorization for residential services within 24 hours of the prior authorization request being submitted by the provider
- Ensure that residential authorizations do not exceed the length of stay limits
- See MHSUD Information Notice 16-042



Residential

Residential Reimbursement

- At least one structured activity is required per day of residential billing
- Clinical group counseling must not exceed 12 participants per group
- See MHSUD Information Notice 18-001

Residential Room and Board

- Not reimbursable as a DMC-ODS service
- Must be paid using other allowable funds, including SAPT block grant funding
- See MHSUD Information Notice 16-059



DMC-ODS Services

Counseling

- **Travel Time**

- Travel time to and from the provider facility and the appropriate community location can be included in the billing for outpatient treatment services.

- **Documentation Time**

- The time to write a progress note for outpatient treatment services can be included in the billing.



DMC-ODS Services

Counseling

- **Group Counseling**
 - Limited to group size of 2 – 12.
- **Group Billing Formula**
 - Group Duration (include any travel time) ÷ number of beneficiaries in attendance.
 - Write a progress note for each beneficiary and add documentation time for the note.
- **Co-Practitioner**
 - Each counselor will need to write a separate note for the service for each beneficiary to document the unique contribution that was made in alignment with the group curriculum.



DMC-ODS Services

Opioid Treatment Program (OTP)

- **Methadone, Buprenorphine, Disulfiram, and Naloxone Dosing**
- **Counseling**
 - OTP services, otherwise known as NTP (methadone dosing, individual counseling, and group counseling), have not had billing requirements altered in any way. The only differences for the DMC-ODS services is billing for the buprenorphine, disulfiram, and naloxone.
 - See MHSUD Information Notice 17-045 for additional detail.



DMC-ODS Services

Case Management

- **Care Coordination**

- A plan that provides for seamless transitions of care for beneficiaries in the DMC-ODS system of care without disruptions to services.
- See Exhibit A, Attachment 1 - III(G)(1)

- **Service Coordination**

- Case management services are defined as a service that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.
- See Exhibit A, Attachment 1 - III(R)(1)



DMC-ODS Services

Physician Consultation

- Physician consultation services are designed to assist DMC physicians by allowing them to seek expert advice when developing treatment plans for specific DMC-ODS beneficiaries.
 - See Exhibit A, Attachment 1 - III(S)(1)
- The Contractor shall only allow DMC providers to bill for physician consultation services.
 - See Exhibit A, Attachment 1 - III(S)(3)



DMC-ODS Services

Withdrawal Management (WM)

- **Ambulatory – Not Onsite**
- **Ambulatory – Onsite**
 - Ambulatory WM requires an AOD Certification with detox.
- **Non-Ambulatory – Residential Detox**
 - Non-Ambulatory WM requires residential license with detox.



DMC-ODS Services

Additional Medication Assisted Treatment (MAT)

- **Non-NTP MAT**
 - Medication Consultation/Management (H2010)
- **Both Non-NTP and NTP Dosing for other than methadone.**
 - Medication Dosing (S5000/S5001)
 - National Drug Code (NDC)
- **NDC**
 - HIPAA compliance requires the use of the entire 11 digit code on the claim.



DMC-ODS Services

Recovery Services

- **Counseling (Individual/Group)**
- **Case Management**
- **Recovery Monitoring/Assistance**
 - Peer Counseling
- All Recovery Services claims require the U6 HCPCS modifier code.



Short Doyle Medi-Cal 2

HCPCS and Modifiers

- MHSUD Information Notice 17-045

Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC)

- See MHSUD Information Notice 17-020



Same Day Billing

The process to claim multiple billings per day is completely different in the DMC-ODS.

- There are no multiple billing override codes
- There is no requirement for the multiple billing override certification
- Rules for same day billing are listed in the same day billing information notice and the CARC and RARC information notice
 - See MHSUD Information Notice 17-039 & MHSUD Information Notice 17-020



Administrative

Administrative Claiming

- Administrative claiming is for direct treatment services
- Counties can claim quarterly or annually using form MC 5312
 - See MHSUD Information Notice 14-033

Quality Assurance / Utilization Review (QA / UR) Claiming

- DMC-ODS counties can claim for QA and UR activities using form 5311
 - See MHSUD Information Notice 17-011



DMC-ODS Medi-Cal County of Responsibility

Counties provide DMC-ODS services to beneficiaries who reside in the county only.

- Exceptions include beneficiaries who need NTP services and youth with EPSDT eligibility

Substance Abuse, Prevention, and Treatment (SAPT) Block Grant Funds for Eligibility Gaps

- DMC-ODS counties are able to use SAPT dollars for services when a beneficiary is waiting for Medi-Cal eligibility to transfer from another county.



Medicare and Other Health Care (OHC) Billing

See MHSUD Information Notice 15-001, for specific reference to billing on dual-eligible beneficiaries with Medicare Advantage Plans.

See ADP Bulletins 11-01 and 12-03 for reference to billing on OHC for DMC beneficiaries.



Questions and Discussion

*For optimal sound quality, please ensure that you are dialed-in using your phone and that you have inputted your **audio PIN**.*





DMC-ODS Resources

For additional information, please see the DMC-ODS Resources section of the DHCS Website:

http://www.dhcs.ca.gov/provgovpart/Pages/DMC_ODS_Resources.aspx

For questions, please contact dmcodswaiver@dhcs.ca.gov



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