

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH



MHRS Bulletin

Bulletin ID:	94
Issued Date	December 16, 2013
Effective Date:	December 16, 2013
Termination Date:	

BRIEF ASSESSMENT (H0002):

The purpose of this bulletin is to clarify requirements for billing Diagnostic/Assessment (D/A) services, including those using code H0002, Brief Assessment.

DIAGNOSTIC/ASSESSMENT

Chapter 34 § 3415.1 defines a D/A as “an intensive clinical and functional evaluation of a consumer’s mental health condition by the Diagnostic/Assessment team that results in the issuance of a Diagnostic Assessment report with recommendations for service delivery that provides the basis for the development of an IRP/IPC. A psychiatrist shall supervise and coordinate all psychiatric and medical functions required by a consumer’s Diagnostic/Assessment.” The service is used to determine the consumer’s needs, goals, and the potential for them to benefit from MHRS services. As such, the D/A service guides treatment planning, IRP/IPC development, and, service provision.

The Department of Behavioral Health Policy 1000.2A, MHRS Provider Authorization and Billing Manual, defines D/A services as “per encounter-based services,” and offers two codes for billing such services: T1023-HE: Diagnostic Assessment, and H0002: Behavioral Health Screening. **Both service codes are governed by Chapter 34 § 3415 and both must be performed by a D/A team that consists of at least two qualified practitioners in order to be reimbursable under MHRS.** The duration of the service is the only difference between these service codes: T1023-HE must be at least three (3) hours in length while H0002 must be at least 40 minutes in length. Per policy 1000.2A, p. 66, Brief Assessments “should not be used for routine, on-going assessments.” Providers may choose to provide either service, as clinically appropriate and governed by regulation.

It is not necessary to complete the entire Diagnostic Assessment (T1023-HE) service at one time. If the service is provided in accordance with the current regulation, and each component is documented with actual start and stop times that in the end **total three hours**, the D/A service may be spread over several sessions. These sessions, together, would be billed **once** as a Diagnostic Assessment (T1023-HE) service. In this case, it should be clear that appropriate revisions have been made to working diagnoses and treatment planning drafts completed before the conclusion of the entire three hour service.