



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
Carol F. Burton, MSW, Interim Director

Provider Relations
P.O. Box 738
San Leandro, CA 94577-0738
(800) 878-1313 (510) 567-8034
FAX (510) 567-8081

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To: County Clinics, MH and SUD Contractors, City of Berkeley

From: BHCS, Finance, Provider Relations

Subject: DHCS change in the billing of co-staff services

On January 10, 2018 the Department of Health Care Services (DHCS) posted an Information Notice 18-002 in regards to “Co-Practitioner Claim Submission Requirements”. The Information Notice announces the requirements for claim submission when two or more providers (co-practitioners) render services simultaneously to one or more beneficiaries.

The Information Notice states that DHCS requires a separate service to be submitted with the providers National Provider Identifier (NPI) number for each service rendered. DHCS and the Office of Inspector General (OIG) enforce “Title 42, Code of Federal Regulations, §1002.211” and “Title 42, United States Code, § 1396a(a)” rules prohibiting counties from making payments for services performed by a provider who is excluded, terminated or suspended from participating in the Medi-Cal program. Due to the Office of Inspector General (OIG) recommendation DHCS has implemented an edit in the Short Doyle Medi-Cal claiming system to validate every provider’s service and NPI number against the excluded, terminated and suspended lists.

Service Entry Instructions:

In order to accommodate this DHCS billing requirement BHCS is eliminating the ability to enter a “co-staff duration” in InSyst on all service entry screens. You will still be able to enter the co-staff # to identify that the service was co-staffed. The second staff will now be required to enter their service on a new service line, they will not record the service as co-staff since the primary staff already identified them as the co-staff.

Multiple Service Entry

RU: 01222 TRI-C CHILD

Client	Service Date	Proc	Staff	Dur	Co Staff	Dur	Grp	c	Pr	Fl
	2 / 16 / 2018						1	1	N	N

OK to enter co-staff #

Co-Staff Dur will be removed



Duplicate Service Entry Instructions:

When the co-staff's duration of service is the same as the primary staff it is likely that the entry of the co-staff's service may encounter an InSyst edit for a duplicate service and InSyst may propose a duplicate service code. If this occurs during service entry answer the duplicate service question as you would any other duplicate service question. There is also a possibility that InSyst may not propose a duplicate service code at the time of service entry but during other InSyst edit checks if InSyst believes it is a duplicate the service may kick out on an error report. When/if that occurs your agency will be contacted by a Provider Relations staff to determine the appropriate duplicate code for correction.

Quality Assurance Instructions:

Please note that this service entry requirement does not change a provider's ability to provide a co-staffed service and document the co-staffed service in their progress notes as directed in the Quality Assurance manual, only the service entry method is changing. The co-staffed progress note will require signature by both staff or two separate notes. By requiring a separate service entry for every service BHCS services will meet the state billing requirement as stated in the Information Notice 18-002.

Information Systems will be updating all InSyst reporting units *by removing the ability to enter co-staff duration on all service entry screens beginning on September 1, 2018.* In Clinicians Gateway, clinicians may still continue to write co-staffed notes as usual, the functionality for co-staff will be sup-pressed when the service is transferred into InSyst.

If you have questions regarding service entry in InSyst please call Provider Relations at 1 (800) 878-1313.

If you have questions about documentation standards please contact Quality Assurance:

QA Technical Assistance:

All MH CBO's/Network
Providers: A-I
All Children's County Clinics
and Programs

[Jennifer Fatzler](#), LMFT

All MH CBO's/Network
Providers: J-Z
All Adult County Clinics and
Programs

[Brion Phipps](#), LCSW

SUD Providers A-Z

[Sharon Loveseth](#),
CADCII, LAADC*
*a non - governmental
license LNR4020512

Thank you for ensuring that services entered in InSyst meet state standards for revenue recoupment.