

## **DRUG MEDI-CAL BILLING TRAINING**

### **FOLLOW-UP QUESTIONS AND CLARIFICATION ISSUES**

The following is a list of follow-up questions and clarification issues raised at the Drug Medi-Cal Billing Training provided to counties and providers in May and June 2001.

1. Can more than one ODF group counseling session be provided to a DMC client on any given day?

Yes, however, DMC reimbursement is only allowed for one group counseling session.

2. Can more than one ODF individual counseling session be provided to a DMC client on any given day?

Yes, however, DMC reimbursement is only allowed for one individual counseling session, unless the second individual counseling session is a crisis or collateral service. No more than two individual counseling sessions are reimbursable through DMC.

As explained in Title 22, Section 51490.1(a)(1)(A) and (B), the return visit shall not create a hardship on the beneficiary and 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.

As explained in Title 22, Section 54190.1(a)(1)(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.

If two individual counseling sessions are given in a single day and billed through DMC, then a Multiple Billing Override Certification form (ADP 7700) must be completed and retained in the client's chart.

3. Can a DMC client receive both a group and individual counseling session on any given day?

Yes, however, DMC reimbursement is only allowed for one or the other, unless the second counseling session (group or individual) is necessary and documented as required in Title 22.

As explained in Title 22, Section 51490.1(a)(1)(A) and (B), the return visit shall not create a hardship on the beneficiary and 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.

If both types of counseling sessions are given in a single day and billed through DMC, then a Multiple Billing Override Certification form (ADP 7700) must be completed and retained in the client's chart.

4. Where is the provider required to retain the Multiple Billing Override Certification form (ADP 7700)?

The Multiple Billing Override Certification form (ADP 7700) must be retained in the client's chart as identified in Title 22, Section 51490.1(d).

5. Where is the provider required to retain the Good Cause Certification form (ADP 6065)?

The Good Cause Certification form (ADP 6065) must be retained at the provider's site.

6. What is the "Y" override code and how can it be used.

The "Y" override code is used to identify that multiple services were provided to a DMC on a given day to a DMC client. The multiple services must be justifiable and the Multiple Billing Override Certification form (ADP 7700) must be retained in the client's chart with the reason for the multiple service.

The "Y" override code can be placed directly on the DMC claim (ADP 1584) to eliminate a possible Duplicate Error Correction Report (ECR). Or the "Y" override code can be placed on the Duplicate ECR.

7. Is Narcotic Treatment Program (NTP) methadone or LAAM dosing in conjunction with NTP individual counseling or NTP group counseling on a given day considered multiple billing.

No. Clients that receive their Methadone or LAAM dosing are allowed to receive on the same day NTP individual counseling or NTP group counseling. This will not create a duplicate billing error message.

8. Scenario: Two separate providers submitted DMC claims for the same client on the same day and for the same service or different services. One of the providers submitted their DMC claims and that specific claim was approved for DMC reimbursement. The other provider received a Duplicate ECR indicating that "Duplicate Override Not Allowed". Can the provider that did not receive approval for DMC reimbursement request the client to reimburse them for the services provided.

Yes.

9. Can the Department of Alcohol and Drug Programs provide an AID Code listing to include descriptions and funding sources.

Attached is the listing.

10. Does the FY 2001-02 DMC rates reflect costs for the federal accreditation requirement for Narcotic Treatment Program (NTP) providers?

No. The Department is aware of the mandatory federal accreditation issues and will be reviewing the requirements during the FY 2002-03 rate development process. Since opiate treatment programs/providers have until August 2003 to become accredited, the FY 2002-03 rate development/review process should allow sufficient time to address any cost issues arising from the accreditation standards.

11. If a provider collects a Share of Cost (SOC) from the client and then the client receives retroactive approval to eliminate the SOC, how does a provider receive the SOC from the State in order to reimburse the client?

Since the SOC amount collected was reported on the initial Drug Medi-Cal Monthly Summary Invoice (ADP 1592), then either a revised ADP 1592 must be submitted that does not identify the specific SOC amount. This in turns increases the net claim amount to reimburse the providers based on approved services.