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
➢ 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.
Provider Enrollment Standards

- 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
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
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
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