



# Medicaid Services for Substance Abuse

**Community Behavioral Health Services Coverage  
and Limitations Handbook**

**2007 FADAA Annual Conference-Orlando  
Making Medicaid Work for Substance Abuse**

# Agenda

- **Overview of Medicaid Policies and Procedures**
- **Specific Substance Abuse Services and Requirements**
- **Discussions/ Q&A**

# Chapter 1

## Program Purpose and Definitions

p.1-2

- **Community Behavioral Health Services:**
  - **Mental Health and Substance Abuse (integrated treatment for the best possible outcome)**
  - **To reduce recipient's disability and restore functioning to the best possible level**
  - **Can reasonably be expected to improve the condition or prevent further regression**
  - **Services must be medically necessary**

# Chapter 1

## Provider Enrollment Standards

p.1-4

- **Employ or have under contract a Medicaid-enrolled psychiatrist or other physician**
- **Achieve compliance on the Community Behavioral Health Services Provider Pre-Enrollment Certification Review (provider type 05)**
- **Substance abuse programs must hold a SA license issued by DCF as defined in Chapter 397, F.S.**

# Chapter 1

## Provider Enrollment Standards

### p.1-5

- **Must be independently enrolled in Medicaid**
- **Enrollment of the Treating Practitioners**
  - Physician, provider type 25
  - Licensed Practitioner of Healing Arts, provider type 07 and affiliated with a group provider
- **Subcontracting**
- **Provider Certification Review by First Health**
- **Additional Service Sites**

# Chapter 1

## Staff Qualifications

p.1-6

- **Changes and additions:**
  - Bachelor's Level Practitioner
  - Master's Level Practitioner
  - Certified Addictions Professionals, C.A.P.
  - Licensed Practical Nurse (LPN)
  - Substance Abuse Counselor
  - Substance Abuse Technician

# Chapter 1

## Provider Requirements

p.1-9

- **Compliance with Florida Medicaid Provider General Handbook**
- **Compliance with HIPAA (Health Insurance Portability and Accountability Act)**
- **Provider Reimbursement for Medicare Crossover and Third Party Resource Claims**

## Chapter 2, Section 1 Service Requirements p.2-1-1; 2-1-2

- **General Requirement**
- **Authorization of Group's Treating Practitioner**
- **Assessment Requirement**
- **Covered Diagnosis Codes**
- **Recipient Clinical Record**
- **Documentation Requirements**
- **Compliance and Quality of Care Reviews**
  
- ❖ **Service Limits**

## Chapter 2, Section 1 Service Exclusions p.2-1-4, 2-1-5

- **Service Restrictions for Nursing Facility Residents**
- **Requesting Exceptions to Service Limits for Recipients under 21**
- **Additional Service Exclusions**
- **Face-to-Face Interactions and Exceptions to the Requirements**

## Psychiatric Evaluation p.2-1-7

- **Procedure codes:**
  - H2000-HP by physician, \$210.00/event**
  - H2000-HO by non-physician, \$150.00/event**
  
- **Who must provide:**
  - Psychiatrist, other physician, or psychiatric ARNP**
  
- **Limitations:**
  - Maximum 2 per recipient per state fiscal year**

## Brief Behavioral Health Status Examination p.2-1-8

- **Procedure code: H2010-HO, \$14.66 per quarter hour**
- **Who must provide: Licensed Practitioner of the Healing Arts or Master's Level Certified Addictions Profess.**
- **Limitations: Maximum 10 quarter hour units per recipient per state fiscal year**

**Documentation of this service must include the purpose of the exam, setting, mental status of the recipient, findings, and plan.**

## Psychiatric Review of Records p.2-1-9

- **Procedure code: H2000, \$26.00 per event**
- **Who must provide: Psychiatrist, other physician, or psychiatric ARNP**
- **Limitations: Maximum 2 per recipient per state fiscal year**
  
- **Documentation may be in a report format or by a progress note in the clinical record.**  
**This service may not be billed for review of lab work.**

## In-Depth Assessment p.2-1-10

- **Procedure Codes:**
  - H0001-HO for new patient SA, \$125.00/event**
  - H0001-TS for est. patient SA, \$100.00/event**
  
