

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 08/01/03 02/01/06
Section: Mental Health/Community Mental Health (CMH)	Section: 15.30	
Subject: Billing Guidelines	Pages: 4	
	Cross Reference:	

A unit of service is calculated by adding time spent in face to face contact with the beneficiary or collateral.

1-unit = 15 minutes, unless otherwise specified

Place of Service Codes: 2 Outpatient Hospital 4 Beneficiary's Home 5 CMHC
*7 Nursing Facility 0 Other/School

~~*Only eligible for Medicaid reimbursement when recommended by the Appropriateness Review Committee as part of the Pre-Admission Screening and Resident Review process.~~

~~Max Units means the maximum number of units that can be provided per service/per day~~

~~Service limit means the maximum number of units that can be provided per year per beneficiary.~~

~~Those services listed below in the same service category all apply toward that service limit total.~~

Services	Codes	Service Limit
Intake/Bio-psychosocial Assessment Individual Therapy Treatment Plan Review	W3006 W3005 W3007	144
Family Therapy	W3009	96
Group Therapy Multi-family Group Therapy	W3010 W3025	160
Case Management - child Case Management - adult Mental Illness Monitoring Services (MIMS) School Based Services Individual Therapy Support	W3022 W3021 W3008 W3026 W3036	576
Day Support	W3037	None
Psychosocial Rehabilitation	W3015	None
Psychosocial Rehabilitation (elderly)	W3038	None
Acute Partial Hospitalization	W3027	2000
Medication Evaluation & Monitoring	W3000	144
Nursing Services	W3023	144
Medication Injection	W3020	None

Service	Code	Rate	Max Units	Place of Service	Diagnosis
Intake/Bio-psychosocial Assessment	W3006	15.50	6	4, 5, 7, 0	Any MH, SA, MR/DD
Individual Therapy	W3005	15.50	6	4, 5, 7, 0	Any MH, SA, MR/DD
Family Therapy	W3009	15.50	8	4, 5, 7, 0	Any MH, SA, MR/DD
Group Therapy	W3010	5.85	8	5, 7, 0	Any MH, SA, MR/DD
Multi-family Group Therapy	W3025	5.85	8	5, 7, 0	Any MH, SA, MR/DD
Treatment Plan Review	W3007	15.50	2	5, 7, 0	Any MH, SA, MR/DD
Case Management (child)	W3022	12.50	96	4, 5, 7, 0	SED, MR/DD
Case Management (adult)	W3024	12.50	96	4, 5, 7, 0	SPMI, MR/DD
Mental Illness Monitoring Service (MIMS)	W3008	15.50	96	4, 5, 7, 0	SPMI, SED, MR/DD
School Based Services	W3026	15.50	96	4, 5, 0	SED, MR/DD
Individual Therapeutic Support	W3036	8.00	96	4, 5, 0	SPMI, SED, MR/DD
Day Support	W3037	1.75	20	5, 0	SPMI, MR/DD, SA
Psychosocial Rehabilitation (adult)	W3015	3.25	20	5, 0	SPMI, MR/DD
Psychosocial Rehabilitation (elderly)	W3038	3.25	20	5, 7, 0	Any MH Dx, MR/DD
Day Treatment (child)	W3016	6.67	20	5, 0	SED, MR/DD
Acute Partial Hospitalization	W3027	4.75	20	2, 5, 0	SPMI, SED, MR/DD
Medication Evaluation & Monitoring	W3000	41.87	6	4, 5, 7, 0	MR/DD, SPMI, SED
Nursing Assessment	W3023	15.50	4	4, 5, 7, 0	Any MH or MR/DD
Medication Injection, per injection	W3020	4.00	8	4, 5, 7, 0	SPMI, SED, MR/DD

Daily Service Limits are defined as the maximum number of units that can be provided per service/per day.

Yearly Service Limits is defined as the maximum number of units that can be provided per year per beneficiary.

<u>Modifiers</u>	<u>Place of Service Code</u>
HW = Funded by state mental health agency ***	03 = School
HA = Child/ Adolescent program	12 = Home
HB = Adult program, geriatric	22 = Outpatient Hospital
HT = Multi-disciplinary	31 = Skilled Nursing Facility ****
	32 = Nursing Facility****
	53 = Community Mental Health Center
	99 = Other Place of Service

***Required modifier.

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Those services listed below in the same service category all apply toward that service limit total.

