

Provider Memorandum

Community Mental Health – Enhanced (Add-On) Payment

Molina Healthcare of Illinois (Molina) is issuing a reminder that all participating physicians and Advanced Practice Nurses (APNs) partnering with participating Community Mental Health Centers (CMHC) must bill the applicable procedure code to receive the enhanced payments for certain psychiatric services implemented by the Illinois Department of Healthcare and Family Services (HFS) on October 16, 2016.

In order to receive the enhanced payments, physicians/APNs must bill the applicable procedure code with the “UB” modifier and designate the community mental health center as the payee. Please note the community mental health center must be listed as a valid payee on the practitioner’s provider file. The updated Practitioner fee schedule, which can be found here: <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/CMHP.aspx>, includes a tab with the enhanced payment to providers for fee-for-service psychiatric services provided between July 1, 2016 and December 31, 2017. Molina’s system configuration of the enhanced fee schedule was implemented on December 17, 2016.

Claims Reprocessing

Providers will NOT need to submit claims for any services that were paid without the enhancement rate. Molina has updated their system to allow for enhanced payments that were greater than billed charges as of July 3, 2017. CMHC claims with dates of service on or after July 1, 2016 that were previously submitted and paid will be reprocessed on or by August 31, 2017.

The following are the only codes that will be considered for for the enhanced add-on payments.

HPC Code	Modifiers	Modifiers	State Maximum			Add-On (Effective 7/1/16 - 12/31/17)			Total State Max with Add-On		
HPC Code	1	2	On Site (11)	Home (12)	Off Site (99)	On Site (11)	Home (12)	Off Site (99)	On Site (11)	Home (12)	Off Site (99)
H0031	HN		\$16.65	\$19.31	\$19.31	\$5.00	\$5.00	\$5.00	\$21.65	\$24.31	\$24.31
H0031	HO		\$18.02	\$20.90	\$20.90	\$5.00	\$5.00	\$5.00	\$23.02	\$25.90	\$25.90
H0031	TG		\$24.12	\$27.98	\$27.98	\$5.00	\$5.00	\$5.00	\$29.12	\$32.98	\$32.98
H0031			\$18.02	\$20.90	\$20.90	\$5.00	\$5.00	\$5.00	\$23.02	\$25.90	\$25.90
H0039			\$26.46	\$30.70	\$30.70	\$12.00	\$12.00	\$12.00	\$38.46	\$42.70	\$42.70
H2015	HE	HN	\$16.65	N/A	N/A	\$5.00	N/A	N/A	\$21.65	N/A	N/A
H2015	HT		\$18.02	\$20.90	\$20.90	\$9.00	\$9.00	\$9.00	\$27.02	\$29.90	\$29.90
H2011			\$29.97	\$34.77	\$34.77	\$7.00	\$7.00	\$7.00	\$36.97	\$41.77	\$41.77
H2010			\$24.44	\$24.44	\$24.44	\$10.00	\$10.00	\$10.00	\$34.44	\$34.44	\$34.44
H0034			\$16.65	\$19.31	\$19.31	\$5.00	\$5.00	\$5.00	\$21.65	\$24.31	\$24.31
H0004	HO		\$18.02	\$20.90	\$20.90	\$5.00	\$5.00	\$5.00	\$23.02	\$25.90	\$25.90

Please contact your Provider Service Representative if you have any questions or you may contact the Provider Services Department at (630) 203-3965 or via email at IllinoisProviders@MolinaHealthcare.com.