



QRTIPS

Health Care Agency • Behavioral Health Services • CYS Quality, Review & Training

May 2010 QR Tips

This section provides monthly critical reminders in relation to CYS documentation standards.

MEDICAL NECESSITY AND NOTICE OF ACTION – ASSESSMENT (NOA-A):

It is very important to know **when** you can bill a service to MediCal during the assessment period and when billing MediCal is no longer appropriate or applicable. There are times when it will be necessary to inform the client that their case does not meet criteria for specialty mental health services and therefore do not warrant further MediCal reimbursed intervention. When this occurs, client/guardian must be provided with formal notice (NOA) indicating the reason why the client is not eligible for MediCal services going forward. Below are a couple common situations that ultimately do not support medical necessity. Remember, this applies to MediCal cases ONLY:

- **EXCLUDED DIAGNOSIS** – Clinician interviews child and family in order to establish medical necessity and documents symptoms including marked impairment in nonverbal behaviors, lack of social reciprocity, severe delay in language acquisition, repetitive motor mannerisms, and an overall IQ=65 according to prior psycho-educational testing.

This information makes it clear that the correct DSM-IV diagnoses are 299.00 Autistic Disorder and 317 Mild Mental Retardation. These are both excluded diagnoses and are conditions that are not reimbursed by MediCal. As soon as the clinician determines that these are the diagnoses, no services thereafter can be billed to MediCal. An NOA-A should be given to the client, citing “diagnosis as identified by this assessment is not covered by the mental health plan” as the reason for denial of services.

- **NO DSM-IV DIAGNOSIS** – Social Worker refers child (who is a dependent of the courts) to HCA for a mental health evaluation prior to placement in a new foster home. The clinician conducting the assessment determines the child’s limited symptoms do not meet the criteria for a DSM-IV diagnosis and documents that he/she “plans to provide the social worker with an NOA-A.” The clinician subsequently updates the social worker on the outcome of the assessment and gives the social worker the NOA-A, billing MediCal for the case management.

This later consultation provided to the social worker by the assessing clinician is a “non-billable” service. Once it has been established that no medical necessity exists, no services thereafter can be billed to MediCal.

AXIS III: CODING MEDICAL CONDITIONS: Per DSM-IV, include only those current medical conditions on AXIS III that are thought to be relevant or potentially relevant to the understanding or management of the client’s mental disorder. Irrelevant conditions should not be coded on AXIS III.