

## **Bulletin ID: No. 26 - DMH 20 Billing Code for Team Meetings**

The Department of Mental Health (DMH) has created local billing code number DMH 20 for providers to use in billing units for team meetings (conferences). Please note that payment for DMH 20 will come out of providers' local fund allocations.

### **Expected Uses**

The following activities are eligible for reimbursement under DMH 20:

- Participation in Youth Family Team Meetings (YFTMs) at DYRS' detention facilities.
- Participation in hospital treatment team and discharge planning meetings.
- Participation in Family Team Conferences (FTCs) as a secondary provider when there is a primary provider billing Medicaid.
- Participation in Team Conferences as a secondary provider (i.e., sub-provider of community support and or counseling) when there is a primary provider (CSA, ACT, or CBI Team) billing Medicaid.
- Discharge planning meetings between levels of care when there is a primary provider billing Medicaid, (i.e. ACT, RTC, CBI, Crisis Team).

### **Restrictions**

- There will be no increase in total local dollars on a task order / MHRS purchase orders for a provider.
- The code will be charged to local dollars as soon as it is entered on the auth plan so providers should exercise caution when it is entered on the plan.
- Maximum number of units: The maximum number of units allowed in a 90-day authorization period is eight units (two hours). The two hours can be for two providers, one hour each, or one provider for two hours.
- Minimum number of units: Thirty minutes, that is, two 15-minute units, is the minimum number of units that can be billed by any provider.
- The rate is \$15/unit (one unit = 15 minutes).