

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT Revised Appendix A for MHRS Provider Authorization and Billing Manual		
POLICY NUMBER Manual 1000.2A	DATE AUG 18 2014	TL# 262

Purpose. To provide the revised Appendix A – Service Code Table, to be placed in the Mental Health Rehabilitation Services (MHRS) Provider Authorization and Billing Manual. The revised Appendix A reflects the updated Medicaid reimbursement rates for MHRS services.


Applicability. Applies to Department of Behavioral Health (DBH) staff responsible for service authorization and billing processes and certified MHRS providers.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

Effective Date. Immediately.

Superseded Policies. Replaces Appendix A (dated July 2013) in the MHRS Provider Authorization and Billing Manual, dated August 7, 2013.

Distribution. This transmittal and revised Appendix A will be posted on the DBH web site at www.dbh.dc.gov under Policies (1000.2A). Applicable entities are required to replace Appendix A Service Code Table in their Authorization and Billing Manual with the updated Appendix (dated December 30 2013), and ensure that affected staff is familiar with the updated rates.


Stephen J. Baron
Director, DBH 8/18/14

Appendix A: Service Code/Modifier/Place-of-Service Table with Medicaid Rates and Local Rates

Reference Section 9.3 and 10.4.7.1

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
Diagnostic / Assessment	T1023	HE	11-Office	Y	256.02 / Occurrence
	Diagnostic Assessment		12-Home	Y	
	(at least 3 hours)		14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
	H0002		11-Office	Y	85.34 / Occurrence
	Brief Diagnostic		12-Home	Y	
	Assessment		14-Group Home	Y	
	(40-50 minutes in duration to determine eligibility for admission to a mental health treatment program)		53-Community MH center	Y	
			99-POS not identified	Y	
Medication Somatic Treatment	H0034	HQ	11-Office	Y	13.52 / 15-min Unit
	Med Somatic	Group	12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
	H0034	Individual	04-Homeless Shelter	Y	44.65 / 15-min Unit
	Med Somatic		11-Office	Y	
			12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
Community Support	H0036	HQ	04-Homeless Shelter	Y	6.65 / 15-min Unit
	Community Support	Group	11-Office	Y	
			12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
	H0036		04-Homeless Shelter	Y	21.97/15-min Unit
	Community Support	Individual	11-Office	Y	
			12-Home	Y	
			14-Group Home	Y	

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
			53-Community MH center	Y	
			99-POS not identified	Y	
			09-Prison/Correctional facility	N	
	H0036	UK	04-Homeless Shelter	Y	21.97/ 15-min Unit
	Community Support ¹	Collateral	11-Office	Y	
			12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
			09-Prison/Correctional facility	N	
	H0036	HS	04-Homeless Shelter	Y	21.97 / 15-min Unit
	Community Support	Family Without consumer	11-Office	Y	
			12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
	H0036	HR	04-Homeless Shelter	Y	21.97 / 15-min Unit
	Community Support	Family With consumer	11-Office	Y	
			12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
	H0036	U1	14-Group Home	Y	21.97 / 15-min Unit
	Community Support	CRF			
	H0036	AM	04-Homeless Shelter	Y	21.97 / 15 min Unit
	Physician Team Member ²		11-Office	Y	

¹ H0036 Community Support UK Collateral procedure code may be used when a provider has contact with another treatment provider to discuss the consumer's treatment when the consumer is not present. All collateral contact billed for through Community Support UK must be face to face.

- CBI Providers may bill for collateral, family, and telephone contacts under CBI procedures codes H2022, H2033, and H2033HU. No other modifier codes are required.
- Act Providers may bill for collateral, family and telephone contacts under ACT procedure code H0039 only.

