

## **AVATAR Billing System Users Bulletin**

### Diagnosis Codes in AVATAR

#### Use of V71.09 and 799.9 for CBHS Clients' Services Billing

- Substance Abuse programs may NOT include either 799.99 or v71.09 as a diagnosis.
- The rule has not changed for Mental Health programs. As always, diagnosis codes 799.99 and V71.09 can be used on both Axis I and II. The rule is that if the 799.99 and V71.09 diagnoses are used as a primary diagnosis, only Assessment and Crisis (Unplanned Services) can be billed. They cannot be used as a primary diagnosis to bill for Planned Services (Individual, Group, Collateral, Case Management, etc.). Once planned services have commenced, the primary diagnosis must be an included valid diagnosis.
- All Planned Services will be disallowed if the primary diagnosis is listed as 799.99 and/or V71.09.

#### Invalid Diagnosis Report

- ICD-9 Diagnosis Codes are used on HIPAA claim transactions and is updated annually on October 1. DHCS updated their SDMC system on 1/25/2011 without prior notification. CBHS Billing became aware of discontinued Diagnosis codes when claim files were rejected by the State DHCS.
- CBHS Quality Mgmt reviewed the Diagnosis Codes set in Avatar and distributed a crosswalk that lists psychiatric diagnosis codes that have been discontinued or updated.
- The Invalid Diagnosis Report will let you know about your Program's Clients who have discontinued or invalid codes existing in their records so Clinicians can update their diagnosis.
- Providers have until April 14, 2011 to update Clients records with October to March, 2011 services.

#### ICD-9 Diagnosis Codes Lookup on SF DPH website

- Program Staff can look-up ICD-9 diagnosis codes on the DPH website. Please see attached document for instructions on how to use this free resource.

#### Missing Diagnosis Report

- In Avatar CalPM - Diagnosis screen, please confirm the Diagnosis effective date for your Clients' Admission diagnosis covers your first Service Date.
- Services cannot be billed if there is no diagnosis entered for your Clients.
- We recommend you generate this report at least once a week and, on or around the 10<sup>th</sup> of the month, before claims processing begins for your prior month's services.

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### Fiscal & Billing Workgroup Teleconference

- MH & SA Providers are invited to participate in monthly teleconference meetings with Program staff, Fiscal, Billing, Quality Mgmt, Netsmart and others, to discuss questions about Avatar CalPM, billing and CBHS business rules. Teleconferences are scheduled on 3<sup>rd</sup> Thursdays of the month at 11AM, unless otherwise posted.
- The next Teleconference is on March 17 at 11AM.
- Teleconference # 1(888)422-7141 Passcode: 186415

### Service Delete Requests

CBHS Rule about Service Deletion Requests remains the same: services that have been claimed or reported to Medi-Cal and other third party payers can not be deleted from the CBHS billing system. Before submitting a Service Delete Request, please generate a Crystal Client Ledger report to determine if services were billed. Services listed with a Status of "Open" and "Unbilled" can be deleted. However, services listed with a Number (the claim number) in the Status column, have been billed and cannot be deleted. Services with a "Closed" status have been reported and cannot be deleted. Claim/Cost Report Service Adjustment forms: MH1984 (for MH) or ADP5035 (for SA) is required.

Federal and State Compliance Rules require billing errors to be reported with 60 days of discovering the error. Please submit completed Service Delete requests to [Avatarhelp@sfdph.org](mailto:Avatarhelp@sfdph.org) Adjustments forms to CBHS Billing or SF - DPH Fiscal.

### Billing DONT's

- Please do NOT use lower case characters when entering Service Modifiers (i.e., use HE and not 'he') because this causes claim files to reject.
- Please do NOT change the Guarantor Name under any circumstances! Contact CBHS Billing if you have any questions or issues related to Avatar Financial Eligibility and Guarantors
- Please do NOT use any other Subscriber relation value, besides "Self" on Medi-Cal guarantor records. The Medi-Cal Client is always the Subscriber!
- Please do NOT use the wrong Program RU when entering Progress Notes in CWS or service charges in CalPM.

### Medi-Cal Share-of-Cost Report by Program

- A new report, **Uncleared Share-of-Cost Report by Program** is now available to MH and SA Avatar Users. The report lists Clients who have a monthly Medi-Cal Share-of-Cost (SOC) liability and have services under the Program RU selected. Providers can use this report to clear their Clients' SOC using services rendered, thru the Medi-Cal website or POS device. Clients are eligible for Medi-Cal benefits once their SC has been cleared for the month.
- MH and/or SA Medi-Cal claims submitted for Clients with uncleared SOC will be denied.