- **Who must provide: Master's level practitioner**
- **Limitations: One per recipient per state fiscal year. This cannot be reimbursed on the same day as a bio-psychosocial evaluation.**
- **Eligibility criteria for recipients who may receive the service.**
- **The assessment must include an integrated summary written to evaluate, integrate, and interpret collected information.**

## Bio-psychosocial Evaluation p.2-1-12

- **Procedure Code: H0001-HN, \$48.00 per event, SA**
- **Who must provide: Bachelor's level practitioner  
Certified Addictions Professional**
- **Limitations: 1 per recipient per state fiscal year**
  
- **The evaluation must be reviewed, signed and dated by a master's level practitioner or bachelor's level CAP prior to completion of the treatment plan. Review must include clinical impressions, provisional diagnosis and a statement by the reviewer that indicates concurrence or alternative recommendations.**

## Psychological Testing p.2-1-13

- **Procedure code: H2019, \$15.00 per quarter hour**
- **Who must provide: An individual practitioner within the scope of professional licensure, training, specific test protocols, and competence and in accordance with applicable statutes.**
- **Restrictions on who may receive this service**
- **Limitations: 40 quarter hour units per recipient per state fiscal year**

## Limited Functional Assessment p.2-1-14

- **Procedure code: H0001, \$15.00 per event, SA**
- **Who must provide: An individual who has been authorized by DCF to administer the assessment.**
- **Limitations: 3 per recipient per state fiscal year**
- **A copy of the assessment must be placed in the record. This service does not require authorization in the treatment plan.**

## Treatment Plan Development p.2-1-15

- **Procedure code: T1007, \$97.00 per event, SA**
- **Required Components of Treatment Plan**
- **Who must provide: The treating practitioner must sign that services are medically necessary and appropriate.**
- **Authorization and Effective Date of Treatment Plan**
- **Limitations: 1 per provider per state fiscal year**
- **Use of Addenda**
- **Limited Service Authorization**

## Treatment Plan Review p.2-1-18

- **Procedure code: T1007-TS, \$48.50 per review, SA**
- **Who must provide: The reviewed plan must be signed, certified, and dated by the treating physician or LPHA.**
  
- **Frequency of Treatment Plan Review**
- **Specific Documentation Requirements**
- **Limitations: 4 per recipient per state fiscal year**

## Medication Management p.2-1-19

- **Procedure code: T1015, \$60.00 per event**
- **Who must provide: Psychiatrist, other physician, PA, or psychiatric ARNP**
- **Limitations: As medically necessary (must clearly document medical need)**
- **Specific documentation requirements**

## Brief Individual Medical Psychotherapy p.2-1-20

- **Procedure code: H2010-HF, \$15.00 per unit, SA**
- **Who must provide: Psychiatrist, other physician, PA, or psychiatric ARNP**
- **Limitations: 16 quarter hour units per recipient**
- **Results of the assessment, findings, and plan must be included in the recipient's clinical record.**

## Group Medical Therapy p.2-1-21

- **Procedure code: H2010-HQ, \$8.65 per quarter hour**
- **Who must provide: Psychiatrist or psychiatric ARNP**
- **Limitations: 18 quarter hour units per recipient**
- **Group size restrictions**
- **Documentation must include the group topic, assessment of the group, level of participation, findings, and plan.**

## Behavioral Health Screening p.2-1-22

- **Procedure code: T1023-HF, \$43.62 per event, SA**
- **Who must provide: Psychiatrist, other Physician, PA, ARNP, or RN**
- **Limitations: 2 per recipient, per state fiscal year**
- **Results of the screening must be included in the recipient's clinical record.**

## Behavioral Health Services p.2-1-23

- **Verbal Interaction– H0047, \$15.00 per event, SA**
- **Who must provide: PA, ARNP, or RN**
- **Limitations: Not reimbursable on same day as behavioral health screening**
  
- **Specimen Collection– T1015 HF, \$10.00 per event, SA**
- **Who must provide: Individual qualified by professional licensure, training, specific protocols and competence and within the purview of statutes applicable to profession.**
- **Limitations: Same as above**

