

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
CONTRACT NEGOTIATIONS PACKAGE
PART III – BUDGET SECTION

INSTRUCTIONS: SCHEDULE 4 COVERED SERVICES/ACTIVITIES,
PROVISIONAL REIMBURSEMENT RATES AND PROJECTED UNITS OF SERVICE
SCHEDULE

Form: MH NP Sch 4 (4/2009))

SCHEDULE 4 IS TO IDENTIFY THE REQUESTED PROVISIONAL REIMBURSEMENT RATES FOR NEGOTIATED OR PROVISIONAL COST REIMBURSEMENT RATE(S)

General Instructions:

Schedule 4 is intended to provide the Requested Provisional Negotiated or Cost Reimbursement Rate(s) for the County of Los Angeles Department of Mental Health (LACDMH) contractually authorized covered mental health services and activities, and which of those services and activities will be available by each designated provider number. LACDMH reimbursement to the service provider for approved services and activities will be at the Provisional Reimbursement Rate(s) until the State has reviewed and approved the Negotiated Rate(s) or actual costs are determined at the time of the State's Short-Doyle Medi-Cal Cost Report Settlement for Negotiated Rate or Cost Reimbursement contracts respectively. There are other limitations in place that limit reimbursement such as the Maximum Contract Amount by Plan, federal limitation to the lower of cost or charges, et. al.

Heading Instructions:

- Enter the Submission Date.
- Enter the Legal Entity Name.
- Enter the Legal Entity Number that is assigned by the County/State.
- Enter the Reporting Level (i.e. Legal Entity or more specific if requested by the LACDMH Lead Program Manager).
- Enter the applicable County Fiscal Year.

Line and Column Information:

Line 2 and subsequent lines identify the covered services and activities that may be reimbursed under the terms and conditions of the LACDMH's contract with the service provider.

Column 2: All the LACDMH's covered services and activities benefits are itemized.

Columns 3 through 7: The cross walk from the Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant CPT and HCPCS codes in columns 3, 4, 5, and 6 to the State Department of Mental Health's Service Function Code (SFC) in column 7 is provided for information purposes. The CPT and HCPCS codes are used by the service provider in submitting services and or activities for reimbursement.

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Column 8: Enter the requested Provisional Reimbursement Rate(s) for the covered services that will be rendered by the service provider. Rates are established by the State's Service Function Code (SFC) range. Each specific SFC range is linked to specific covered CPT and/or HCPCS procedure codes. Provide proposed rates for only the services/activities to be rendered by the service provide. A reimbursement rate must be the same for the same SFC range throughout the service provider's operation.

The service provider's reimbursement billings to LACDMH are to be either at the approved provisional reimbursement rate(s) for all units of service and/or activity that are entered into the County's claims processing information or by **"manual invoice"** for services and activities **not** reported into the claims processing information system. Mark "manual invoice" in column 8 if the LACDMH indicates that billing must be by manual invoice.

Column 9: If the service provider is requesting that reimbursement be under the Negotiated Rate methodology then mark "Y" for yes in column 9. If negotiated rates are not being requested there is no need to make any indication in column 8.

Column 10: Enter the projected units of service (UOS) to be provided for the fiscal year Term of the contract. UOS are projected at the State's SFC level.

Column 11: Enter the four digit provider number(s) as assigned by the Department for each service provider site that the service/activities identified in column 1 will be available.

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SUBMISSION DATE: _____
 LEGAL ENTITY NAME: _____
 LEGAL ENTITY NUMBER: _____
 COUNTY FISCAL YEAR: _____

(unprotect pass word is dmh in small case)