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
			12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
	H0038		04-Homeless Shelter	Y	21.97/ 15-min Unit
	Self-help/Peer Support		11-Office	Y	
			12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
	H0038	HQ	04-Homeless Shelter	Y	6.65 / 15 min Unit
	Self-help/Peer Support	Group	11-Office	Y	
			12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
	H2023		11-Office	Y	18.61/15min Unit
	Supported Employment		53-Community MH center	Y	
	(Therapeutic)		99-POS not identified	Y	
Crisis/Emergency	H2011		04-Homeless Shelter	Y	36.93 / 15-min Unit
	Crisis Emergency		11-Office	Y	
			12-Home	Y	
			14-Group Home	Y	
			15-Mobile Unit	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
Rehabilitation/Day Services	H0025		53-Community MH center	Y	123.05 / Day
	Day Services				
	(1 day at least 3 hours)				
Intensive Day Treatment	H2012		53-Community MH center	Y	164.61 / Day

² H0036AM Physician Team Member procedure code should be used for community support (required by the consumer's approved IRP/IPC) that is provided by a community support worker (CSW)/peer specialist in conjunction with medication somatic services, when both services are provided at the same time. Medication/somatic is a rehabilitation service that must be rendered by a psychiatrist, or an APRN working in collaboration with a psychiatrist. The psychiatrist and the CSW/peer specialist must appropriately document the visit, including the reason for the CSW/peer specialist participation, and the documentation needs to be consistent with the IRP/IPC. The IRP/IPC needs to describe the specific intervention that will be provided by the CSW/peer specialist; such as: support during stressor situations, education and support for the consumer, assistance with self-monitoring and medication compliance and be specifically tied to the consumer's diagnosis and needs.

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
	Intensive Day Treatment				
	(1 day at least 5 hours)				
Community-Based Intervention³	H2022		11-Office	Y	35.74 / 15-min Unit
	Community-Based		12-Home	Y	
	Intervention - CBI		14-Group Home	Y	
	(Level II) IHCBS		53-Community MH center	Y	
			99-POS not identified	Y	
	H2022		11-Office	Y	35.74 / 15-min Unit
	Community-Based		12-Home	Y	
	Intervention – CBI		14-Group Home	Y	
	(Level III) IHCBS- short term		53-Community MH center	Y	
			99-POS not identified	Y	
	H2033		11-Office	Y	57.42 / 15-min Unit
	Community Based		12-Home	Y	
	Intervention - CBI		53-Community MH center	Y	
	(Level I) MST		99-POS not identified	Y	
	H2033	HU	11-Office	Y	
	Community-Based		12-Home	Y	57.42/ 15-min Unit
	Intervention – CBI		53-Community MH center	Y	
	(level IV) FFT		99-POS not identified	Y	
Assertive Community Treatment (ACT)					\$38.04/ 15-min Unit
	H0039		04-Homeless Shelter	Y	
	Assertive Community	Individual	11-Office	Y	
	Treatment - ACT ⁴		12-Home	Y	
			14-Group Home	Y	
			53-Community MH center	Y	
			99-POS not identified	Y	
			09-Prison/Correctional facility	N	
	H0039	HQ	11-Office	Y	11.51/ 15-min Unit

³ CBI Providers may bill for collateral, family, and telephone contacts under CBI procedures codes H2022, H2033, and H2033HU. No other modifier codes are required.

⁴ Act Providers may bill for collateral, family and telephone contacts under ACT procedure code H0039 only.

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
			99-POS not identified	N	
	H2025	HQ	11-Office	N	4.06/15-min Unit
	Supported Employment Group (non-MHRS Job Club)		53-Community MH center	N	
			99-POS not identified	N	
	DMH14		53-Community MH center	N	314.00 / Day
	Residential Crisis Stabilization				
	DMH20		11-Office	N	15.00 / 15-min Unit
	Team Meeting		53-Community MH center	N	
			99-POS not identified	N	
	DMH22		04-Homeless Shelter	N	Rate Negotiated by individual contract
	Jail Diversion – (Criminal Justice System – CJS)		09-Prison/Correctional facility	N	
			11-Office	N	
			12-Home	N	
			14-Group Home	N	
			53-Community MH center	N	
			99-POS not identified	N	
	DMH23		53-Community MH center	N	314.00 / Day
	No-Auth Residential Crisis Stabilization				
	DMH24		99-POS not identified	N	Case Rate
	Integrated Community Care Project - ICCP				
	DMH25		11-Office	N	1¢ / Unit
	FlexN		12-Home	N	
			53-Community MH center	N	
			99-POS not identified	N	
	DMH26		11-Office	N	25.00 / Occurrence
	Transitional Service ⁵		12-Home	N	
			53-Community MH center	N	

⁵ DMH26 (Transitional Service) – allows a one-time occurrence fee, per consumer, to a closing Core Services Agency (CSA), for assistance with the transitioning and documentation of its consumers to another CSA.

