

CalAIM Question and Answers

Answers to questions from the CalAIM CPT Code Set training on 5/12/23 sent on 5/19/23

1. Question - Is place of service definition now where the client is? (per BHIN 22-019 that indicates that a progress note "shall include Location of the beneficiary at the time of receiving the service.")

Answer – According to the screenshot below, this information only needs to be stated in a progress note, it does not need to come across in the claim or on the 837 file.

(4) SMHS, DMC and DMC-ODS Progress Notes

A. Providers shall create progress notes for the provision of all SMHS, DMC and DMC-ODS services. Each progress note shall provide sufficient detail to support the service code selected for the service type as indicated by the service code description.

B. Progress notes shall include:

- The type of service rendered.
- A narrative describing the service, including how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).
- The date that the service was provided to the beneficiary.
- Duration of the service, including travel and documentation time.
- Location of the beneficiary at the time of receiving the service.

2. Question - Do we need to provide the phone/telehealth address when it's at the client's home (Place of Service code 10)? Or only when the client is away from home (Place of Service code 2)?

Answer – Staff will not need to provide an additional address outside of the client address that is already coming across on the claim or on the 837 file.

3. Question - Is there a specific order to the Modifiers? e.g. Alphabetical order followed by numeric order?

Answer - Keep them in the exact order that is list out on the CalAIM Code Set.

4. Question - Is there a max number of addons allowed?

Answer - Avatar will not reject multiple addons per primary claim as long as it is allowable by the state.

5. Question - If CCPs are sending group services as individual, does CCP do calculation? What would that look like?

Updated Answer* – The County has already divided the CCPs fee by 4.5. CCPs will send the full fee with each other their group claims

Answers to questions from the CalAIM CPT Code Set Updates answered live on 6/2/23:

1. How about unlicensed doctors under supervision of a psychiatrist?

Answer - State hasn't said specifically

2. Can interns (the State refers to them as students within their Master's program) still bill therapy or are they limited to what MHRS staff can bill?

Updated Answer* - No, interns (students) will not be able to bill therapy as they are categorized as MHRS.

3. To confirm, these intern staff that are now downgraded, if you will, will be paid at the MHRS rate as well?

Answer - Correct, intern staff (students) now roll up to the MHRS Discipline and will be paid at the MHRS rate.

4. Do you need a BBS number for masters clinicians (MFT, MSW, PCC). ASWs are still good to bill therapy?

Answer - Correct, clinicians will require a BBS number.

5. If we have intern (student) currently, do we need to change them as of July 1?

Answer - Yes, you will need to ensure their taxonomy is one of the MHRS options.

6. Do the 837p need to have the HL and GC sent now?

Answer - Yes, services provided by Associates (HL) and Residents (GC) will need to include the appropriate modifier if available for that service code.

7. Claims with a DOS prior to 7/1 need to be in the current 837 format?

Answer - Correct, claims prior to CalAIM will need to be sent using the current 837 format.

8. If our vendors have follow-up questions about the 837 changes. is the best contact SCCBillingquestions@ntst.com? Will there be changes to the Fast Service Entry workflow or entry data as well?

Answer - They are a good place to start with questions. If we hear of any changes to FSES workflow, we will update guide and communicate accordingly.

9. Modifiers AA and BB are not listed on the Modifiers worksheet but appear as allowable for many specific codes. Are they allowed and, if so, what do they mean?

Answer - These are homegrown, County generated, modifiers to differentiate when the same code is used for different services. These are not from State or in Billing Manual, but will be required for claims sent to the County for applicable codes

10. Sorry but another question about the change in student intern scope/ability to bill. Does this apply to PhD interns?

Answer - Yes, Ph.D. interns now roll up to the MHRS Discipline and will be paid at the MHRS rate.

Answers to questions from the CalAIM CPT Code Set Updates on 6/2/23 sent on 6/6/23:

1. Question - Do student interns (MFTT/PCCT/MSW Intern) need to have the MHRS Credential?

Answer – No, those staff should keep their student intern credential. CCPs should verify that the student intern credential is correct in Avatar. CCPs do need to ensure that these student interns do have a taxonomy that is in the MHRS taxonomy table otherwise their claims will deny.

2. Question - Would student interns (MFTT/PCCT/MSW Intern) still be able to bill therapy?

Answer – According to DHCS they will not be able to bill therapy. CCPs should review the CPT Code Set to see what services MHRS staff can bill.

3. Question - Would student interns (MFTT/PCCT/MSW Intern) need to apply for an MHRS certificate through the County?

Answer – No, because they are keeping their same credential.

4. Question - Do student interns (MFTT/PCCT/MSW Intern) have to change their taxonomy to MHRS?

Answer – Yes, CCPs need to ensure that these student interns do have a taxonomy that is in the MHRS taxonomy table otherwise their claims will deny.

5. Question - With this recategorization of interns, would an MFTT providing treatment under direct clinical supervision of an LMFT be allowed to provide treatment that allowable to an AMFT?

Answer – No, student interns will only be able to bill CPT codes that are available for the MHRS discipline as specified by DHCS.

6. Question - Do CCPs need UAT permissions to submit test claims?

Answer – Only CCPs billing manually in PCNX and not using 837s will need access to UAT. The County is working to get all of those staff access to UAT.

7. Question - We've seen that H0006 and T1012 have been discontinued for recovery services treatment. What will be replacing those codes?