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- Refer to CBHS Medi-Cal Share-of Cost Policy #2.03-12 on DPH website for the Provider FAQ and additional information.

### MediCal and Medicare – IMPORTANT News for Outpatient MH Providers

The DHCS SDMC Phase 2 system now differentiates between Psychiatric and Rehabilitation outpatient mental health services for the purpose of determining Medicare covered services rendered to dually eligible Medi-Medi (Medicare and Medi-Cal) Clients by County MH Providers. **Please refer to DMH Information Notice 10-11 and 11-04.**

In SF CBHS, these requirements are implemented in Avatar for Medi-Medi Client services billed and are based on: the Rendering Clinician's credentials, the Service Code selected by the clinician and the Service Location. In general, outpatient MH and medication services billed with CPT codes are covered; and, HCPCS service codes are not covered by Medicare. Services provided in the Field, School, Mobile Unit and over the Phone (not in the OP Clinic setting) are not covered.

H2010MT – Medication Support and Monitoring, is a **Rehab** service that consists of the following activities: Obtaining informed consent, providing instruction in the use, risks, and benefits of alternatives for medications, and/or Plan development related to medication support services. 90862 - Medication Mgmt W/Brief Psychotherapy and M0064 – Brief Medication Visit, provided by licensed practitioners in an OP Clinic service location are covered by Medicare.

Registered, Waivered, Interns and Unlicensed mental health Clinician services are not covered by Medicare. The Taxonomy Code they register under in NPPES should include: MH Counselor (taxonomy code begins with 101). Services by Marriage Family Therapist (MFT) with taxonomy code 106H00000X are not covered by Medicare

Per DHCS, Counties are required to bill Medicare first for covered outpatient MH and Medication services provided to Medi-Medi Clients by the following Clinician Types with NPPES Taxonomy codes beginning with:

- 103 - Psychologist
- 104 – Licensed Social Worker
- 207 - Physician
- 208 - Physician
- 363 - Nurse Practitioner/Physician's Assistant
- 364 - Nurse Specialists

DHCS Outpatient MH Service Lockout Rules – New SDMC system edit

- SDMC claims for hospitalized or institutionalized Clients, beginning April 5, 2011 must include the Client's discharge date.

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- Targeted Case Management (TCM) for the purpose of placement within 30 days of discharge is the only service allowed when Clients are in a Psychiatric Inpatient Hospital (i.e., SFGH Psychiatric IP), IMD (Institution for Mental Diseases), or Mental Health Rehab Centers (MHRC).
- For Clients who are in an Inpatient FFS Hospital (i.e., St. Mary's Hospital, CPMC, etc.), Medication services and TCM for the purpose of placement within 30 days of discharge are allowed. All other services are Locked Out, except on the Clients' Admission day. Refer to CBHS Documentation manual for additional information.
- To ensure services are billed correctly, please use the correct Service Location code. For **FFS Hospitals, use location code 21 – Inpatient Hospital**. For **SFGH, IMD, and MHRC's, use location code 51 – Psychiatric IP Hospital**.

### MH and SA Providers – Billing Contacts and Mailing List

- CBHS Billing needs a contact list for CBHS Programs so we can call the right person at your program when critical claiming issues arise. We also want to make sure Program staff receive billing updates, notices, schedules, and other billing related information.
- Please send your Program's contact person(s) Names, telephone number and e-mail addresses to CBHS Billing.
- Send this info via e-mail to: [Ai-ti.Ho@sfdph.org](mailto:Ai-ti.Ho@sfdph.org)

### Fiscal & Billing – Exceptional Provider Staff Awards

- We have had many opportunities to work with so many exceptional CBHS Providers and Staff. To this end, Fiscal and Billing is planning to bestow awards to the best and brightest, during our upcoming Avatar First Year Anniversary Celebration. Ideas include the following:
  - “Our Hero” award to a MH and a SA Provider staff as selected by CBHS Billing staff
  - “Billing MVP” award to our Most Valuable Program – demonstrates technical savvy and expertise while successfully billing in Avatar
  - “Renaissance Person” award to the Person who does it all and knows alot
  - Most Improved Program – award for the most improved billing performance and/or claims data quality
  - The Hood Award of Excellence – as voted by Fiscal & Billing Workgroup as the Best Team among all Neighborhood CBO and Civil Service Clinics.
- Please look for an announcement about these upcoming awards and ceremony!