



## Department of Behavioral Health INFORMATION NOTICE 15-02

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**Date** November 5, 2015

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**To:** Department of Behavioral Health (DBH) and Contract Agency Health Care Provider and Billing Staff

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**From:** CaSonya Thomas, MPA, CHC, Director

A handwritten signature in black ink, appearing to read "CaSonya Thomas".

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**Subject:** Immediate Discontinuance of Procedure Code 365

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**Introduction** DBH reviews procedure codes, Healthcare Common Procedure Coding System (HCPCS) codes, and Common Procedural Terminology (CPT) codes at various times throughout the year, including, but not limited to the following:

- each calendar year when new codes are established or current codes are determined to be invalid, and
- when new codes are needed due to various changes or updates to business practices.

This Information Notice serves as notice to DBH staff and its contract agencies of an invalid procedure code.

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**Invalid  
Procedure  
Code 365**

DBH Procedure Code 365 is a brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders. This procedure code translates to CPT M0064 when submitted to the Medicare Administrative Contractor (MAC) for reimbursement for Medi-Medi clients. When the client is a Medi-Cal beneficiary who does not have Medicare coverage, then Procedure Code 365 translates to HCPCS code H2010 before being sent to the Department of Health Care Services (DHCS).

Effective January 1, 2015, CPT code M0064 is no longer a valid code and DBH has deactivated the use of this code. Some services have been entered using this code beyond its validity date. If the procedure code was used for Medi-Cal only clients, then the service was properly sent to DHCS with HCPCS code H2010. However, if the procedure code was used for any clients with both Medicare and Medi-Cal (also known as Medi-Medi) or Other Health Coverage (OHC) and Medi-Cal insurances, then the same service must be resubmitted to the MAC as the previous claim was denied.

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**Information Notice 15-02, Continued**

**Resubmission  
of Claim for  
DBH Staff**

The following table lists the steps DBH staff must follow to resubmit the claim for clients having Medicare only or Medi-Medi insurance:

Step	Action																																
1	DBH Information Technology (IT) shall provide a Procedure Code 365 report to each reporting unit (RU) having those services by Monday November 9, 2015.																																
2	Once the report is received, DBH programs must work the report from the oldest date of service forward since services must be submitted to the MAC within 12 months.																																
3	<p>DBH programs shall review the service to determine the most appropriate medication code to utilize based on the service provided and chart documentation previously written. If needed, the program will update the code on the chart documentation.</p> <p>Here is a list of the other available medication procedure codes for use:</p> <table border="1"> <thead> <tr> <th>Proc Code</th> <th>Description of Service</th> <th>CPT Code</th> <th>HCPCS Code</th> </tr> </thead> <tbody> <tr> <td>360</td> <td>E&amp;M (Non Billable)</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>361</td> <td>E&amp;M, MS moderate complexity new client</td> <td>99204</td> <td>H2010</td> </tr> <tr> <td>363</td> <td>E&amp;M, MS high complexity new client</td> <td>99205</td> <td>H2010</td> </tr> <tr> <td>364</td> <td>Diagnostic interview evaluation w/med services</td> <td>90792</td> <td>H2010</td> </tr> <tr> <td>366</td> <td>E&amp;M, MS low-mod complexity established client</td> <td>99213</td> <td>H2010</td> </tr> <tr> <td>368</td> <td>E&amp;M, MS moderate complexity established client</td> <td>99214</td> <td>H2010</td> </tr> <tr> <td>369</td> <td>E&amp;M, MS high complexity established client</td> <td>99215*</td> <td>H2010</td> </tr> </tbody> </table>	Proc Code	Description of Service	CPT Code	HCPCS Code	360	E&M (Non Billable)	N/A	N/A	361	E&M, MS moderate complexity new client	99204	H2010	363	E&M, MS high complexity new client	99205	H2010	364	Diagnostic interview evaluation w/med services	90792	H2010	366	E&M, MS low-mod complexity established client	99213	H2010	368	E&M, MS moderate complexity established client	99214	H2010	369	E&M, MS high complexity established client	99215*	H2010
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4	DBH programs shall enter in the new service.																																
5	DBH programs shall submit Charge Date Corrected Invoice (CDCI).																																
6	DBH Receipts Unit shall delete Procedure Code 365.																																

\*IEHP does not pay for code 99215 in adjudicating Dual Choice claims, they will only pay for code 99214

**Important Note:** If a procedure code is selected for a new client, this means the client has not been provided a service within the entire Mental Health Plan (DBH nor its contractors) within the past three (3) years. Utilize the 140 report to assist in making this determination.

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**Information Notice 15-02, Continued**

**Resubmission  
of Claim for  
DBH Staff**

The following table lists the steps DBH staff must follow to resubmit the claim for clients with OHC and Medi-Cal insurances:

<b>Step</b>	<b>Action</b>
1	DBH Information Technology (IT) shall provide a Procedure Code 365 report to each reporting unit (RU) having those services by Monday November 9, 2015.
2	Once the report is received, DBH programs must work the report from the oldest date of service forward since services must be submitted to the MAC within 12 months.
3	DBH programs shall review the service to determine the most appropriate medication code to utilize based on the service provided and chart documentation previously written. If needed, update the code on the chart documentation. See the prior table for the list of applicable medication procedure codes.
4	DBH programs shall enter in the new service.
5	DBH programs shall submit Charge Date Corrected Invoice (CDCI).
6	DBH Receipts Unit shall delete Procedure Code 365.
7	Billing Unit shall resubmit the 1500 forms.

**Resubmission  
of Claim for  
DBH Contract  
Agencies**

If a contract provider used the M0064 code for Medicare/Insurance billing, the following table lists the steps DBH contract agency staff must follow to resubmit the claim for clients having Medicare only, Medi-Medi insurance or OHC and Medi-Cal insurances:

<b>Step</b>	<b>Action</b>
1	DBH Information Technology (IT) shall provide a Procedure Code 365 report to each reporting unit (RU) having those services by Monday November 9, 2015. The report will be available on the File Transfer Protocol (FTP) server.
2	Once the report is received, contract agency staff must work the report from the oldest date of service forward since services must be submitted to the MAC within 12 months.
3	Contract agency staff shall review the service to determine the most appropriate medication code to utilize based on the service provided and chart documentation previously written. If needed, update the code on the chart documentation.
4	Contract agency staff shall enter in the new service.
5	Contract agency staff shall submit 1500 form(s) to the MAC.

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## Department of Behavioral Health INFORMATION NOTICE 15-02

### Information Notice 15-02, Continued

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**Resubmission  
of Claim for  
DBH Contract  
Agencies,**  
continued

<b>Step</b>	<b>Action</b>
6	Contract agency staff shall submit a Charge Date Corrected Invoice (CDCI) to the DBH Receipts Unit.
7	DBH Receipts Unit shall delete Procedure Code 365.
8	Contract agency staff shall submit Remittance Advices (RAs) to the DBH Receipts Unit.

**Important Note:** If a procedure code is selected for a new client, this means the client has not been provided a service within the entire Mental Health Plan (DBH nor its contractors) within the past three (3) years. Utilize the 140 report to assist in making this determination.

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**Questions**

Questions regarding the procedures in this Information Notice may be directed to the DBH Helpdesk at 909-884-4884.