May 20, 2017

Provider Memorandum

Community Mental Health Centers Billing Guidelines

Molina Healthcare of Illinois (Molina) has implemented updated standard claims submission processes to be utilized for the reimbursement of services rendered by certified and enrolled Community Mental Health Centers (CMHCs) as required by the Illinois Department of Healthcare and Family Services (HFS). CMHCs eligible to render covered services must adhere to the following prescribed billing criteria in order to be reimbursed correctly by Molina. HFS encounter claims system will only accept encounter claims in line with the standardized claims submission requirements outlined below:

Section 1 – Services Overview

HFS contracted Managed Care Plans are required to provide coverage for mental health services covered under the HFS Medical Assistance Program, as detailed in the Service Definition and Reimbursement Guide (SDRG), or its successor Provider Handbook. The SDRG can be found at: https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/CMHP.aspx

Section 2 – Definitions

The following common terms are used throughout this billing guide.

1. Clinician refers to the qualified individual within a CMHC site delivering a covered service.
2. MHP refers to an individual who meets the definition for a Mental Health Professional as described in 59 Ill. Administrative Code 132.25.
3. Provider refers to a uniquely certified CMHC site, operating under a distinct National Provider
4. Identification (NPI) number.
5. QMHP refers to an individual who meets the definition for a Qualified Mental Health Professional as described in 59 Ill. Administrative Code 132.25.
6. Rolled Up is a term used to describe how a provider may bill for numerous incidents of the same service provision during a day, done by totaling the number of separate units of the service provided onto one service line on a claim for the purposes of billing. Please see the Billing Examples section for additional details.
7. RSA refers to an individual who meets the definition for a Rehabilitative Services Associate as described in 59 Ill. Administrative Code 132.25.
8. Same Service refers to a specific service delivered at a specific level of care and at a specific location, represented on a claim by a distinct procedure code, modifier, and place of service combination.

Section 3 – General Claims Submission Requirements

1. To be reimbursed for services provided to a recipient who receives a HFS Medical Assistance Program benefit and who is enrolled with a HFS contracted Managed Care Plan, CMHCs must be fully contracted and credentialed with that Managed Care Plan on the date of service.
2. CMHC services may only be rendered from a certified site. The NPI number providers use to bill Managed Care Plans must correspond to a certified CMHC site.
3. Providers rendering both substance abuse and mental health services from the same site shall not utilize the same 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. Providers that do not obtain and report a unique NPI for each provider type may be subject to claims denial.

4. Providers with multiple certified sites must obtain a unique NPI number for each CMHC site.
5. Providers that do not obtain and report a unique NPI for each provider site may be subject to claims denial.
6. It is the responsibility of the provider to ensure compliance with all of the service requirements of a recipient's payer, including service notifications or prior authorizations. Prior to providing CMHC services, providers should reference the Molina Handbook and their Provider Agreements for information on service requirements. A crosswalk of the prior authorization requirements of each of the HFS contracted Managed Care Plans can be found on the HFS website. Providers that do not comply with the service requirements of a recipient's payer may be subject to claims denial.

Section 4 – Rendering and Billing Provider

1. **Billing Provider:** Billing Provider represents the payee on an individual claim. The NPI corresponding to the payee ID where a provider wants remittance advice and payments sent should be reported in loop 2010AA on 837P submissions or Box 33 on a CMS 1500 form. If the billing NPI also corresponds to the rendering provider site, no rendering provider NPI is required on the claim.

2. **Rendering Provider:** Rendering Provider represents the specific CMHC site that delivered the services on the claim. For CMHCs, Rendering Provider is captured at the entity level, not the individual clinician level. The NPI for the Rendering Provider must be reported if the Billing Provider NPI corresponds only to a payee ID or to a different provider site location. The Rendering Provider is reported in loop 2310B on 837P submissions or Box 24J on a CMS 1500 form.