Column # →

1	2	3	4	5	6	7	8	9	10	11
Line # ↓	DESCRIPTION OF MENTAL HEALTH SERVICES/ACTIVITIES	Cross Walk of CPT and HCPCS to SFC CPT and HCPCS Codes ¹				SDMH Mode/ Service Function Code (SFC) Range	Proposed Provisional Reimbursement Rate ² (see footnote for explanation)	Request for Negotiated Rate(s) (Indicate "Y"(yes) if requesting a Negotiated Rate) ³	Projected Units of Service ⁴	Provider Numbers ⁵
		Procedure Code	Mod 1	Mod 2	POS					
2	A. 24 HOUR SERVICES:									
3	State Hospital	100	*	*	99	05/10-18				
4	Acute General Hospital	100	HE	HT	21					
5	Psych Hosp, 21 or under	100	HE	HA	51					
6	Psych Hosp 65 or over	100	HE	HC	51					
7	Psych Hosp, 22-64	100	HE	HB	51					
8	Acute Hosp-CGF Admin	101	HX	*	21		05/19			
9	Psych Hosp-CGF Admin	101	HX	*	51					
10	Acute Hosp-Admin Day	101	HE	*	21					
11	Psych Hosp 21 – Admin Day	101	HE	HA	51					
12	Psych Hosp 65+ Admin Day	101	HE	HC	51					
13	Psychiatric Health Fac	H2013	*	*	56	05/20-29				
14	SNF Acute Intensive	100	HB	*	31	05/30-34				
15	IMD without Patch	100	HE	*	31	05/35				
16	IMD with Patch	100	HE	*	32	05/36-39				
17	IMD Pass Day	183	*	*	*					
18	Crisis Residential	H0018	HE	HB	*	05/40-49				
19	Forensic Inpatient Unit	100	HE	*	33	05/50-59				
20	Residential Pass Day	183	HB	*	*	05/60-64				
21	Trans Res - Transitional	H0019	*	*	*	05/65-79				
22	Trans Res – Long Term	H0019	HE	HB	*					
23	Semi-Supervised Living	H0019	HX	*	*	05/80-84				
24	MH Rehabilitation Center	100	HE	*	53	05/90-94				
25	B. DAY SERVICES:									
26	Crisis Stabilization in ER	S9484	HE	TG	23	10/20-24				
27	Crisis Stabilization in Urgent Care Fac	S9484	HE	TG	20	10/25-29				
28	Vocational Day Service	H2014	*	*	*	10/30-39				
29	Socialization Day Service	H2030	HX	*	*	10/40-49				
30	Day Treatment Intensive, Half Day	H2012	HE	TG	*	10/81-84				
31	Day Treatment Intensive, Full Day	H2012	HQ	TG	*	10/85-89				
32	Day Rehabilitation, Half Day	H2012	HE	*	*	10/91-94				
33	Day Rehabilitation, Full Day	H2012	HQ	*	*	10/95-99				
34	C. OUTPATIENT SERVICES:									
35	Targeted Case Management	T1017	HE	HS	*	15/01-09				
36	Collateral	90887	*	*	*	15/10-19				
37	Psychological Testing	96100	*	*	*	15/30-59				
38	Psych Diagnostic Serv	90801	*	*	*					
39	Interactive Psych Diag	90802	*	*	*					
40	Indiv Ther minimum 20	90804	*	*	*					
41	Ther-E&M minimum 20	90805	*	*	*					

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Line # ↓	DESCRIPTION OF MENTAL HEALTH SERVICES/ACTIVITIES	Cross Walk of CPT and HCPCS to SFC				SDMH Mode/ Service Function Code (SFC) Range	Proposed Provisional Reimbursement Rate ² (see footnote for explanation)	Request for Negotiated Rate(s) (Indicate "Y"(yes) if requesting a Negotiated Rate) ³	Projected Units of Service ⁴	Provider Numbers ⁵
		CPT and HCPCS Codes ¹								
1		Procedure Code	Mod 1	Mod 2	POS					
42	Indiv Therapy 45-74 min	90806	*	*	*					
43	Ther-Eval&Man 45-74 min	90807	*	*	*					
44	Indiv Therapy 75+ min	90808	*	*	*					
45	Ther-Eval&Man 75+ min	90809	*	*	*					
46	Play Therapy minimum 20	90810	*	*	*					
47	Play E&M minimum 20	90811	*	*	*					
48	Play Therapy 45-74 min	90812	*	*	*					
49	Play Eval&Man 45-74 min	90813	*	*	*					
50	Play Therapy 75+ min	90814	*	*	*					
51	Play Eval&Man 75+ min	90815	*	*	*					
52	Family Therapy with Client	90847	*	*	*					
53	No Contact – Report Writing	90889	*	*	*					
54	E&M Consult New IP min 20	99251	*	*	*					
55	E&M Consult New IP 40-54	99252	*	*	*					
56	E&M Consult New IP 55-79	99253	*	*	*					
57	E&M Consult New IP80-109	99254	*	*	*					
58	E&M Consult New IP 110+	99255	*	*	*					
59	E&M Consult Follow - low	99261	*	*	*					
60	E&M Consult Follow – mod	99262	*	*	*					
61	E&M Consult Follow - high	99263	*	*	*					
62	E&M Consult Confirm minor	99271	*	*	*					
63	E&M Consult Confirm low	99272	*	*	*					
64	E&M Consult Confirm mod	99273	*	*	*					
65	E&M Consult Confirm m-h	99274	*	*	*					
66	E&M Consult Confirm high	99275	*	*	*					
67	Home Med New minimum 20	99341	*	*	*					
68	Home Med New 30-44 min	99342	*	*	*					
69	Home Med New 45-59 min	99343	*	*	*					
70	Home Med New 60-74 min	99344	*	*	*					
71	Home Med New 75+ min	99345	*	*	*					
72	Home Med Estab minimum 15	99347	*	*	*					
73	Home Med Estab 45-59 min	99348	*	*	*					
74	Home Med Estab 60-74 min	99349	*	*	*					
75	Home Med Estab 75+ min	99350	*	*	*					
76	Case Consult to 59 min	99361	*	*	*					
77	Case Consult 60 min and over	99362	*	*	*					
78	Individual Rehab Service	H2015	*	*	*					
79	Emp Maintenance Support	H2025	*	*	*					
80	Multi-fam Gp Therapy	90849	*	*	*					
81	Group Therapy	90853	*	*	*					
82	Interactive Gp Therapy	90857	*	*	*					

