

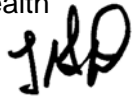


Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth



MassHealth
Transmittal Letter MHC-42
August 2010

TO: Mental Health Centers Participating in MassHealth

FROM: Terence G. Dougherty, Medicaid Director 

RE: *Mental Health Center Manual* (Revised Subchapter 6 and Billing Instructions for Youth Mobile Crisis Intervention Services)

Beginning June 30, 2009, MassHealth introduced fee-for-service coverage of youth mobile crisis intervention services for MassHealth members under 21 when provided by qualified mental health centers. Qualified centers must satisfy managed behavioral health contract requirements for emergency service providers (ESPs).

This transmittal letter includes billing instructions for youth mobile crisis intervention services, as well as instructions for resubmitting erroneously denied claims. Due to past claims payment implementation issues, claims for Service Code H2011 with the HO modifier were being denied, and claims for Service Code H2011 with the HN modifier were incorrectly paying only up to eight units a day, and at a different rate. Any units of service provided beyond eight in a day were denied for H2011-HN claims.

Effective retroactive to June 30, 2009, providers should use Service Code H2011 with a U1 or U2 modifier. These service code and modifier pairs are included in a revised Subchapter 6 of the *Mental Health Center Manual*.

For qualified mental health centers, youth mobile crisis intervention services are now billable for fee-for-service members using Service Code H2011 with a U1 or U2 modifier. Youth mobile crisis intervention services provided by a masters-level clinician should be billed using H2011-U1. Youth mobile crisis intervention services provided by paraprofessional staff should be billed using H2011-U2. Modifiers HO and HN should not be used to bill for youth mobile crisis intervention services.

Please note that this change in modifiers used for this service does not apply to claims submitted to MassHealth managed care entities.

Mental health centers qualified to contract with the MassHealth behavioral health contractor as an ESP providing youth mobile crisis intervention services may now submit claims using H2011 with the U1 or U2 modifier.

Claims Corrections

Previously denied claims can now be resubmitted using the appropriate modifier. Qualified mental health centers previously paid at the incorrect rate for providing youth mobile crisis intervention services should follow the proper void and replace procedures to adjust these claims.

Outstanding claims not submitted due to this issue that are now over the billing time limits should be submitted, on paper, to the attention of Gail Arnold, 600 Washington Street, 5th Floor, Boston, MA 02111. Please include a brief letter with the claims and a copy of any applicable remittance advices.

If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Mental Health Center Manual

Pages 6-1 through 6-4

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Mental Health Center Manual

Pages 6-1 through 6-4 — transmitted by Transmittal Letter MHC-39

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601 Service Codes and Descriptions

MassHealth pays for the services represented by the codes listed in Subchapter 6 in effect at the time of service, subject to all conditions and limitations in MassHealth regulations at 130 CMR 429.000 and 450.000. A mental health center provider may request prior authorization for any medically necessary service reimbursable under the federal Medicaid Act in accordance with 130 CMR 450.144, 42 U.S.C. 1396d(a), and 42 U.S.C. 1396d(r)(5) for a MassHealth Standard or CommonHealth member younger than 21 years of age, even if it is not designated as covered or payable in Subchapter 6 of the *Mental Health Center Manual*.

Service

Code-Modifier Service Description

Individual Therapy

- 90804 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424)
- 90806 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424)
- 90816 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 20 to 30 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424) (one unit maximum per session)
- 90818 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital, or residential care setting, approximately 45 to 50 minutes face-to-face with the patient (by professional staff member as defined in 130 CMR 429.424) (one unit maximum per session)

Couple/Family Therapy

- 90847 Family psychotherapy (conjoint psychotherapy) (with patient present) (by professional staff member as defined in 130 CMR 429.424) (each 30-minute unit; three units maximum per session) (includes residential care setting)
- 90849 Multiple-family group psychotherapy (with patient present) (by professional staff member as defined in 130 CMR 429.424) (each 30-minute unit; three units maximum per session) (includes residential care setting)

Group Therapy

- 90853 Group psychotherapy (other than of a multiple-family group) (by professional staff member as defined in 130 CMR 429.424) (for one participant for each 30-minute unit; 10 participants maximum per session; three units maximum per session) (includes residential care setting)

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601 Service Codes and Descriptions (cont.)

Service

Code-Modifier Service Description

Case Consultation

90882 Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions (in an office, outpatient facility, or residential care setting) (each 30-minute unit; two units maximum per session) (includes residential care setting)

Family Consultation

90887 Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient (in an office, outpatient facility, or residential care setting) (each 30-minute unit; two units maximum per session)

Diagnostic Services

90801 Psychiatric diagnostic interview examination (in an office, outpatient facility, or residential care setting) (each 30-minute unit; two units maximum per session)

90801-HA Psychiatric diagnostic interview examination using the Child and Adolescent Needs and Strengths (CANS) assessment tool for children and adolescents under the age of 21 (in an office, outpatient facility, or residential care setting) (each 30-minute unit; four units maximum per session)

Medication Visit

90862 Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (in an office, outpatient facility, or residential care setting) (each 15-20-minute unit)

Emergency Service

H2011 Crisis intervention services, per 15 minutes (in an office, outpatient facility, or residential care setting) (eight units maximum per date of service) (includes residential-care setting)

H2011 – U1 Crisis intervention service, per 15 minutes (youth mobile crisis intervention service provided by a masters-level clinician to members under 21.)

H2011 – U2 Crisis intervention service, per 15 minutes (youth mobile crisis intervention service provided by a paraprofessional to members under 21)

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601 Service Codes and Descriptions (cont.)

Service

Code-Modifier Service Description

Psychological Testing

- 96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
- 96118 Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales, and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.

<p style="text-align: center;">Commonwealth of Massachusetts MassHealth Provider Manual Series</p> <p style="text-align: center;">Mental Health Center Manual</p>	<p style="text-align: center;">Subchapter Number and Title</p> <p style="text-align: center;">6. Service Codes and Descriptions</p>	<p style="text-align: center;">Page</p> <p style="text-align: center;">6-4</p>
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