BILLING LOCKOUT GUIDE

Full/ Complete Lockout = Settings Where Medi-Cal is Suspended / Inactive

Partial Lockout = Settings with Limited Medi-Cal Billing

General Rules	**Full/ Complete Lockout**	**Partial Lockout**
	• **All** outpatient services provided, including Case Management, while a client resides in the listed lockout settings are **non-reimbursable** as these facilities are considered complete lockouts. • All TCM/ICC services need to be documented as **Non-Billable notes** as those will claim through even if the Location is the Lockout setting. • The day of admission or day of discharge is billable as long as the client is not within or at the lockout facility at the time of the services.	• TCM/ICC for discharge planning is allowed 30 days prior to discharge date. • TCM/ICC services that are **NOT** related to discharge planning should always be entered as non-billable notes • If discharge is delayed, case management is not claimable until a new discharge date is set. Once the new discharge date is identified, TCM/ICC services for discharge **planning** may resume, up to a maximum of three (3) nonconsecutive periods, per stay. • The day of admission or day of discharge is billable.
Exceptions	**Full/ Complete Lockout**	**Partial Lockout**
	• Outpatient services provided on the day of admission or the day of discharge from the listed facilities below are reimbursable. • Certified Peer Support Services (BH Prev Educ Svc Group and Self-Help/Peer Svcs Individual) are billable in Psychiatric Hospital and Residential Settings only.	• Certified Peer Support Services (BH Prev Educ Svc Group and Self-Help/Peer Svc Individual) are billable in Psychiatric Hospital and Residential Settings only.

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Documentation	• Outpatient Services in Lockouts shall be documented with the following: 1. Appropriate Service Code for service provided (see case management exception below)* a. TCM/ICC services continue to claim to Medi-Cal, for the above listed lockout settings, regardless of Place of Service selected. As a result, case management services that are NOT related to discharge planning should always be entered as non-billable notes. 2. Place of Service = lockout setting (This stops services from claiming.) • Telehealth Services in Lockouts – if a client is in a lockout setting do not select Telehealth as the location of service. Instead, ensure you are selecting the correct lockout location within SmartCare so it will accurately block claiming. • Psychiatric SNFs – if a client is enrolled in a mental health skilled nursing facility, all services must be entered as non-billable notes. SmartCare classifies SNF and Nursing Facility locations as medical nursing facilities and will not lock out the service when these locations are selected. o Psychiatric SNFs are considered “partial lockouts,” however Medical SNFs are not, providers will need to confirm which service type the client is receiving (i.e., medical verses psychiatric services).

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Guidance for EBP Programs with Clients in Lockout Settings

The following EBP Bundled Rate programs - **ACT, FACT, CSC, HFW** - should enter their notes as **billable services** and use the **BHC Monthly Bundle MOD** on any services provided during the entirety of a client's stay in a residential or inpatient stay.

They will be reimbursed either the full or partial monthly rate based on the client's inpatient/residential stay. They should select the billable procedure code and MOD when entering their service.

Any changes should be made at end of month during review of services for any unbundling or edits to procedure code as indicated in the workflow guides.

ACT/FACT	ACT/FACT in Inpatient Settings	ACT/FACT in Residential Treatment Settings
	As described in BHIN 25-009, ACT/FACT teams may be paid for services provided to a member admitted to an inpatient setting. While the member is in the inpatient setting for the entirety of a month, BHPs may only claim the partial rate. The full ACT/FACT rate is only available in the month of the member's admission or discharge to the inpatient setting.	Members in residential treatment settings also benefit from continued contact with an ACT/FACT team, particularly during a member's transition from the residential treatment setting back into the community. Like members in inpatient hospital settings, members who are in residential treatment settings may continue to receive ACT/FACT services from their ACT/FACT team. BHPs may claim the full ACT/FACT rate during the month of a member's admission or discharge to the residential treatment setting. If the member is in the residential treatment setting for the entirety of a month, the BHP may only claim the partial rate.
CSC	CSC in Inpatient Settings	CSC in Residential Treatment Settings
	Continuity with a member's CSC team is essential when a member is admitted to a short-term inpatient stay. As described in BHIN 25-009, CSC teams may be paid for services provided to members admitted to an inpatient setting. When a member is in an inpatient setting for the entirety of a month, BHPs may claim the	Like members in inpatient settings, members in residential treatment settings benefit from ongoing support from a CSC team, particularly during their transition back into the community. Members in residential treatment settings may continue to receive CSC from their team. When a member is in a

	partial rate. The full CSC rate is only available in the month of the member's admission or discharge to the inpatient setting.	residential treatment setting for the entirety of a month, only the partial rate is available. The full CSC rate is only available in the month of the member's admission or discharge to the residential treatment setting.
HFW	<u>HFW in Inpatient and Psychiatric Residential Treatment Facilities (PRTFs)</u>	<u>HFW in Short-Term Residential Therapeutic Programs (STRTPs), Community Treatment Facilities (CTFs), and Children's Crisis Residential Programs (CCRPs)</u>
	Continuity with a member's HFW team is essential when a member is admitted to a short-term inpatient stay. Whenever possible, if a youth is receiving HFW, the team should be closely involved in hospital admissions and discharges for purposes of care coordination. HFW teams coordinate with inpatient providers to support discharge planning.	For youth needing care in an STRTP, CTF, or CCRP, ongoing coordination by the HFW facilitator and HFW team may be delivered to youth throughout the stay and to support the youth's transition home. For youth entering an STRTP, CTF, or CCRP with an existing Inpatient hospital settings include general acute care hospitals, acute care hospitals, and psychiatric health facilities. HFW team/provider, continued receipt of HFW from the same HFW team can support continuity of care. Youth and caregivers cannot be required to accept HFW provided by the same organization that provides inpatient, PRTF, CTF, CCRP, or STRTP services; BHPs must be able to offer at least one alternative provider. See BHIN 26-XXX for details.
IPS:	Cannot bill/reimburse for services when patient is inpatient or residential unless the services is provided in a community-based setting outside of the inpatient/residential setting.	
Clubhouses:	Cannot bill/reimburse when client is inpatient or residential setting.	

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Full Lockout versus Partial Lockout Facilities within the System of Care

Full/ Complete Lockout

Free Standing Psychiatric Hospital

(Unless the client is under twenty-one (21) or over sixty-four (64) years old)

- Aurora Behavioral Health
- A.P.I (Alvarado Parkway Institute)
- San Diego County Psychiatric Hospital (SDCPH)
- Sharp Mesa Vista Hospital (SMV)

Institutes for the Mentally Diseased (IMDs)

(Unless client is under 21 or over 64 years old)

- Alpine Special Treatment Center
- Crestwood - Chula Vista and San Diego
- State Hospitals
- Bradley Court STP

Correctional Facilities

- George Baily Detention Center
- Juvenile Hall
- Las Colinas Women's Detention
- Central Jail
- Psychiatric Security Unit
- All Prisons

Partial Lockout

Medi-Cal Funded Inpatient Hospitals/Psychiatric Health Facilities (PHFs)

- Bayview Behavioral Health
- Sharp Grossmont
- Scripps Mercy
- Rady Children's - CAPS
- U.C.S.D. Medical Center
- U.C.S.D East Campus
- Paradise Valley Hospital (PVH)
- Veterans Administrative Hospital
- Exodus PHF

Medi-Cal Funded Nursing Facilities

- Euclid Convalescent Center
- El Cajon Valley Convalescent Center
- Lakeside Special Care

Crisis Residential Treatment

- Del Sur
- Esperanza
- Halcyon
- Jary Barreto
- New Vistas
- Turning Point
- Hawthorne