



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: October 16, 2020

Behavioral Health Information Notice No: 20-060R

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Co-Practitioner Claim Submission Requirements

PURPOSE: This BHIN clarifies how mental health plans should submit claims for reimbursement for services provided by more than one practitioner.

REFERENCE: [MHSUDS IN 18-002](#), [MHSUDS IN 17-040](#)

BACKGROUND:

This Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) provides additional guidance to Mental Health Plans (MHPs) regarding the co-practitioner claiming requirements in Mental Health and Substance Use Disorder Services Information Notices (MHSUDS INs) 17-040 and 18-002.

POLICY:
Submission Requirements

When more than one practitioner provides a specialty mental health service (SMHS) to one or more beneficiaries at the same time or on the same day, each practitioner is providing a separate service. Therefore, MHPs should submit separate claims for reimbursement for each SMHS provided by each practitioner.

Coordination of Benefits

Medi-Cal is the payer of last resort,¹ and MHPs must report coordination of benefits (COB) information on the 837 claim file, including other health coverage (OHC), in one of two scenarios:

1. ***One of the Medi-Cal-certified providers is not authorized to provide services under the beneficiary's OHC.***

For example, a beneficiary enrolled in Medicare and Medi-Cal receives Medicare-reimbursable services from a Medicare-reimbursable Licensed Clinical Social Worker (LCSW) and a non-Medicare-reimbursable Marriage and Family Therapist (MFT). The LCSW should submit a claim to Medicare. The MHP should submit a claim to the Short Doyle Medi-Cal Phase II (SDMC II) claiming system for the service rendered by the MFT. After Medicare reimburses the LCSW's services, the MHP should submit a claim to SDMC II to reflect the service cost and the amount paid by Medicare.

2. ***All the Medi-Cal-certified providers are authorized to provide services under the beneficiary's OHC.***

For example, a beneficiary who is enrolled in Medicare and Medi-Cal receives Medicare-reimbursable services from a psychologist and an LCSW, both of whom are Medicare-reimbursable providers. One of the providers should submit a claim to Medicare for reimbursement. Assuming the psychologist submits the claim to Medicare, the MHP should submit a claim to SDMC II for the LCSW's services, reporting \$0 for COB. After Medicare reimburses the psychologist's services, the MHP should submit a claim to SDMC II for the difference between the service cost and the amount paid by Medicare.

¹ California Code of Regulations, title 22, section 50761; Code of Federal Regulations, title 42, section 433.139(b)(1)

Split Claims and Void and Replacement

When SDMC II denies some services on a claim with multiple service lines, it will split the claims, issue separate Payer Claim Control Numbers, and return the denied service lines immediately. Co-practitioner guidelines do not change an MHP's authority to subsequently void or replace the approved service lines.

Duplicate Services

MHSUDS IN 18-002 requires MHPs to submit a separate claim for each co-practitioner. Each of those claims contains the same date of service with unique rendering provider information. SDMC II will not deny these claims as duplicates.

Companion Guide

DHCS publishes a Companion Guide for Short-Doyle Medi-Cal claims to communicate DHCS requirements for 837-claim files not covered in the Implementation Guide. This Information Notice provides sufficient guidance for MHPs to submit co-practitioner claims; therefore, an updated Companion Guide is not necessary.

Implementation Timelines

Since no Companion Guide will be issued, the implementation deadline for MHPs to comply with co-practitioner guidance continues to be May 31, 2018, (based on the extension given after the January 10, 2018, publication of MHSUDS IN 18-002).

Claims submitted after the May 31, 2018 deadline should be replaced so that they are claimed appropriately. Claims that are within two years of the date of service will be reimbursed the federal and state share when the claim is voided. Claims that are beyond two years from the date of service will adjudicate to zero dollars. For these claims, the county will need to wait until cost settlement to receive payment.

Enforcement

DHCS will enforce this co-practitioner claiming policy through its triennial chart reviews. If DHCS selects a beneficiary who received services from co-practitioners, DHCS expects the information in the beneficiary's chart to match the services claimed. For example, if a beneficiary's chart shows that two practitioners spent 30 minutes each providing SMHS on the same day, DHCS expects to see a claim for each rendering provider for 30 minutes. If the claim reflects one of the practitioners claiming for 60 minutes, DHCS will disallow the entire claimed amount.

Behavioral Health Information Notice No.: 20-060R
Page 4
October 16, 2020

If you have questions about this Information Notice, please contact MedCCC at (916) 650-6525 or by e-mail at MedCCC@dhcs.ca.gov.

Sincerely,

Original signed by

Brian Fitzgerald, Chief
Local Governmental Financing Division