

# Treatment Plan Development Payment Policy

## Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Passport Health Plan reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member’s benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

## Policy

Passport By Molina Healthcare will apply a threshold limit for treatment plan development for behavioral health and alcohol and/or substance abuse services, above which medical necessity review will be required for approval of additional units. A person-centered planning process is required. The plan is directed by the recipient and must include practitioners of the recipient’s choosing. The providers include more than licensed professionals – it may include the recipient (and his guardian if applicable), care coordinator, other service providers, family members or other individuals that the recipient chooses. This policy is consistent with Parity standards with medical services reviewed for medical necessity upon exceeding a threshold limit. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

## Reimbursement

Passport By Molina Healthcare reimburses for service planning that is billed for an individual member that is medically necessary and billed consistent with Kentucky Medicaid regulations. All providers must comply with the below requirement outlined in 907 KAR 015:010:

### Service Planning/Treatment Plan Development:

Per 907 KAR 015:010 involves creating an individualized plan for services and the development of goals and objectives that are measurable and leads to the maximum reduction of a mental health disorder, substance use disorder, or co-occurring disorders. Passport By Molina Healthcare will not reimburse for a service provided to a member by more than one (1) provider of any program in which the service is covered, during the same time period.

- **H0032** – Behavioral Health service plan development by nonphysician
  - o Limited to three (3) per year, per patient, per provider group
  
- **T1007** – Alcohol and/or substance abuse services, treatment plan development and/or modification
  - o Limited to fourteen (14) per year, per patient, per provider group
  - o Requires appropriate modifier
  - o Reimbursement rate varies by level of practitioner

Note: The limits do not apply to CMHC’s and the maximum units per year are based on claims data analysis.

## Documentation History

Type	Date	Action
Effective Date	8/21/23	New Policy
Revised Date		

## References

1. Kentucky General Assembly. 907 KAR 015:010 [Title 907 Chapter 15 Regulation 010 • Kentucky Administrative Regulations • Legislative Research Commission](#)
2. Kentucky General Assembly. 907 KAR 15: 020 <https://apps.legislature.ky.gov/law/kar/titles/907/015/020/>
3. Kentucky General Assembly 907 KAR 15:022 <https://apps.legislature.ky.gov/law/kar/titles/907/015/022/>
4. Kentucky General Assembly 90715:70 <https://apps.legislature.ky.gov/law/kar/titles/907/015/070/>
5. Kentucky General Assembly 907 15:80 <https://apps.legislature.ky.gov/law/kar/titles/907/015/080/>
6. Kentucky General Assembly 907 KAR 9:005 <https://apps.legislature.ky.gov/law/kar/titles/907/009/005/>
7. Kentucky General Assembly 907 KAR 10:14 <https://apps.legislature.ky.gov/law/kar/titles/907/010/014/>
8. Kentucky General Assembly 907 KAR 10:20 <https://apps.legislature.ky.gov/law/kar/titles/907/010/020/>

## Supplemental Information

### Definitions

Term	Definition
CMHC	Community Mental Health Center
Maximum Units	Maximum number of units allowed for a specific service for a single member over a specified timeframe.

## Related Policies

Policy Name

## Coding

**CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Passport By Molina Healthcare adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Passport By Molina Healthcare has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Passport By Molina Healthcare reserves the right to revise this policy as needed.