

# Provider Memorandum

## CMHC Claim and Line Roll Up Requirements

Molina Healthcare of Illinois (Molina) memo is providing billing guidance for its Community Mental Health Center (CMHC) and Behavioral Health Center (BHC) providers.

**Lines of Business:** Medicaid and Molina Dual Options Medicare-Medicaid Plan (MMP).

## General Billing Guidelines

Listed below are general claims submission requirements for CMHC and BHC providers:

- Providers rendering both substance abuse and mental health services from the same site should not use the same National Provider Identifier (NPI) number for billing substance abuse and mental health services. Mental health services must be billed under a separate NPI number from substance abuse services. Molina will only recognize one Provider Type per NPI.
- Providers with multiple certified sites must obtain a unique NPI number for each CMHC site.
- Providers that do not obtain and report a unique NPI for each provider type and provider site may be subject to claims denial.

## Claims and Line Roll Up Guidelines

Molina requires providers to submit all units of the same procedure and modifier, recipient identification number (RIN), date of service (DOS), and Place of Service (POS) within a single claim line. This practice is known as *rolling up* the claim, and involves totaling the number of separate units of the service on one service line on a claim.

Molina does require that providers limit the number of POS used to separate rolled up lines to one *on-site* and one *off-site* POS per procedure/modifier and RIN combination per day. As a result, CMHCs and BHCs may encounter a billing issue when billing multiple units of the same service (procedure/modifier combination) to one participant under multiple POS within a single *site* category on the same day.

When this occurs, providers should *roll up* claims for services with the same procedure and modifier, RIN, DOS and to one on-site and off-site POS combination.

Providers needing to submit multiple units of the same procedure/modifier combination rendered to one participant on the same DOS at different on-site and off-site locations should use the table below to determine the appropriate POS code:

	Two or More Different On-Site POS on the Same Day	Two or More Different Off-site POS on the Same Day
CMHCs	53	99
BHCs	11	99

Allowable POS Codes				
On-Site	Off-Site			
11 - Office	03 -School	22 – On-Campus Outpatient Hospital	34 – Hospice	57 – Substance Use Disorder (SUD) Treatment Site
15 - Mobile	04 – Homeless Shelter	23 – Emergency Room- Hospital	51 – Inpatient Psych Facility	71 – Public Health Clinic
20 – Urgent Care Facility	12 – Home	26- Military Treatment Facility	52 – Psychiatric Facility	99 – Other POS
53 – Community Mental Health Center	13 – Assisted Living Facility	31 – Skilled Nursing Facility	55 – SUD Residential	
	14- Group Home	32 – Nursing Facility	56 – Psychiatric Residential Treatment Facility (PRTF)	
	21 – Inpatient Hospital	33 – Custodial Care Facility		

### Claim/Line Scenario Examples

Providers may be reimbursed only once for delivering the same service to the same recipient on the same day. Multiple units of the same service provided to the same recipient on the same day by the same provider must be rolled up on one service line on a single claim to avoid a rejection for a duplicate claim.

**Example 1:** A mental health professional (MHP) at a CMHC provides a total of two units of case management – mental health in the office to a single recipient, but at separate times of the day (not back to back). The service (same code/modifier/POS combination), the provider NPI, the recipient, the date of service and POS all remain the same. The provider correctly bills case management – mental health on one service line using the following coding summary:

Service Line	Procedure Code	Modifier(s)	POS	Units
1	T1016	TF	11	2

**Example 2:** An MHP at a CMHC provides two units of crisis intervention in the office (11, on-site) to a single recipient. Later that same day, the same recipient returns to the same CMHC (53, on-site) and a different MHP provides two additional units of crisis intervention to the recipient. The provider bills crisis intervention on two service lines on a single claim using the following coding summary:

Service Line	Procedure Code	Modifier(s)	POS	Units
1	H2011		11	2
2	H2011		53	2

This claim has not been billed appropriately. Service line 1 will positively adjudicate, but service line 2 will be denied as a duplicate claim. For CMHC services, the provider is identified at the entity level, not the clinician level. So, because the recipient, the service (procedure code/modifier/POS combination),

the provider NPI, and the date of service all remained the same, the provider should roll up the services and bill crisis intervention on one service line under on-site POS 11 using the following coding summary:

Service Line	Procedure Code	Modifier(s)	POS	Units
1	H2011		11	4

**Example 3:** An MHP at a CMHC provides two units of crisis intervention in the office (11, on-site) to a single recipient. Later that same day, the same MHP provides two more units of crisis intervention to the same recipient, but this time at the recipient's home (12, off-site). The provider correctly bills crisis intervention on two separate service lines using the following coding summary:

Service Line	Procedure Code	Modifier(s)	POS	Units
1	H2011		11	2
2	H2011		12	2

The provider correctly separated the services provided on two distinct service lines using appropriate on-site and off-site POS codes to account for the change in location.

**Example 4:** A Rehabilitative Services Associate (RSA)-level staff member at a CMHC provides two units of community support individual to a single recipient at the recipient's school (03, off-site). Later that same day, an RSA-level staff member provides three more units of community support individual to the same recipient, but this time at home (12, off-site). The provider bills community support individual on two separate service lines using the following coding summary:

Service Line	Procedure Code	Modifier(s)	POS	Units
1	H2015	HM	03	2
2	H2015	HM	12	3

This claim has not been billed appropriately. Service line 1 will positively adjudicate, but service line 2 will be denied as a duplicate claim. Although the physical location from which services were delivered changed from a school setting to home, the POS codes are both offsite. Consistent with the Service Definition and Reimbursement Guide (SDRG), the only POS codes available for CMHC services are: office (11), home (12) and other POS (99). Because the recipient, the service (procedure code/modifier/POS combination), the provider's NPI, and the date of service all remained the same, the provider should roll up the services and bill community support individual on one service line using off-site POS 99 the following coding summary:

Service Line	Procedure Code	Modifier(s)	POS	Units
1	H2015	HM	99	5

### Related Information

As stated in Molina's July 16, 2019 provider memo, effective September 1, 2019, Molina will require CMHC and Behavioral Health Center (BHC) providers to be enrolled in the subspecialty that corresponds to the billed service. For additional information, refer to Molina's CHMC Subspecialty memo, [www.molinahealthcare.com/providers/il/PDF/Medicaid/CMHC-Subspecialties-Memo-062719%20V7112019%20FNL.pdf](http://www.molinahealthcare.com/providers/il/PDF/Medicaid/CMHC-Subspecialties-Memo-062719%20V7112019%20FNL.pdf).

**Questions**

Providers who have questions, concerns or would like additional training, including how to use the Molina Provider Portal, may contact their provider network managers or email the Provider Network Management Department at [MHILProviderNetworkManagement@MolinaHealthcare.com](mailto:MHILProviderNetworkManagement@MolinaHealthcare.com).

For help identifying your provider network manager, visit Molina's Service Area page at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

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