

AVATAR Provider Billing Bulletin Outpatient Drug Free 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 Outpatient Drug Free (ODF) Providers.

Please see the attached Excel spreadsheet file containing the revised ODF Service Codes. These Service Codes are used to accurately record and bill SUD treatment services rendered to CBHS Clients. SUD ODF services that are reimbursed by the Drug Medi-Cal program include: Intake/ Assessment, Treatment Planning, Group Counseling, Collateral with the Client Present, Crisis Intervention, and Discharge Planning. In addition, Non-Medi-Cal services including Non-MC Group Counseling, Individual Counseling, Medication Support, and Case Management are treatment activities that can be recorded in Avatar.

Columns in the file include:

1. Service Code – the procedure code entered in Avatar for the specific service treatment rendered to a registered Client.
2. Replaces Code(s) – the “old” service code that the new Service Code replaces, these will be “unassigned” from the Program Code/Reporting Unit (RU) in Avatar
3. Service Description – the description of the service code in the CBHS Avatar system
4. Drug Medi-Cal Requirements – DHCS requirements for the service to be covered and reimbursed by the Drug Medi-Cal program. Most of these requirements will be enforced by the Avatar system using “Advanced Billing Rules”.
5. Mode /SFC – DHCS mode of service and service function codes (SFC). These are used by DHCS to define the SUD Services that a Provider Clinic is certified to render under the Medi-Cal program. CBHS contracts include the Mode and SFC’s the Agency is contracted to provide to its Clients. At the end of the fiscal year, Contract Providers submit cost reports based on the Mode/SFC of services rendered.
6. Note – additional information about the service code

Transition Plan and Schedule

CBHS Information Systems (IS) will begin assigning the new ODF Service Codes beginning on **7/1/15**. This work is expected to be completed by 7/15/15. **As each RU is evaluated, the current, “old” service codes will be “un-assigned” from each RU and they will no longer be available for selection, while the New Service Codes are assigned and become available.** Program Staff will be able to use the new Service Codes in Avatar as soon as their RU is updated. They should continue to bill using the current, “old” service codes until the new codes appear in their drop down list or menu for selection. As before, Clinicians may enter the Service Code or its Description when entering Progress Notes in Avatar/CWS or when entering Charges in Avatar/CalPM.

ODF services with June, 2015 service dates must be entered in Avatar no later than July 24, 2015 in order to meet the DHCS claim submission deadline. DHCS (CA Dept of Health Care Services) allows only 30 days from the end of the Month of Service for CBHS to submit Drug MC claims for services rendered by certified SUD Providers. If your ODF program cannot meet the July 24 deadline, please contact maria.i.barteaux@sfdph.org by e-mail or call (415)255-3536.

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ODF services with dates on or before May 31, 2015 that are not billed in Avatar by July 1, 2015 are considered “late”. In order to bill Drug MC for late services, Providers must complete a Good Cause Reason Certification – ADP form 6065. CBHS Billing obtains approval from DHCS for all late claim submissions. If DHCS denies the Good Cause Reason or, if there is no ADP 6065 form received from the Provider, services cannot be billed to Drug MC.

ODF services with July service dates must be entered in Avatar no later than August 21, 2015. Please contact CBHS Billing if you need a deadline extension.

Batch Service Uploads

Some Contract Provider Agencies have their own electronic health records system or Clinic Management/Billing system and use “Batch Services Uploads” (BSU) instead of the Charge Entry process for entering their services into Avatar. These Providers are responsible for updating their systems with the revised Service Codes. Services with dates beginning July 1, 2015 must use the new service codes. The initial BSU files submitted to the Avatar system with July services will be tested by CBHS Billing to confirm service codes and modifiers used are correctly entered. Providers will be notified about any issues found and/or updates needed with their files. BSU files that clear initial reviews will be uploaded into the Avatar LIVE or production system. Please notify your CBHS IT contact person before uploading BSU files with the new codes.

Advanced Billing Rules

CBHS Billing is implementing the “Advanced Billing Rules” in Avatar that will give a “warning message” to Clinicians and Avatar Users when progress notes or service entries do not meet Medi-Cal billing requirements or parameters. There are Advanced Billing Rules for: minimum or maximum service durations, for the minimum of 2 and maximum of 12 Clients in a Drug MC Group Counseling service, and for missing information, such as the Emergency Indicator on services rendered to Clients with Restricted Medi-Cal benefits or the Pregnancy Indicator for Perinatal Clients. Services that do not meet these rules will not be submitted on claims to Insurance OHC or to Drug MC until corrections and/or missing required information is entered in Avatar. A new report, the “SUD Provider Billing Errors Report” is currently under development and will be released soon. Training on the Advanced Billing Rules and on billing reports will be provided starting in August, 2015.

ODF Providers can submit questions or comments they may have about the information contained in this bulletin or about the new CBHS ODF Service Codes by e-mail to: maria.j.barteaux@sfdph.org