

AVATAR Provider Billing Bulletin Narcotic Treatment Programs - Service Codes Changing

The Avatar Service Codes used in CBHS Programs are changing effective July 1, 2015, in an effort to clarify and simplify billing. This bulletin describes the new set of service procedure codes, the transition plan and schedule for the new Service code set used by CBHS Methadone Maintenance Providers.

Current MM Service Codes:

H0004B MM Individual Counseling/HOS-Medi-Cal
H0004C MM Individual Counseling OFFI. Medi-Cal
H0005 MM Group Cnslng Medi-Cal/Hosp
H0005A MM Group Cnslng M-Cal Office
H0020 MM Dosing – Hospital
H0020A MM Dosing

New MM Service Codes:

INDIVC – NTP Individual Counseling
INDIVC – NTP Individual Counseling
GROUP – NTP Group Counseling
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DOSING – Daily MM Dosing
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In addition, there are now Service Codes that can be used by NTP Providers to accurately record and bill SUD treatment services rendered. This includes services that are currently reimbursed by the Drug Medi-Cal program, such as: Evaluation and Management services performed by MD's (Medical Doctor), Psychiatrists, and Nurse Practitioners, Intake/ Assessment, Treatment Planning and Development, Lab/ Specimen Tests performed, Crisis Intervention, and Discharge Planning. In addition, Non-Medi-Cal services including Non-MC Group Counseling, Collateral/ Family Therapy without the Client Present, Peer Support Services, Aftercare/ Recovery Support, Psychiatric Diagnostic Evaluations, and Psychological Testing are treatment activities that can be recorded in Avatar.

The new NTP Service Codes become effective 7/1/2015. Services with dates beginning 7/1/2015 must use the new Service Codes because the CBHS Avatar system, used for generating Drug MC claims are based on "Service Date". Services with dates on or after 7/1/2015 must use the new codes. Services with dates before 7/1/2015 use the current service codes.

CBHS Methadone Maintenance Programs (MM) enter NTP services in the Methasoft Treatment Management System. Monthly NTP services are then uploaded to the CBHS Avatar system for billing to Drug Medi-Cal. The Current service codes will be accepted for June, 2015 NTP service uploads from Methasoft thru **7/27/15**.

After 7/27/15, if Drug MC Providers have unbilled Services with dates before 7/1/2015 using current service codes, please contact the CBHS Billing Office **before** services are billed or uploaded to Avatar. DHCS allows only 30 days from the end of the Month of Service for CBHS to submit Drug MC claims. Providers must also complete a Good Cause Reason Certification – ADP form 6065 as required by DHCS (CA Dept of Health Care Services), before late services can be billed. CBHS Billing obtains approval for late submissions from DHCS before claims are submitted. If DHCS denies the Good Cause

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Reason or, if there is no ADP 6065 form received from the Provider, services cannot be billed to Drug MC. CBHS Billing will transfer these late Services to County GF.

Note: this is the current and standard protocol for DMC Providers' late services billing. The 7/27/15 deadline is used during the transition from the current service codes set to the new Service Codes.

NTP Providers can submit further questions or comments they have via e-mail to:
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