Answer – As these codes were not included in the billing manuals and the County did not build these out for CalAIM. DHCS would identify replacement codes.

Answers to questions from previous meetings sent on 6/22/23:

1. Question – If CCPs update their 837 configurations, how will they be able to send in Retro Claims with the current code set?

Answer – CCPs will need to send claims in minutes for dates of service prior to 7/1/23 in their own separate 837 and claims in units for dates of service after 7/1/23 in a distinct 837. Further, instructions will come from the County. Specifically, retro claims would need to be submitted in minutes with the current (pre-CalAIM code set).

Answers to questions from previous meetings sent on 7/11/23:

1. Question – If the primary CPT Code has an addon, is the rate for the total duration based off of the primary CPT Code or do addons have their own rate?

Answer – Addons do have their own rates.

Questions and Answers from both the 7/28/23 and 8/11/23 meetings sent on 8/14/23:

- Question - For billing non Medi-Cal homegrown codes, should documentation time be counted toward their units? Such as for Strengthening Family Groups?

Answer – CCPs can calculate doc and travel time for the homegrown codes at this time. If this changes in the future, the County will communicate accordingly.

- Question - How would a CCP bill for groups with multiple facilitators?

Updated Answer* – For groups facilitated by multiple practitioners a both practitioners shall document the group service provided. Thus, each facilitator will have claims per client attending the group.

- Question - Do we have to have modifiers in the progress notes for the First service of the day and Subsequent services on the same day for CPT codes for them to bill? Or is 59-Subsequent only needed for CPTS that MD's use?

Answer - We have a question pending with MedCC pertaining to Rollups and specifically the modifiers and place of service to select.

- Question - Will Certified Peers be able to only bill the Peer-specific service codes or if they can also bill the other OQP and MHRS codes.

Answer - Certified Peers will only be able to bill the services that are identified by their discipline in the CPT Code Set.

- Question - Primary CPT code 90839 called "Psychotherapy for Crisis First 30-74 Min" should be set to claim in units of 30 min where the minimum minutes should be set to 30 minutes and maximum would be 74 or 89 minutes? On the documentation received it is also showing a max of 1 units per day is allowed but if we calculate in 30 min increments 30-74 or 30-89 min either one should add up to 3 units.

- The secondary code 90840 should claim the additional minutes past 74 or 89 min (still unclear about that) and it should start at minute 75 or 90?

- For example, let's assume that 30-89 min configuration is the correct one; staff is providing a 90839 for 110 min. We would calculate 1 or 3 units for 90839? When is the secondary code claiming, starting at 90 min meaning we will bill for 1 unit because it has only 20 min?

Answer - 1 Unit of 90839 captures any minute duration between 30-74 minutes. 90840 would start at minute 75. If the provider saw the client for 110 mins, they will bill 1 unit of 90839 and 1 unit of 90840. That extra 5 mins is not enough for the provider to bill another unit of 90840.

- Question – Is Outreach and other County Homegrown codes billed in minutes or units?

Answer – All of the County Homegrown codes are billed in units. Each unit is 15 minute increments and the midpoint rounding can be used.

Update* to the Correction to the group calculation answer from 8/14/23 sent on 8/18/23:

- Question - Can you include in the group note example scenario- an example of how the payment is calculated? That would be helpful to ensure our internal systems are lining up with the MyAvatar payment calculation.

Answer – Example 1: A single practitioner (LMFT) provides a group service to 10 clients that lasts 1 hour. The CPT code 90849 (Multi-Family Group Psychotherapy 15 Min; a group service, HQ modifier is not required)) will have an updated rate of \$21.26 per unit for an LMFT. For each client the staff would enter 1 Unit of 90849 with 3 units of G2212:HQ (G2212 Prolonged Office/OP E&M Add 15 Min; HQ modifier required in group setting) at a rate of \$21.26 per unit for an LMFT as well. As the rates have already been divided by Finance to account for the 4.5 division by the State, the rate for each client would equate to \$85.04. All 10 claims with 1 Unit of 90849 and 3 units of G2212:HQ would equate to \$850.40.

Updated Answer* – Example 2: Two practitioners provide a group service to 10 clients that lasts 1 hour. The CPT code H0005:U7 (Group Counseling 15 Min OP; a group service, HQ modifier is not required) has the rate of \$21.24 per unit for an LCSW and \$16.06 per unit for a Substance Use Disorder Certified Counselor (SUDCC). Both staff would enter 4 units of H0005:U7 for each client. 10 claims with 4 units of H0005:U7 at the LCSW rate of \$21.24 per unit would equate to \$849.6 and 10 claims with 4 units of H0005:U7 at the rate of \$16.06 per unit would equate to \$642.40.

Question and Answer from Manual Biller CCP Meeting on 9/1/23:

- Question - If a service was already billed, but later find out there was another duplicate service that needs to be billed, how do we fix it?

Answer – You would need to wait for the batch to close, then use Void Claim

Assignment form to the billed service. Once it's voided, roll up the services and resubmit the codes together.

Questions that need further follow-up:

1. Question - Lockout codes – Since the County isn't implementing yet, do we want CCPs to hold claims that require lockouts and lockout modifiers?

Follow-up Needed – The codes will be identified as critical error when sent to the County. The team is determining further details and action steps at this time.