Documentation Time and Staff Modifier Billing

County of Los Angeles

Department of Public Health
Substance Abuse Prevention and Control

Maurilio Méndez

Health Staff Analyst, Strategic Planning Unit
Substance Abuse Prevention and Control

TOPICS TO BE DISCUSSED TODAY

- Staff Modifier
- Outpatient Treatment
- Residential Treatment Billing

STAFF MODIFIER

Providers are required to submit a **User Creation form**. This form identifies the **staffing level** of each person within the organization (e.g., Registered Counselor, Certified Counselor, Licensed Eligible LPHA, and LPHA). The Sage system applies the staff modifier based on the "Performing Provider **License Type**" selected on the Treatments page in Sage or the performing provider's NPI number entered on the 837 file (these correspond directly to the staffing level identified on the User Creation form). Providers do not need to add a separate modifier to the HCPC code to indicate the staff credentials.

STAFF MODIFIER ≠ HCPC MODIFIER

STAFF MODIFIER = LICENSE TYPE

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USER CREATION FORM

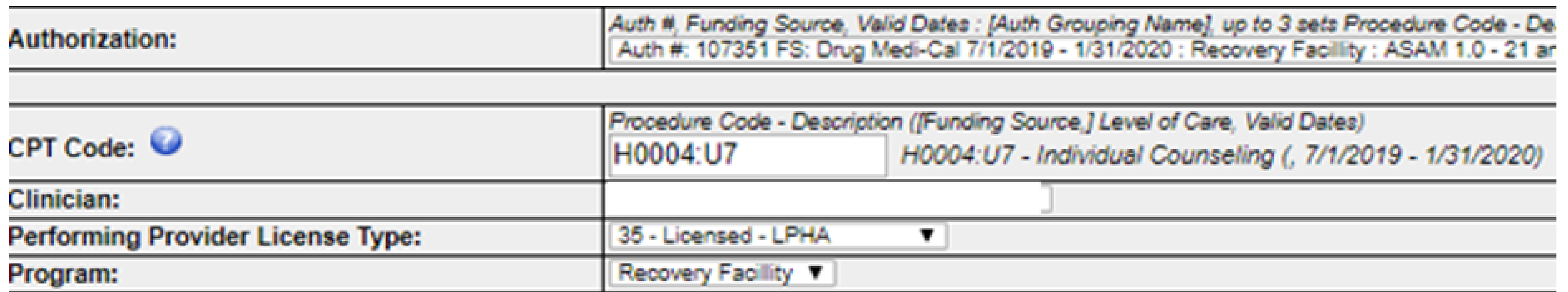
SAGE ProviderConnect User Creation (This form is for users at Provider agency locations using ProviderConnect)			
Field	**Req/Optional**	**Field Instructions**	**Input Values This Column**
Request Type	Required	SAGE User Request Type	
Agency Name	Required	Agency for user to be setup under	
Existing Agency Association	Required	Does user belong to an Agency Already	
User ID	Required	This is the user's C# (NO HYPHEN)	
User First Name	Required		
User Middle Name	Required		
User Last Name	Required		
Email	Required	This is the user's company email (Required)	Email Required
Phone	Required	(XXX) XXX-XXXX	
Access Group	Required	ENTER # 1-12 : (1) Clinical Only - LPHA (2) Clinical Only – Counselor (3) Clinical Only – License-Eligible LPHA (4) Financial Only (5) Financial + Clinical (LPHA) (6) Financial+ Clinical (Counselor) (7) Financial + Clinical (License-Eligible LPHA) (8) LVN & Medical Assistant (9) Student/Intern (10) Audit User (11) Operations (12) Clerical (13) Clinical Visible Only – No Login CareConnectInbox (CCInbox): All users in Access Groups 1-11 will have access to CCInbox.	
Secondary Provider (Using own EHR)?	Required	Yes or No	
Using EHR electronic 837 claims to bill SAPC?	Required	Yes or No	
Is this staff a Super User?	Required	Yes or No	
CCInbox group access needed?	Required	Group Name	
Training Completed	Required	Yes or No	
Practitioner Enrollment (if this user is also a Practitioner, this section is required)			
Field	**Req/Optional**	**Field Instructions**	**Input Values this Column**
NPI	Required		
LPHA License/Counselor Credential Number	Required		
License Effective Date	Required	MM/DD/YYYY	
Expiration Date of License or Credential	Required		
DEA License Number	Required		
Date of Hire if AFTER December 1, 2017	Required	MM/DD/YYYY	
Practitioner Language	Required	Select Drop Down for full list	
Office Address - Street	Required		
Office Address - City	Required		
Office Address - State	Required	2 character state code	
Office Address - ZIP Code	Required	5 digit	
Practitioner Category	Required	Select Drop Down for full list	
Discipline	Required	Select Drop Down for full list	
Area of Practice?	Required	Select Drop Down for full list	
Taxonomy Code	Optional		
		Notes:	

OUTPATIENT TREATMENT

For ASAM 1.0-AR, 1.0 and 2.1 LOCs, select the enhanced rate at the time of claims submission that corresponds to the credentials of the individual delivering the service.

