



# Monterey County Behavioral Health Policy and Procedure

<b>Policy Number</b>	112
<b>Policy Title</b>	Treatment Authorization Request (TAR) & Short Doyle Claim Authorization and Processing
<b>References</b>	CCR Title IX, Chapter 11
<b>Forms</b>	Monterey County Behavioral Health TAR Processing Guide (available upon request from MCBH Quality Improvement)
<b>Effective</b>	September 25, 2014

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30

## **POLICY**

Treatment Authorization Requests (TARs) and Short Doyle claims are requests for payment submitted for psychiatric services already rendered to Monterey County residents by mental health treatment providers that are not part of the Monterey County Behavioral Health (MCBH) system of care or its contractors. A TAR claim packet is submitted by a mental health treatment provider when the client has Monterey County Medi-Cal or is Monterey County Medi-Cal eligible. A Short Doyle claim packet is submitted when the client does not have Medi-Cal coverage or when the hospital does not have a Medi-Cal contract. The TAR form is specifically a Medi-Cal form however occasionally providers will submit a TAR form with their Short Doyle claim. Other providers do not utilize the TAR form which is acceptable as long as the claim packet includes all necessary documentation.

A TAR or Short Doyle claim is to be submitted only after a beneficiary is discharged from the hospital as all TARs/Short Doyle claims are reviewed retroactively. However, please note that concurrent reviews will be conducted at the discretion of MCBH Quality Improvement.

MCBH notifies providers, in a consistent and timely manner, when a TAR or Short Doyle claim has been approved, modified or denied per state mandated guidelines. A response to a TAR or Short Doyle claim must be provided within 14 calendar days (this includes weekends) from the date the TAR is received by the MCBH Medical Records Technician (MRT). (Title 9, Ch.11, Section 1820.220).

Approval of TARs and Short Doyle claims occurs only for services that are deemed medically necessary per the California Code of Regulations. All treatment provided that is not medically necessary will be denied. Per CCR Title 9, Ch. 11, Section 1830.215 (c) the individuals who review and approve or deny TARs and Short Doyle claims shall be licensed mental health professionals or waived/registered professionals of MCBH Quality Improvement.

31 Monterey County Behavioral Health (MCBH) shall provide authorization for all Short-Doyle Medi-  
32 Cal claims. MCBH generally preauthorizes up to a 72 hour stay, however; that does not guarantee  
33 payment for inpatient services rendered. MCBH typically completes retroactive reviews for all  
34 Short Doyle claims however the MCBH Quality Improvement department may complete concurrent  
35 reviews for Short-Doyle claims at their discretion. All Short-Doyle claims will be reimbursed if they  
36 meet the Medi-Cal medical necessity criteria outlined in the California Code of Regulations, Title 9,  
37 Chapter 11. For Short Doyle and Medi-Cal claims, providers should notify MCBH within 24 hours  
38 of admission except for a Friday, Saturday, Sunday or holiday when the notification of the  
39 hospitalization must be made the following business day. Failure to notify MCBH of an admission  
40 may result in denial of the claim.

41  
42 **Documents required for all TAR and Short Doyle Claim Packets:**

43  
44 Documentation that the admission of the patient to the appropriately licensed out-of-county  
45 psychiatric inpatient facility was accomplished by a doctor with admitting privileges at that  
46 psychiatric inpatient facility, who determined that that level of care of necessary. (The clinical need  
47 for inpatient services is not always fully congruent with Medi-Cal medical necessity).

48  
49 Documentation that appropriate treatment and discharge planning, commensurate with this level of  
50 care, was provided to the patient during the course of the patient's stay (i.e. MD notes for each  
51 claimed day of the inpatient stay).

52  
53 For Short Doyle claims only, A UB04 billing form which will be forwarded to MCBH's finance  
54 department after the claim has been reviewed by MCBH's Quality Improvement Department.

55  
56 Per the California Code of Regulations, Title 9, Chapter 11, on or before fourteen (14) calendar  
57 days after the client's discharge, the psychiatric inpatient facility shall submit the documentation  
58 noted above to the following address so that the claim can be reviewed:

59  
60 **Monterey County Behavioral Health Quality Improvement**  
61 **1611 Bunker Hill Way, Suite 120**  
62 **Salinas, CA 93906**

63  
64 Please note: Any claims sent to the incorrect address are subject to denial if not received within  
65 mandated timeframes.

66  
67 Any questions regarding reimbursement rates for inpatient hospital stays, etc. should be directed  
68 to the MCBH Finance Department at (831) 755-4510.

69  
70  
71 **PROCEDURE**

72  
73 **Procedure for Adult Short-Doyle claims:**

75 For adult Short-Doyle admissions providers should contact the MCBH Crisis Team at MCBH (831)  
76 755-411 to request authorization (which is generally 3 days). Any provider wishing to request  
77 additional inpatient days may fax the request to MCBH Quality Improvement Department at (831)  
78 755-4350 however this is not required.

79  
80 **Procedure for Child Short-Doyle claims:**

81  
82 For child Short-Doyle admissions providers should contact the MCBH Crisis Team at MCBH (831)  
83 755-411 to request authorization (which is generally 3 days). Any provider wishing to request  
84 additional inpatient days may fax the request to MCBH Quality Improvement Department at (831)  
85 755-4350 however this is not required.

86  
87 The TAR/Short Doyle claim review process involves the following professionals:

- 88  
89 1. A Medical Records Technician (MRT) or covering Patient Services Representative (if  
90 assigned MRT is not available).  
91 2. A Quality Improvement (QI) clinician assigned to approve/deny TARs and Short Doyle  
92 claims.  
93 3. At least two assigned psychiatrists to review and verify any denied/modified TAR/Short  
94 Doyle claim service days as well as any TAR/Short Doyle appeals.  
95 4. The QI services manager and Medical Director if additional direction is needed regarding a  
96 TAR/Short Doyle claim.

97  
98 **A detailed overview of the MCBH procedure for processing TARs and Short Doyle claims is**  
99 **provided in the TAR Processing Guide. This guide also includes information about how**  
100 **provider appeals are processed. This guide also includes references to Title 9 regulations**  
101 **where appropriate. This guide can be obtained from the Quality Improvement Department.**