## **Methadone or Buprenorphine Administration**

### **p.2-1-24**

- **Procedure code: H0020, \$67.48 one per seven days**
- **Who must provide: Individual qualified by professional licensure, training, protocols and competence and within the purview of statutes.**
- **Limitations: 52 per recipient per state fiscal year**  
**This service is not reimbursable using any other procedure code.**
- **Documentation that complies with state and federal regulations must be in the medical record.**

## Individual and Family Therapy p.2-1-25

- **Procedure code: H2019-HR, \$18.33 per quarter hr.**
- **Who must provide: Master's level practitioner**
- **Limitations: 104 quarter hr. units per recipient**  
**Maximum daily limit of 4 quarter hr. units**

**Documentation must include the topic, assessment of the recipient(s), level of participation, findings, and plan.**

## Group Therapy p.2-1-26

- **Procedure code: H2019-HQ, \$6.67 per quarter hr.**
- **Who must provide: Bachelor's level practitioner or Certified Addictions Professional**
- **Limitations: 156 quarter hr. units per recipient**
- **Billing should be under the recipient's ID when family members are attending on behalf of recipient.**
- **Documentation must include the topic, assessment of the recipient(s), level of participation, findings, and plan.**

## Behavioral Health Day Services p.2-1-27

- **Procedure code: H2012-HF, \$12.50 per hour, SA**
- **Who must provide:**
  - **Individual/ Family Therapy- Master's level practitioner**
  - **Therapeutic care services- bachelor's level practitioner under the supervision of a master's level practitioner**
  - **Counseling for substance abuse must be rendered by a substance abuse counselor or CAP**
  - **An LPHA or master's prepared SA professional must be available to provide consultation during all operation hours.**

## Behavioral Health Day Services, cont. p.2-1-27

- **Limitations: 190 hour units per recipient per fiscal year**
  - Total group size may not exceed 15 recipients
  - Minimum 2 hours per day per recipient
  - At least 1 hour per day must consist of individual, group, or family services
- **Specific Documentation Requirements**

## Psychosocial Rehabilitation Services p.2-1-29

- **Procedure code: H2017, \$9.00 per quarter hour**
- **Who must provide: Behavioral health tech under the supervision of bachelor's level practitioner**  
**Bachelor's level practitioner under the supervision of master's level practitioner**  
**Certified Addictions Professional**
- **Limitations: 1920 quarter hour units per recipient**
- **Specific Documentation Requirements**
  - daily and monthly progress notes**

## Therapeutic Behavioral On-Site Services for Children and Adolescents

- **Place of Service**
- **Eligibility Criteria and Continued Eligibility of Services**
- **Discharge Criteria**
- **Specific Documentation**

## TBOS Services, cont.

- **Procedure codes:**
  - H2019-HO TBOS Therapy, \$16.00 per unit**
  - H2019-HM Behavior Management, \$10.00 per unit**
  - H2019-HN Therapeutic Support, \$4.00 per unit**
  
- **Who must provide for each service**
- **Reimbursement Limitations**

## Substance Abuse Services

# Questions

## Substance Abuse Services with Certified Match

- **Overview of Substance Abuse Services with Certified Match Program**
- **Specific Services and Requirements**
- **Discussions/ Q&A**

## Alcohol and/or Drug Intervention Services

- **Procedure code– H0022**
- **Description of Service**
- **Unit of Service– 30 minutes**
- **Rate per unit-- \$30.00**
- **Who must provide: Substance Abuse Counselor  
under the supervision of a  
LPHA or a master's level CAP**

## Comprehensive Community Support Services for Substance Abuse

- **Procedure code– H2015 (individual)  
H2015 HQ (group)**
- **Description of Service**
- **Unit of Service– 30 minutes**
- **Rate per unit-- \$19.50 individual; \$4.88 group**
- **Minimum requirements to provide services**

## Comprehensive Community Support Services for Substance Abuse (Bachelor's Level)

- **Procedure code– H2015 HN**
- **Description of Service**
- **Unit of Service– 30 minutes**
- **Rate per unit-- \$30.00**
- **Minimum requirements to provide service**

## Substance Abuse Certified Match

# Questions