

Provider Memorandum

Community-Based Mental Health Services Fee Schedule Update

Molina Healthcare of Illinois (Molina) has implemented a new fee schedule to process claims with dates of service beginning August 1, 2018. The changes were implemented per guidance of the Illinois Department of Healthcare and Family Services (HFS).

HFS issued the new fee schedule earlier this year for community-based mental health services provided by licensed Community Mental Health Centers (CHMC) and Behavioral Health Centers (BHC). Molina providers should refer to the following pages for changes to covered services.

Note: Molina does not require providers to resubmit claims that were affected by the fee schedule change.

Common Terms

These common terms are referred to in the following pages:

- **Clinician** refers to the qualified individual within a CMHC site delivering covered services.
- **MHP** refers to an individual who meets the definition for a Mental Health Professional as described in 59 Ill. Administrative Code 132.25.
- **Provider** refers to a uniquely certified CMHC site, operating under a distinct National Provider Identification (NPI) number.
- **QMHP** refers to an individual who meets the definition for a Qualified Mental Health Professional as described in 59 Ill. Administrative Code 132.25.
- **RSA** refers to an individual who meets the definition for a Rehabilitative Services Associate as described in 59 Ill. Administrative Code 132.25.

Fee Schedule for Providers of Community-Based Mental Health Services

Effective: 8/1/2018

Service Name	HCPC Code	Modifiers		Units
		1	2	
Group A - billable by BHC, CMHC, LCSW, LCP, and psychiatrist				
Assessment and Treatment Planning				
Integrated Assessment and Treatment Planning (IATP)	H2000	HN		1/4 hr
Integrated Assessment and Treatment Planning (IATP)	H2000	HO		1/4 hr
IATP: Psychological Assessment	H2000	AH		1/4 hr
IATP: Psychological Assessment	H2000	HP		1/4 hr
IATP: LOCUS Assessment	H2000	HN	HE	1/4 hr
Crisis Intervention	H2011	HN		1/4 hr
Therapy/Counseling - Individual	H0004	HN		1/4 hr
Therapy/Counseling - Individual	H0004	HO		1/4 hr
Therapy/Counseling - Group	H0004	HN	HQ	1/4 hr
Therapy/Counseling - Group	H0004	HO	HQ	1/4 hr
Therapy/Counseling - Family	H0004	HN	HR	1/4 hr
Therapy/Counseling - Family	H0004	HO	HR	1/4 hr
Community Support - Individual	H2015	HM		1/4 hr
Community Support - Individual	H2015	HN		1/4 hr
Community Support - Individual	H2015	HO		1/4 hr
Community Support - Group	H2015	HM	HQ	1/4 hr
Community Support - Group	H2015	HN	HQ	1/4 hr
Community Support - Group	H2015	HO	HQ	1/4 hr
Medication Administration	T1502	TE		Event
Medication Administration	T1502	SA		Event
Medication Monitoring	H2010	52		1/4 hr
Medication Monitoring	H2010	SA		1/4 hr
Medication Monitoring	H2010	AF		1/4 hr
Medication Training - Individual	H0034	52		1/4 hr
Medication Training - Individual	H0034	SA		1/4 hr
Medication Training - Group	H0034	52	HQ	1/4 hr
Medication Training - Group	H0034	SA	HQ	1/4 hr
Case Management - Client-Centered Consultation	T1016	HM	HS	1/4 hr
Case Management - Client-Centered Consultation	T1016	HN	HS	1/4 hr
Case Management - Mental Health	T1016	HM		1/4 hr
Case Management - Mental Health	T1016	HN		1/4 hr
Case Management - Transition Linkage and Aftercare	T1016	HN	TS	1/4 hr
Case Management - Transition Linkage and Aftercare	T1016	HO	TS	1/4 hr
Crisis Intervention - Team	H2011	HT		1/4 hr
Crisis Stabilization	T1019	HN		1 hr
Mobile Crisis Response	S9484	HN		Event
Mobile Crisis Response - Team	S9484	HT		Event
Community Support Team*	H2016	HT		1/4 hr
Mental Health Intensive Outpatient - Adult Program	S9480	HO	HB	1 hr
Mental Health Intensive Outpatient - Child Program	S9480	HO	HA	1 hr

ACT and CST services must be billed with an additional modifier indicating the highest level of practitioner level delivering the unit(s) of service from the acceptable list of modifiers.

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Service Name	HCPC Code	Modifiers		Units
		1	2	
Behavioral Health Screening Services				
Developmental Screening	96110	TF		Event
Developmental Testing	96111	TF		Event
Mental Health Risk Assessment	96127	TF		Event
Prenatal Care At-Risk Assessment	H1000	TF		Event
Family Support Program (FSP) Services				
FSP Application Assistance	G9012	HN	SE	Event
FSP Clinical Case Participation	T1016	HN	SE	1/4 hr
FSP Family Support Services	T1999	SE		Event
FSP Therapeutic Support Services	H0046	SE		Event
Group C - billable by CMHC only				
Telehealth Services				
Telepsychiatry: Originating Site	Q3014			Event
Intensive Services Requiring Program Certification				
Assertive Community Treatment - Individual*	H0039			1/4 hr
Assertive Community Treatment - Group*	H0039	HQ		1/4 hr
Psychosocial Rehabilitation - Individual	H2017	HM		1/4 hr
Psychosocial Rehabilitation - Individual	H2017	HN		1/4 hr
Psychosocial Rehabilitation - Individual	H2017	HO		1/4 hr
Psychosocial Rehabilitation - Group	H2017	HM	HQ	1/4 hr
Psychosocial Rehabilitation - Group	H2017	HN	HQ	1/4 hr
Psychosocial Rehabilitation - Group	H2017	HO	HQ	1/4 hr
On-Site				
11 - Office				
15 - Mobile Unit				
20 - Urgent Care Facility				
53 - Community Mental Health Center				

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Modifier Key	
Modifier	Description
52	Lower level of care
AF	Specialty physician
AH	Clinical psychologist
ET	Emergency services
H9	Court-ordered
HA	Child/adolescent program
HB	Adult program, nongeriatric
HE	LOCUS assessment
HH	Substance Use Disorder Worker
HJ	Employee assistance program
HK	Specialized mental health programs for high-risk populations
HM	RSA
HN	MHP
HO	QMHP
HP	Doctoral level
HQ	Group setting
HR	Family/couple
HS	Client not present
HT	Multidisciplinary team
HW	Funded by state mental health agency
SA	APN
SE	FSP service
SF	Second opinion ordered
TD	RN
TE	LPN/LVN
TF	LPHA
TG	Complex level of care
TS	Follow-up/transition service

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 Network Management Department, MHILProviderNetworkManagement@MolinaHealthcare.com.

For help identifying your provider network manager, visit Molina's Service Area page at www.MolinaHealthcare.com.