ASAM 1.0-AR, 1.0 and 2.1

1. Ensure the User Creation Forms are updated for all qualified staff.
2. Select the appropriate performing provider license type when entering treatment services or enter the correct modifier/NPI number on the 837 claim.



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RESIDENTIAL TREATMENT

For residential treatment services billers access the HCPCS H0019 to account for the day rate bundle and must associate that with the appropriate staff /staffing level. The biller will need to choose the appropriate staff/staffing level with the H0019 Code that matches the staffing level cited in the SAPC approved **Staff Modifier Attestation Form**. Providers must also follow other requirements cited in the Bulletin 19-03. This includes, but is not limited to, entering all services delivered each day even if the rate is $0.00. SAPC will be providing training to cover the process of residential billing within the structure of Staff Modifiers.

STAFF MODIFIER MUST MATCH THE ATTESTATION FORM SUBMITTED BY THE PROVIDER

ADDITIONAL REQUIREMENTS

For residential day rate locations (ASAM 3.1, 3.3 and 3.5) additional steps are required:

1. Submit the **Staff Modifier Attestation Form** for each site address and LOC, and receive approval for a qualifying staffing pattern that meets the requirements based on the table below.
2. Enter claims for all services delivered each day that identify the credentials of the individual delivering the service. Submission of per service **claims require** use of **$0.00 codes** (i.e., Treatment Plan-T1007, Group Counseling-H0005) in addition to the Clinical Day Rate (e.g., H0019) and Room and Board (e.g., S9976).
3. Ensure that the **total hours** entered **match the minimum weekly requirement for the LOC**, except when otherwise documented in the patient's file due to other factors such as medical needs.

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ATTESTATION FORM

STAFF MODIFIERS

ASAM 1.0-AR, 1.0 and 2.1

1. Ensure the User Creation Forms are updated for all qualified staff.
2. Select the appropriate performing provider license type when entering treatment services or enter the correct modifier/NPI number on the 837 claim.

Authorization:	*Auth #, Funding Source, Valid Dates : [Auth Grouping Name], up to 3 sets Procedure Code - De* Auth #: 107351 FS: Drug Medi-Cal 7/1/2019 - 1/31/2020 : Recovery Facility : ASAM 1.0 - 21 ar
CPT Code:	*Procedure Code - Description ([Funding Source,] Level of Care, Valid Dates)* H0004:U7 *H0004:U7 - Individual Counseling (, 7/1/2019 - 1/31/2020)*
Clinician:	
Performing Provider License Type:	35 - Licensed - LPHA ▼
Program:	Recovery Facility ▼

ASAM 3.1, 3.3, and 3.5

1. Submit the *Staff Modifier Attestation Form* for each site address and corresponding level(s) of care to SAPCMonitoring@ph.lacounty.gov with copy to your assigned Contract Program Auditor.
2. Enter claims for all services delivered each day that identify the credentials of the individual delivering the service. Submission of per service claims require use of $0.00 codes (i.e., Treatment Plan - T1007, Group Counseling - H0005) in addition to the Clinical Day Rate (e.g., H0019) and Room and Board (e.g., S9976).
3. Ensure that the total hours entered match the minimum weekly requirement for the LOC, except when otherwise documented in the patient's file due to other factors such as medical needs.
4. Submit claims using the agency determined Staff Modifier while awaiting SAPC approval and select the appropriate modifier during the claims submission process (see screenshots above). If based on the SAPC review, the agency selected an incorrect Staffing Modifier category, claims will need to be corrected.
5. Reduce the Staff Modifier on a temporary basis, and without SAPC approval, if a vacancy or leave in excess of 30-days results in non-compliance with the minimum criteria for the staff modifier rate.
6. Submit a revised *Staff Modifier Attestation Form* if a significant staffing structure change occurs that permanently moves the site to a higher or lower staff modifier category (e.g., positions added or removed).

ASAM 1-WM, 2-WM, 3.2-WM, 3.7-WM, 4-WM

Staff Modifiers are not applicable at this time. SAPC is in the process of reviewing programmatic and staffing requirements for these levels of care, and will reconsider this at that time.

DOCUMENTATION TIME REQUIREMENTS

Day Rate-Based LOC: For ASAM 3.1, 3.3, 3.5, 1-WM, 2-WM, 3.2-WM, 3.7-WM, and 4-WM, SAPC automatically reimburses a flat rate of $19.03 per person per day for Network Providers who document service delivery at the service- or daily-level, and who submit and follow an agency-wide Policy and Procedure (P&P) reflecting this standard. **Weekly documentation in residential settings does not receive the documentation bonus.** SAPC will phase-out weekly notes beginning on July 1, 2020, and this step helps prepare for this transition and improve the quality of documentation in LOCs reimbursed by a day rate.

Per DHCS, and as outlined in the DMC-ODS State-County Intergovernmental Agreement, time spent (e.g., start and end time) documenting service delivery must be included in a Progress Note or Miscellaneous Note in addition to the time spent (e.g., start and end time) conducting the face-to-face service to avoid disallowance. SAPC will monitor this requirement.

1.SAPC Bulletin 19-03

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CONTACT INFORMATION

Maurilio (Lio) Méndez

mmendez@ph.lacounty.gov

(626) 299-3574

Questions and Answers