Section 5 – CMHC as the Payee

It is allowable for qualified practitioners (i.e., physicians, psychiatric advanced practice nurses) to deliver psychiatric services in a CMHC and list the CMHC as the Billing Provider (loop 2010AA on 837P submissions or Box 33 on a CMS 1500 form) on the claim. For these claims to adjudicate appropriately as a practitioner service rather than a CMHC service, the claim must list the NPI for the practitioner delivering services in the Rendering Provider field (loop 2310B on 837P submissions or Box 24J on a CMS 1500 form) and report an allowable procedure code from the appropriate practitioner fee schedule. The Rendering Provider must comply with Molina's policies, procedures, and service requirements corresponding to the practitioner's provider type, including being enrolled as an active provider with HFS and Molina on the date of service.

Section 6 – Duplicate Claiming

CMHCs may provide multiple units of the same service to the same recipient on the same day, provided that claims are submitted pursuant to the following policies. Molina claiming systems shall be set up to recognize each distinct procedure code, modifier, and place of service combination covered under the HFS Medical Assistance Programs as a unique service.

Billing Guidelines and Examples:

1. Providers may only be reimbursed 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" onto one service line on a single claim in order to avoid a rejection for a duplicate claim.

   Example 1: An MHP-level staff 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/place of service combination), the provider NPI, the recipient, the date of service, and place of service 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)	Place of Service	Units
1	T1016	TF	11	2

Example 2*:* An MHP-level staff at a CMHC provides two units of Crisis Intervention in the office to a single recipient. Later that same day, the same recipient returns to the same CMHC and a different MHP-level staff 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)	Place of Service	Units
1	H2011		11	2
2	H2011		11	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. Therefore, because the recipient, the service (procedure code/modifier/place of service 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 using the following coding summary:

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

Example 3: An MHP-level staff at a CMHC provides three units of Mental Health Assessment in the office to a single recipient. A QMHP-level staff at the same CMHC provides one additional unit of Mental Health Assessment, also in the office, to the same recipient on the same day. The provider correctly bills Mental Health Assessment on two separate service lines using the following coding summary:

Service Line	Procedure Code	Modifier(s)	Place of Service	Units
1	H0031	HN	11	3
2	H0031	HO	11	1

The provider correctly separated the services provided onto two distinct service lines using appropriate modifiers to account for the change in the clinician qualification level.

2. Providers delivering the same service to the same client, but from two different places of services, under a single CMHC's NPI, on the same day must submit the services on two different service lines, using the appropriate place of service codes to distinguish the two services from one another.

   Example 4: An MHP-level staff at a CMHC provides two units of Crisis Intervention in the office to a single recipient. Later that same day, the same MHP-level staff provides two more units of Crisis Intervention to the same recipient, but this time at the recipient's home. The provider correctly bills Crisis Intervention on two separate service lines using the following coding summary:

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

The provider correctly separated the services provided onto two distinct service lines using appropriate Place of Service codes to account for the change in location.

Example 5: An RSA-level staff at a CMHC provides two units of Community Support Individual to a single recipient at the recipient's school. Later that same day, an RSA-level staff provides three more units of Community Support Individual to the same recipient, but this time at a local community center. The provider bills Community Support Individual on two separate service lines using the following coding summary:

Service Line	Procedure Code	Modifier(s)	Place of Service	Units
1	H2015	HM	99	2
2	H2015	HM	99	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 a community center, the place of service code did not change. Consistent with the SDRG, the only place of service codes available for CMHC services are: office (11), home (12), and other place of service (99). Because the recipient, the service (procedure code/modifier/place of service 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 the following coding summary:

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

NOTE: Effective June 1, 2017, if multiple CMHC services are rendered to same Member on a same day at same or different site, the claims can be billed on same or separate claim bill and **will not** reject as duplicate. Molina will reprocess all claims that were erroneously denied as duplicate as long as the appropriate billing guidelines have been followed. All claims reprocessing is expected to be completed by July 1, 2017.

Molina values and appreciates the services you provide to our Members. Please contact your Provider Service Representative if you have any questions or if would like additional training regarding this process. You may also contact the Provider Services Department at (630) 203-3965 or via email at IllinoisProviders@MolinaHealthcare.com.