



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



EDMUND G. BROWN JR.
GOVERNOR

DATE: January 10, 2018

MHSUDS INFORMATION NOTICE NO.: 18-002

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES
CALIFORNIA OPIOID MAINTENANCE PROVIDERS

SUBJECT: Co-Practitioner Claim Submission Requirements

REFERENCE: California Code of Regulations, Title 9 Section 1840.314C

[Mental Health and Substance Use Disorder Services Information Notice 17-040](#) clarifies a variety of chart documentation requirements, including when two or more providers render services to one or more beneficiaries. The purpose of this Information Notice is to clarify for Mental Health Plans (MHPs) the requirements for claim submission when two or more providers (co-practitioners) render services to one or more beneficiaries.

The Department of Health Care Services (DHCS) requires MHPs to submit a separate claim for each rendering provider using each rendering provider's assigned National Provider Identifier (NPI) number. Title 42, Code of Federal Regulations, §1002.211 and Title 42, United States Code, § 1396a(a) prohibit states from making payments for any item or service furnished by a provider who is excluded, terminated, or suspended from participating in the Medicaid program. In 2013, the Office of Inspector General (OIG) determined DHCS made payments for services furnished by providers who had been excluded, terminated, or suspended from participating in the Medicaid program. OIG recommended DHCS establish policies and procedures to ensure it does not make payments for services furnished by excluded, terminated, or suspended providers. DHCS agreed with this recommendation and began implementing an edit in the

Short-Doyle Medi-Cal claiming system to comply with OIG's recommendation. Each submitted specialty mental health services claim (837P or 837I) must identify all rendering providers who furnished a service in order for DHCS to ensure it is not making payments for services rendered by a provider who has been excluded, terminated, or suspended from participating in the Medicaid program. MHPs need to submit claims to DHCS in a manner that captures each providers NPI number so that DHCS is able to validate the NPI number against excluded, terminated, and suspended lists.

Co-Practitioner Claim Submissions

MHPs must comply with this requirement using one of the two following methods:

1. Submit a separate claim for each rendering provider using his/her assigned individual NPI number; or
2. Submit one claim with two or more service lines (one for each rendering provider). Each service line must contain the NPI number for each rendering provider.

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

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health & Substance Use Disorder Services