15/30-59

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Line # ↓	DESCRIPTION OF MENTAL HEALTH SERVICES/ACTIVITIES	Cross Walk of CPT and HCPCS to SFC CPT and HCPCS Codes ¹				SDMH Mode/ Service Function Code (SFC) Range	Proposed Provisional Reimbursement Rate ² (see footnote for explanation)	Request for Negotiated Rate(s) (Indicate "Y"(yes) if requesting a Negotiated Rate) ³	Projected Units of Service ⁴	Provider Numbers ⁵
		Procedure Code	Mod 1	Mod 2	POS					
83	Group Rehab	H2015	HE	HQ	*					
84	Therapeutic Behavior Serv	H2019	HE	*	*					
85	Individual Medication	90862	*	*	*					
86	Indiv/Gp Rehab Med	H2010	HE	*	*	15/60-69				
87	Brief Med Visit	M0064	*	*	*					
88	Crisis Intervention	H2011	HE	*	*	15/70-79				
89	D. OUTREACH SERVICES:									
90	Mental Health Promotion	200				45/10-19				
91	Community Client Services	231				45/20-29				
92	E. SUPPORT SERVICES:									
93	Life Support/ Board & Care	134	*	*		60/40-49				
94	Case Management Support	6000				60/60-69				
95	Residential Client Support (flex funds only)					60/64				
96	Client Housing Support Expenditures					60/70				
97	Client Housing Operating Expenditures					60/71				
98	Client Flexible Support Expenditures					60/72				
99	Non-Medi-Cal Capital Assets					60/75				
100	Other Non-Medi-Cal Client Support Expenditures					60/78				
101	F. MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA):									
102	MAA Medi-Cal Outreach - Not Discounted					55/01-03				
103	MAA Medi-Cal Outreach - Discounted					55/17-19				
104	MAA Medi-Cal Eligibility Intake - Not Discounted					55/04-06				
105	MAA Medi-Cal Referral in Crisis Situation for Non-Opened Cases - Discounted					55/11-13				
106	MAA Medi-Cal Mental Health Service Contract Administration - Not Discounted					55/07-08				
107	MAA Medi-Cal Mental Health Service Contract Administration - Discounted					55/14-16				
108	MAA Medi-Cal Program Planning and Policy Development - Discounted					55/24-26	County Only			
109	MAA Medi-Cal Program Planning and Policy Development - Discounted					55/35-39				
110	MAA Medi-Cal Case Management of Non-Open Cases - Discounted					55/21-23	County Only			
111	MAA Medi-Cal Case Management of Non-Open Cases - Discounted					55/31-34				
112	MAA Medi-Cal Training - Discounted					55/27-29	County Only			
113	MAA Medi-Cal Coordination and Claims Administration - Not Discounted					55/09				
114	E. OTHER ACTIVITIES:									
115										
116										

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		CPT and HCPCS Codes ¹								
1	DESCRIPTION OF MENTAL HEALTH SERVICES/ACTIVITIES	Procedure Code	Mod 1	Mod 2	POS					
117										

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		CPT and HCPCS Codes ¹								
1		Procedure Code	Mod 1	Mod 2	POS					
118										
119										
120										
121										
122										
123										
124										
125										
126										
127										
128										
129										
130										
131										
132										
133										
134										
135										
136										

¹ Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS).
² The Proposed Provisional Reimbursement Rate(s) is subject to adjustment. If the reimbursement methodology is Cost Reimbursement the State and County will adjust the provisional rate to actual costs and/or other cost limitations according to federal and State requirements and County contractual provision. If contractor requests reimbursement under the Negotiated Rate methodology then the Proposed Provisional Reimbursement Rate is subject to State approval for Medi-Cal services and County approval for non-Medi-Cal services. Such approval shall also be for the time period specified in the approval letter and shall be only effective for the fiscal year requested. Reimbursements under the Negotiated Rate Methodology are also subject to certain federal, State and County recovery requirements when the approved Negotiated Rate exceeds actual costs. Such Negotiated Rate recoveries are generally restricted to 25% of any federal and 25% of any State/County reimbursements that were in excess of the actual costs.
³ Put in this column a Y for "Yes" if the contractor is requesting that reimbursements be under the Negotiated Rate methodology. No other entry is necessary. Proposed Negotiated Rates are provisional until approved by the County and State.
⁴ Enter for each "SDMH Mode/Service Function Code (SFC)" the projected units of services that will be rendered to clients in the referenced fiscal year.
⁵ Enter all of the four-digit provider numbers at which the identified service/activity will be rendered.