Provider Memorandum

Community-Based Mental Health Services Fee Schedule Update

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

HFS issued updated reimbursement rates for specific community-based mental health services provided by a licensed Community Mental Health Center (CHMC) and Behavioral Health Centers (BHC). Molina providers should refer to the following pages for changes to covered services that took effect on November 1, 2018.

For Molina providers Assertive Community Treatment (ACT) and Community Support Team (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.

Note: Molina does not require providers to rebill claims that were affected by the fee schedule change, unless they did not bill the appropriate modifier. In these instances, providers must submit a corrected claim within the timely filing period.

Common Terms

These common terms are referred to in the next few pages:

- **Clinician** refers to the qualified individual within a CMHC site delivering a covered service.
- **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 Behavioral Services
Effective: 11/1/2018

Service Name	HCPC Code	Modifiers 1	Modifiers 2	Units
Group A - billable by BHC, CMHC, IPs				
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: Review and Update	H2000	HN	SF	1/4 hr
IATP: Review and Update	H2000	HO	SF	1/4 hr
IATP: Clinical Assessment Tool	H2000	TF		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 Services				
Crisis Intervention	H2011	HN		1/4 hr
Therapy/Counseling Services				
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
Group B - billable by BHC and CMHC				
General Medicaid Rehabilitation Option Services				
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 - Individual	H2015	HN	HK	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
Targeted Case Management Services				
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	HN	HT	1/4 hr
Crisis Stabilization	T1019	HN		1 hr
Mobile Crisis Response	S9484	HN		Event
Mobile Crisis Response - Team	S9484	HN	HT	Event

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Service Name	HCPC Code	Modifiers		Units
		1	2	
Community Support Team*	H2016			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
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	1/4 hr
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	HN		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

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Allowable Place of Service	
On-Site	**Off-Site**
11 - Office	03 - School
15 - Mobile Unit	04 - Homeless Shelter
20 - Urgent Care Facility	12 - Home
53 - Community Mental Health Center	13 - Assisted Living Facility
	14 - Group Home
	21 - Inpatient Hospital (Hospital)
	22 - On-Campus Outpatient Hospital
	23 - Emergency Room - Hospital
	26 - Military Treatment Facility Site
	31 - Skilled Nursing Facility (SNF)
	32 - Nursing Facility
	33 - Custodial Care Facility
	34 - Hospice
	51 - Inpatient Psych Facility (Free Standing Psych)
	52 - Psychiatric Facility - Partial Hospitalization
	54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities (ICF/IID)
	55 - Substance Use Disorder (SUD) Residential
	56 - Psychiatric Residential Treatment Facility (PRTF)
	57 - Substance Use Disorder (SUD) Treatment
	71 - Public Health Clinic
	99 - Other Place of Service

Modifier Key	
Modifier	**Description**
52	Lower level of care
AF	Physician
AH	Psychologist - Masters
ET	Crisis Service
H9	Forensic Service
HA	Child program
HB	Adult program
HE	LOCUS assessment
HH	Substance Use Disorder (SUD) worker
HJ	Employment supports
HK	High risk mental health program
HM	RSA
HN	MHP
HO	QMHP
HP	Psychologist - Licensed Clinical
HQ	Group setting
HR	Family/couple
HS	Client not present
HT	Multidisciplinary team
HW	Funded by DMH
SA	APN
SE	FSP service
SF	Review
TD	RN
TE	LPN/LVN
TF	LPHA
TG	Complex level of care
TS	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 Provider Network Management Department at

MHILProviderNetworkManagement@MolinaHealthcare.com.

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