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
			99-POS not identified	N	
	H0032		09-Prison-Correctional facility	N	19.19 / 15-min Unit
	MH Service – Discharge Treatment		21-Inpatient hospital	N	
	Planning Institution		31-Skilled nursing facility	N	
	(MHS-DTPI) ⁶		32-Nursing facility	N	
			51-Inpatient Psychiatric facility	N	
			56-Psych. Residential Treatment Center	N	
	H0032				
	MH Service – COC Treatment	HK	09-Prison-Correctional facility	N	19.19 / 15-min Unit
	Planning Institution		21-Inpatient hospital	N	
	(MHS-CTPI) ⁷		31-Skilled nursing facility	N	
			32-Nursing facility	N	
			51-Inpatient Psychiatric facility	N	
			56-Psych. Residential Treatment Center	N	
	H0046	HT	09-Prison-Correctional facility	N	31.57/ 15 min Unit
	MH Service Discharge Treatment		21-Inpatient hospital	N	
	Planning Institution (MHS-DTPI) (ACT) ⁸		31-Skilled nursing facility	N	
			32-Nursing facility	N	
			51-Inpatient Psychiatric facility	N	
	H0046	HTHA	09-Prison-Correctional facility	N	31.35/ 15 min Unit
	MH Service - Discharge Treatment		21-Inpatient hospital	N	

⁶ H0032 Mental Health Service – Discharge Treatment Planning Institution (MHS-DTPI) procedure code should be used instead of Community Support procedure code when a mental health professional or credentialed worker from the community visits a consumer who is not enrolled in ACT or CBI in the hospital or other institutional setting (Institutes for Mental Disease [IMD] such as Saint Elizabeths Hospital and Psychiatric Institute of Washington (PIW), hospitals, nursing facilities [nursing homes or skilled nursing facilities], rehabilitation centers, PRTFs, RTCs, or correctional facilities for defendants or juveniles) for the purpose of mental health service plan development for the consumer in preparation for discharge (modifying goals, assessing progress, planning transitions, and addressing other needs, as appropriate after discharge to the community).

⁷ H0032HK Mental Health Service – COC Treatment Planning Institution (MHS-CTPI) procedure code should be used for all continuity of care (non-discharge planning services) for consumers in institutional settings (including ACT and CBI consumers).

⁸ H0046HT Mental Health Service – Discharge Treatment Planning Institution (MHS-DTPI), ACT procedure code should be used instead of Assertive Community Treatment (ACT) procedure code when an ACT provider visits a consumer in the hospital or other institutional setting for the purpose of mental health service plan development for the consumer in preparation for discharge.

MHRS Service Category	Procedure Code	Modifier	Place-of-Service	Medicaid Reimbursable (Y or N)	Rate
	Planning Institution (MHS-DTPI) (CBI) ⁹		31-Skilled nursing facility	N	
			32-Nursing facility	N	
			51-Inpatient Psychiatric facility	N	
			56-Psych. Residential Treatment Center	N	
	H0037 ¹⁰		09-Prison-Correctional facility	N	144.77 / Day
	Community Psychiatric		21-Inpatient hospital		
	Supportive Treatment		31-Skilled nursing facility		
	Program – Rehab/Day Services (CPS-Rehab/Day) (1 day at least 3 hours)		32-Nursing facility		
			51-Inpatient Psychiatric facility		
			56-Psych. Residential Treatment Center		

Refer to Section 9.6 of MHRS Provider Authorization and Billing Manual for definitions of Place of Service (POS) codes.

⁹ H0046HTHA Mental Health Service – Discharge Treatment Planning Institution (MHS-DTPI), CBI procedure code should be used instead of Community Based Intervention (CBI) procedure codes when a CBI provider visits a consumer in the hospital or other institutional setting for the purpose of mental health service plan development for the consumer in preparation for discharge.

¹⁰ H0037 Community Psychiatric Supportive Treatment Program- Rehab/Day Services (CPS-Rehab/Day) is a community day treatment program provided to a consumer 30-60 days prior to discharge from a hospital or other institutional setting as part of the community integration plan to acclimate the consumer to community living.