

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 22. SOCIAL SECURITY
DIVISION 3. HEALTH CARE SERVICES
SUBDIVISION 1. CALIFORNIA MEDICAL ASSISTANCE PROGRAM
CHAPTER 3. HEALTH CARE SERVICES
ARTICLE 6. ELIGIBILITY FOR PAYMENT

This database is current through 1/1/10 Register 2010, No. 1

§ 51490.1. Claim Submission Requirements for Counties and Providers of Drug Medi-Cal Substance Abuse Services.

(a) Claims from counties and providers for reimbursement of outpatient drug free, day care habilitative, narcotic treatment program, Naltrexone treatment, and perinatal residential treatment services shall be presented to ADP no later than thirty (30) calendar days after the month of service, unless the county or provider has good cause, as specified in Sections 51008 and 51008.5. The county or provider shall produce, upon request by ADP for audit or monitoring purposes, documentation to substantiate the good cause.

(b) ADP shall present such claims to DHS no later than sixty (60) calendar days after the month of service, or thirty (30) calendar days after the date ADP receives such claims, if the requirements of Subsection (a) of this regulation have been met.

(c) ADP shall resubmit claims, which have been returned by DHS for correction or additional information, within 97 calendar days from the current date (i.e., computer run date) shown on the Error Correction Reports from DHS.

(d) An additional unit of service, or a multiple service billing, provided to a beneficiary on the same day may be claimed up to the maximum amount allowable if the beneficiary's return visit is to the same provider and the return visit service is not a duplicate to, or the same as, the service previously provided to the beneficiary on the same day.

"Multiple billing" means a claim is being made for a return, face-to-face visit, which is for an additional service to a previously provided service on that same day. Documentation shall include a "Multiple billing override code". "Multiple billing override code" means the code, designated by the prefix "Y", that is entered on the Drug Medi-Cal Eligibility Worksheet (Form ADP 1584, revised June 6, 1996) or an error correction report from DHS, to indicate that a valid return visit was provided. The county and/or provider shall prepare and retain, in the beneficiary's patient record, a Multiple Billing Override Certification (Form ADP 7700, Revised 5/97), certifying that a review of the client's record substantiated the multiple service. The form shall be signed by the person authorized to represent the county and/or provider.

(1) For outpatient drug free and Naltrexone treatment services:

(A) The return visit shall not create a hardship on the beneficiary; and

(B) The return visit shall be clearly documented in the beneficiary's progress notes with the time of day each visit was made. The progress notes shall clearly reflect that an effort was made to provide all necessary services during one visit and the return visit was unavoidable; or,

(C) The return visit shall be a crisis or collateral service. Collateral services shall be documented in the beneficiary's treatment plan in accordance with the beneficiary's short/long-term goals. The beneficiary's progress notes shall specifically reflect the steps taken to meet the goals defined in the beneficiary's treatment plan.

(2) For day care habilitative services, the return visit shall be a crisis service. Crisis services shall be documented in the progress notes.

(3) The county and/or provider shall prepare and keep on file a statement which documents the reason the beneficiary required a return visit. This statement shall be produced upon request by ADP for audit or monitoring purposes.

<General Materials (GM) - References, Annotations, or Tables>

Note: Authority cited: Sections 10725, 14021.5 and 14124.5, Welfare and Institutions Code; Section 11758.41, Health and Safety Code; and Statutes of 1996, Chapter 1027. Reference: Section 14021.5, Welfare and Institutions Code; Sections 11758.42 and 11758.46, Health and Safety Code; and Statutes of 1996, Chapter 1027.

HISTORY

1. New section filed 12-14-95 as an emergency; operative 12-14-95 (Register 95, No. 50). A Certificate of Compliance must be transmitted to OAL by 4-12-96 or emergency language will be repealed by operation of law on the following day.
2. Repealed by operation of Government Code section 11346.1 (Register 96, No. 16).
3. New section filed 4-16-96 as an emergency; operative 4-16-96 (Register 96, No. 16). A Certificate of Compliance must be transmitted to OAL by 8-14-96 or emergency language will be repealed by operation of law on the following day.
4. Certificate of Compliance as to 4-16-96 order, including amendment of subsection (a) and new subsections (a)(1)-(a)(2)(B), transmitted to OAL 8-13-96 and filed 9-25-96 (Register 96, No. 39).
5. Amendment of section heading and section filed 5-12-97 as an emergency; operative 5-12-97 (Register 97, No. 20). A Certificate of Compliance must be transmitted to OAL by 9-9-97 or emergency language will be repealed by operation of law on the following day.
6. Amendment of section heading, section and Note filed 6-30-97 as an emergency; operative 7-1-97 (Register 97, No. 27). A Certificate of Compliance must be transmitted to OAL by 10-29-97 or emergency language will be repealed by operation of law on the following day.
7. Certificate of Compliance as to 5-12-97 order transmitted to OAL 8-13-97 and filed 9-23-97 (Register 97, No. 39).
8. Amendment of section heading, section and Note refiled 10-6-97 as an emergency; operative 10-29-97 (Register 97, No. 41). A Certificate of Compliance must be transmitted to OAL by 2-26-98 or emergency language will be repealed by operation of law on the following day.
9. Amendment of section heading, section and Note refiled 1-14-98 as an emergency; operative 2-26-98 (Register 98, No. 3). A Certificate of Compliance must be transmitted to OAL by 6-26-98 or emergency language will be repealed by operation of law on the following day.
10. Certificate of Compliance as to 1-14-98 order, including further amendment of section heading, section and Note, transmitted to OAL 6-11-98 and filed 6-29-98 (Register 98, No. 27).
11. Change without regulatory effect relocating forms ADP 7700 and ADP 1584 from section 51516.1 to section 51490.1 filed 4-4-2000 pursuant to section 100, title 1, California Code of Regulations (Register 2000, No. 14).

22 CCR § 51490.1, **Search Term Begin 22 CA ADC § 51490.1** Search Term End
1CAC

Search Term Begin 22 CA ADC § 51490.1 Search Term End

END OF DOCUMENT