Department of Behavioral Health

Contracts Division
Substance Use Disorder Services
3133 N. Millbrook Ave.
Fresno, CA 93703
(559) 600-6053

SUD SERVICES BULLETIN

Title:		Issue Date:	Issue No.:
Billing Requirements for Non-Drug Medi-Cal Agreements		March 14, 2017 Expiration Date: N/A	17-01
Approval: Joseph Rangel, Division Manager Contracts Division – Mental Health and Substance Use Disorder Services	Function: [X] Treatment [ ] Prevention [ ] Education/Training [ ] Fiscal [ ] Other	Supersedes Bulletin/SAS Letter No.: N/A	

PURPOSE:

This communication is being issued in an effort to provide clarification on requirements regarding billing to non-Drug Medi-Cal (DMC) agreements.

DISCUSSION:

The purpose of non-DMC agreements is to allow clients who need medically necessary substance use disorder (SUD) treatment but do not qualify for DMC services the opportunity to receive treatment services from qualified County providers. Every effort should first be made to determine if a client is DMC eligible prior to billing to a non-DMC agreement. Providers must retain all appropriate documentation on file as proof of record.

All applicable treatment, documentation, licensing standards, regulations, and policies which currently apply to the DMC Agreement will continue to apply to non-DMC agreements.

Justice ordered services will not be allowed to be billed to non-DMC agreements unless those clients meet medical necessity as defined in Title 22 and other applicable regulations. Clients who may qualify for services under a non-DMC agreement should meet the following applicable criteria:

- Current residents of the County of Fresno
- Have no health care coverage for SUD treatment
- Earn less than 138% of the current Annual Poverty Guidelines for the 48 Contiguous States (as defined by the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9903(2)).

In instances where treatment services are medically necessary but the client's eligibility is in question, please contact your assigned analyst. DBH will give consideration on a case-by-case basis.

Agencies that are contracted to provide non-DMC services may bill medically necessary treatment services to an appropriate non-DMC agreement, e.g., a Youth Treatment Services agreement for adolescents ages 12-17 or a non-DMC outpatient agreement for adults and adolescents if not contracted for youth treatment services. Effective April 1, 2017, all invoices must be accompanied by a DMC eligibility response for each client to verify DMC eligibility status (see example attached from www.medi-cal.ca.gov). Billing for eligible Minor Consent Medi-Cal services must also be accompanied by a DMC eligibility response even if the response shows the client to be DMC-eligible. In these instances, the provider must inform DBH that the service(s) cannot be billed to DMC due to the client's request for Minor Consent services.

Adult clients who are DMC-ineligible at intake because they have not applied for Medi-Cal or because their benefits were discontinued must be directed to the Fresno County Department of Social Services (DSS) to apply/reapply for Medi-Cal. If an adult client is ultimately denied Medi-Cal benefits, the provider may continue to bill services to a non-DMC agreement but the Notice of Action (NOA) of denial must be kept on file with the provider and submitted to DBH on request. Billing reimbursements without verification of Medi-Cal denial for services after the first month may be subject to recoupment. Once a client has been admitted to a program, providers must check DMC eligibility monthly, prior to invoice submission, so that services for clients who are newly eligible may be billed to DMC.

Providers shall electronically save or print and scan the response pages, writing the clients' names on the pages so that DBH staff can identify each client for whom services are billed. The file containing the response pages must be encrypted and sent to the assigned analyst at the time of invoicing. DBH will not approve payment without verification of DMC status for each client.

REFERENCES

State-County Contract
County Provider Agreements
California Code of Regulations, Title 22
United States Code, Title 42, Chapter 106, Section 9903
California Family Code, Division 11, Part 4, Chapter 3, Section 6929
California Department of Health Care Services, Medi-Cal Eligibility Procedures Manual Letter No. 183, August 1997

CONTACT

Please contact your assigned analyst with any questions.

Department of Health Care Services Medi-Cal

Home » Transaction Services

Eligibility Response

Eligibility transaction performed by provider: [redacted]

[redacted]

Subscriber ID: [redacted]		
Service Date: **01/01/2017**	Subscriber Birth Date: [redacted]	Issue Date: **02/09/2017**
Primary Aid Code:	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: **- unknown**	HIC Number:	
Primary Care Physician Phone #:	Service Type:	
Trace Number (Eligibility Verification Confirmation (EVC) Number):		
Eligibility Message: **NO RECORDED ELIGIBILITY FOR 01/17.**		

Server:www.medi-cal.ca.gov |File:/Eligibility/EligResp.asp |Last Modified:12/27/2016 3:11:17 PM