


**RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER  
PATIENT ACCOUNTS DEPARTMENT - BILLING**

		<b>Document No:</b> Tip Sheet	Page 1 of 3
<b>Title:</b> Mental Health Billing - Main Campus / Arlington Campus	<b>Effective Date:</b> 06/01/2024	<input type="checkbox"/> RUHS – Behavioral Health <input type="checkbox"/> RUHS – Community Health Centers <input type="checkbox"/> RUHS – Hospital Based Clinics <input type="checkbox"/> RUHS – Medical Center <input type="checkbox"/> RUHS – Public Health <input checked="" type="checkbox"/> Departmental	
<b>Approved By:</b> 		<input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input checked="" type="checkbox"/> Guideline	
		Sarah Acosta Executive Director Revenue Cycle	

**1. GUIDELINES**

RUHS **Does Not** bill for Psych services provided at the Hospital - Main Campus nor Arlington Campus - When primary payor source is Medi-Cal, Managed Mcal HMO or Self Pay.

RUHS **Does** bill for Psych services provided at the Hospital - Main Campus or Arlington Campus - When primary payor source is Medicare, Sr. HMO or other Commercial payor.

How does RUHS receive reimbursement for services rendered to Medi-Cal & Managed Mcal HMO Clients?

- ✓ Psych Services (Short Doyle) provided at the Hospital - Main Campus to Medi-Cal or Managed Mcal HMO clients are included in the annual Medi-Cal Short Doyle Cost settlement report
- ✓ Psych Services (Short Doyle) provided at the Arlington Campus are billed by the Arlington Campus Billing staff
- ✓ Other Primary Payor Source - for cases where Medi-Cal, Managed Medi-Cal or Self pay is the secondary payor to Medicare or other Commercial Payors
  - a. RUHS staff submits claims for the Primary Payor, Arlington Campus billing staff submits Short Doyle claims to the secondary payor
  - b. Self-Pay balance after insurance – efforts are made determine if the client has any health care coverage however we do not attempt to collect payment for Psych services from the client
- ✓ Charges associated with Psych services are adjusted off 100% when the Primary payor source is Medi-Cal, Managed Mcal HMO or Self-Pay.

When reviewing these accounts, you should follow the steps below to ensure that the services are truly Psych related.

Forward account to the Nurse Auditor WQ to confirm that the services are really Psych related

If Nurse Auditor confirms that the total stay is Psych related, you would proceed with doing an adjustment. Using 147365 – HB Mental Health Adjustment

If Nurse Auditor confirms that only part of the stay is Psych related, she will update the room charges to appropriately report the Medical days vs Psych days. You would proceed with doing

a split bill of the Medical days to the Managed Medi-Cal or Medi-Cal payor and process an adjustment for the Psych days - Using 147365 – HB Mental Health Adjustment

If Nurse Auditor finds that none of the days are Psych related, she will update the room charges. You will then proceed with billing all Medical days to the Managed Medi-Cal or Medi-Cal payor.

Note: The **Short-Doyle**/Medi-Cal (SDMC) claim process system allows California's County Mental Health Plans (MHPs) to obtain reimbursement of funds for medically necessary and specialty mental health services provided to Medi-Cal-eligible beneficiaries.

**Tips for identifying Psychiatric related services**

**Revenue code 124 is present**

Charges

Select All Deselect All Filters

Rev Code	Description
<input type="checkbox"/> 0124	ROOM & BOARD - SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - PSYCHIATRIC
<input type="checkbox"/> 0230	INCREMENTAL NURSING CHARGE RATE - GENERAL CLASSIFICATION
<input type="checkbox"/> 0250	PHARMACY - GENERAL CLASSIFICATION
<input type="checkbox"/> 0258	PHARMACY - IV SOLUTIONS
<input type="checkbox"/> 0259	PHARMACY - OTHER PHARMACY
<input type="checkbox"/> 0270	MEDICAL/SURGICAL SUPPLIES AND DEVICES - GENERAL CLASSIFICATION
<input type="checkbox"/> 0271	MEDICAL/SURGICAL SUPPLIES AND DEVICES - NON STERILE SUPPLY
<input type="checkbox"/> 0272	MEDICAL/SURGICAL SUPPLIES AND DEVICES - STERILE SUPPLY

**DRG is 885 – Psychoses**

MS-DRG	Final Rule post-acute DRG	Final Rule special pay DRG	MDC	Med/Surg	Description
885					Psychoses

**Diagnosis is Psych related**

- [F06](#) Other mental disorders due to known physiological condition
- [F23](#) Brief psychotic disorder
- [F29](#) Unspecified psychosis not due to a substance or known physiological condition
- [F24](#) Shared psychotic disorder
- [F10](#) Alcohol related disorders
- [F20](#) Schizophrenia
- [F22](#) Delusional disorders
- [F53](#) Mental and behavioral disorders associated with the puerperium, not elsewhere classified
- [F30](#) Manic episode
- [F05](#) Delirium due to known physiological condition
- [F21](#) Schizotypal disorder

**Primary service is Psychiatry**

Primary Service: Psychiatry

**For your information:**

**Location:** While our Psych unit - Arlington is located off-site, this unit is treated as the “5<sup>th</sup> floor” of our Medical Center main campus

**Short Doyle Program History**

Prior to 1993, California’s Medicaid program – called Medi-Cal -- historically included two components of service for persons with mental illness. All Medi-Cal beneficiaries were entitled to fee-for-service medically necessary inpatient services and limited outpatient services to treat diagnosed mental illness. In addition, counties operated the Short-Doyle Medi-Cal program,

...serving seriously mentally ill adults and seriously emotionally disturbed children. When public mental health clients were Medi-Cal- eligible, counties could claim federal matching Medicaid funds for their medically necessary services. In 1991, public mental health funds for the ‘target population’ of seriously mentally ill adults and children, including Short-Doyle clients, were realigned, with responsibility for planning, managing and delivering services shifted to counties.

In 1993, California opted for the federal Medicaid Rehabilitation Option for Short-Doyle Medi-Cal, offering counties the option of using a wide range of licensed practitioners (social workers, nurses, and counselors, in addition to psychiatrists and psychologists) to deliver services in a variety of sites, including homes, schools, senior centers, etc. During the period 1995-97, California consolidated the fee-for-service system for specialty mental health services and the Short-Doyle system into a single consolidated mental health system. Counties were offered the first opportunity to manage this system, including accepting the risk for a fixed amount of funds for the adult portion of the service. To date, all counties except one tiny county have accepted the system. A federal ‘freedom of choice’ waiver was granted, to permit the state to establish a single ‘Mental Health Plan’ in each area.

**Program Funding**

Mental Health Plans (i.e., counties, unless they choose not to participate) accept a fixed amount of non-federal funds, based on the amount of resources the state was spending in 1994-95, adjusted annually to reflect changes in the medical Consumer Price Index, and changes (increases or decreases) in caseload. Plans are required to provide medically necessary specialty mental health services to all Medi-Cal recipients within this amount. Services to children under Medi-Cal -- EPSDT -- are funded differently.

**Program Eligibility**

Medi-Cal beneficiaries who have a mental illness or mental health treatment need serious enough to require the services of a mental health specialist are entitled to services from the Mental Health Plan.

**Program Services**

Services include the assessment necessary to determine eligibility for specialty mental health services, urgent care services when required, and treatment services required by the assessment. Some clients are provided case management and medication services in addition to treatment.

**Document History:**

<b>Prior Release Dates:</b> 10/03/2018		<b>Retire Date:</b>	
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