

Bulletin ID: No. 78 - FSMHS and MHRS Billing

Guidance for Billing Services for Free Standing Mental Health Services (FSMHS and Mental Health Rehabilitation Services (MHRS) for Consumers with Medicaid Coverage

DESCRIPTION:

This bulletin is to provide guidance for billing services for Medicaid eligible consumers to providers who are certified to deliver both FSMHS and MHRS. Specifically, the bulletin will identify services that are shared by both programs (FSMHC and MHRS) that may be billed under either program when a consumer has Medicaid eligibility. Medicaid coverage is the determination of eligibility for services not whether the consumer was referred to service from either the FSMHS or MHRS program administrators.

GUIDANCE:

There are three core services that that are shared between the FSMHC and MHRS programs: Medication Management, Diagnostic Assessment, and Counseling. In addition to the three core services, Day Services are covered under each program.

There are other services that will only be covered under one program or the other. Examples of services unique to FSHMC are Evaluation and Management outpatient services (99201-99215) for new and established patients and Non-physician Telephone Services (98966-98968) for assessment and management services provided by telephone by a qualified health care professional. Examples of services unique to MHRS are Community Support (H0036) and Team Meeting (DMH20).

When a consumer has Medicaid eligibility, a provider certified to provide both FSMHS and MHRS may bill services that are shared between the two programs to either program. All requirements for level of licensure or certification of individuals providing services need to be adhered to as they may differ between FSMHC and MHRS services. Procedure codes and provider taxonomy numbers are not shared between the programs. Providers should ensure that the correct program codes are billed accordingly. Below are sample codes for services that are shared between the FSMHC and MHRS programs. (Note: MHRS uses multiple modifiers on procedure codes to denote services to children and adolescents (HA) and group services (HQ). MHRS modifiers will drive reimbursement for services. Units of measurement, for example, per 15 minutes or 45-50 minutes, may vary by code.)

SAMPLE OF SHARED SERVICES:

Service Description	FSMHS Procedure Code	MHRS Procedure Code
Initial Assessment/Evaluation	90801	H0002
Medication Management	90862	T1502
Counseling, Individual*	90806	H0004

**90806 per 45-50 minutes, H0004 per 15 minutes.*

DOCUMENTATION OF SERVICES IN THE CONSUMER'S MEDICAL RECORD:

Documentation of services rendered whether FSMHC or MHRS should be documented in the same medical record for the consumer.