<u>SERVICE NAME</u>	<u>NEW PROCEDUR E CODES</u>	<u>MODIFIERS (HW is required for all services)</u>	<u>PLACE OF SERVICE CODES</u>	<u>MINIMUM BILLABLE TIME</u>	<u>UNIT MEASURES</u>	<u>SERVICE LIMITS</u>	
						<u>DAILY</u>	<u>YEARLY</u>
<u>Psych. Diagnostic Interview Exam</u>	<u>90801</u>		<u>03,12,31,32,53,99</u>	<u>30 minutes</u>	<u>Per service</u>	<u>1</u>	<u>72</u>
<u>Medication Evaluation & Monitoring</u>	<u>90862</u>		<u>12, 31, 32, 53, 99</u>	<u>8 minutes</u>	<u>Per service</u>		
<u>Individual Psychotherapy with Medical Evaluation and Management Services Therapy</u>	<u>90805</u> <u>90807</u> <u>90809</u>		<u>03,12, 31,32, 53, 99</u>	<u>30 minutes</u> <u>50 minutes</u> <u>80 minutes</u>	<u>Per service</u>		
<u>Medication Injection</u>	<u>T1502</u>		<u>12,31,32,53,99</u>		<u>Per injection</u>	<u>2</u>	<u>None</u>
<u>Intake/Biopsychosocial Assessment</u>	<u>H0031</u>		<u>03,12,31,32,53,99</u>	<u>1 hour</u>	<u>Per service</u>	<u>1</u>	<u>36</u>
<u>Treatment Plan Review</u>	<u>H0032</u>	<u>HT</u>	<u>03,31,32,53,99</u>	<u>15 minutes</u>	<u>Per service</u>		
<u>Individual Therapy</u>	<u>90804</u> <u>90806</u> <u>90808</u>		<u>03,12,31,32,53,99</u>	<u>30 minutes</u> <u>50 minutes</u> <u>80 minutes</u>	<u>Per service</u>		
<u>Nursing Services*</u>	<u>T1001</u>		<u>03,12,31,32,53,99</u>	<u>20 minutes</u>	<u>Per service</u>		
<u>Nursing Services**</u>	<u>T1002</u>		<u>03,12,31,32,53,99</u>		<u>Per 15 min. unit</u>	<u>4</u>	<u>144</u>
<u>Family Therapy</u>	<u>90846</u> <u>90847</u>		<u>03,12,31,32,53,99</u>	<u>50 minutes each</u>	<u>Per service each</u>	<u>1</u>	<u>24</u>

<u>SERVICE NAME</u>	<u>NEW PROCEDURE CODES</u>	<u>MODIFIERS (HW is required for all services)</u>	<u>PLACE OF SERVICE CODES</u>	<u>MINIMUM BILLABLE TIME</u>	<u>UNIT MEASURES</u>	<u>SERVICE LIMITS</u>	
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<u>Group Therapy</u>	<u>90853</u> <u>90857</u>		<u>03,31,32,53,99</u>	<u>50 minutes each. Unless justified as age/clinically appropriate</u>	<u>Per service</u>	<u>1</u>	<u>40</u>
<u>Multi-Family Group Therapy</u>	<u>90849</u>		<u>31,32,53,99</u>	<u>50 minutes</u>	<u>Per service</u>		
<u>Case Management (Adult)</u>	<u>T1017</u>	<u>HB</u>	<u>12,53,99</u>		<u>Per 15 min unit</u>	<u>96</u>	<u>576</u>
<u>Case Management (Child)</u>	<u>T1017</u>	<u>HA</u>	<u>12,53,03,99</u>		<u>Per 15 min unit</u>		
<u>Individual Therapeutic Support</u>	<u>H2019</u>		<u>03,12,53,99</u>		<u>Per 15 min unit</u>		
<u>School Based services</u>	<u>H2015</u>	<u>HA</u>	<u>03,12,53,99</u>		<u>Per 15 min unit</u>		
<u>Mental Illness Monitoring Services (MIMS)</u>	<u>H0039</u>		<u>12, 53, 99</u>		<u>Per 15 min unit</u>		
<u>Psychosocial Rehabilitation</u>	<u>H2030</u>	<u>HB</u>	<u>53,99</u>		<u>Per 15 min unit</u>	<u>20</u>	<u>None</u>
<u>Day Treatment (child)</u>	<u>H2012</u>		<u>53,03</u>	<u>2 hours per day</u>	<u>Per 1 hr unit</u>	<u>5</u>	<u>None</u>
<u>Day Support</u>	<u>H2017</u>		<u>53, 99</u>		<u>Per 15 min unit</u>	<u>20</u>	<u>None</u>
<u>Psychosocial Rehabilitation (Elderly)</u>	<u>H2030</u>	<u>HC</u>	<u>31,32,53,99</u>		<u>Per 15 min unit</u>	<u>20</u>	<u>None</u>
<u>Acute Partial Hospitalization</u>	<u>H0035</u>		<u>22,53,99</u>	<u>5 hours: less than 5 hours with clinical justification</u>	<u>Per Diem</u>	<u>1</u>	<u>100</u>

* Effective 10/01/03 through 12/31/03

** Effective as of 01/01/04

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						DAILY	YEARLY
Psych. Diagnostic Interview Exam	90801		03,12,31,32,53, 99	30 minutes	Per service	1	72
Medication Evaluation & Monitoring	90862		12, 31, 32, 53, 99	8 minutes	Per service		
Individual Psychotherapy with Medical Evaluation and Management Services Therapy	90805 90807 90809		03,12, 31,32, 53, 99	30 minutes 50 minutes 80 minutes	Per service		
Medication Injection	T1502		12,31,32,53,99		Per injection	2	None
Intake/Biopsychosocial Assessment	H0031		03,12,31,32,53, 99	1 hour	Per service	1	36
Treatment Plan Review	H0032	HT	03,31,32,53,99	15 minutes	Per service		
Individual Therapy	90804 90806 90808		03,12,31,32,53, 99	30 minutes 50 minutes 80 minutes	Per service		
Nursing Services*	T1001		03,12,31,32,53, 99	20 minutes	Per service	4	144
Nursing Services**	T1002		03,12,31,32,53, 99		Per 15 min. unit		
Family Therapy	90846 90847		03,12,31,32,53, 99	50 minutes each	Per service each	1	24

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						DAILY	YEARLY
Group Therapy	90853 90857		03,31,32,53,99	50 minutes each. Unless justified as age/clinically appropriate	Per service	1	40
Multi-Family Group Therapy	90849		31,32,53,99	50 minutes	Per service		
Case Management (Adult)	T1017	HB	12,53,99		Per 15 min unit	96	576
Case Management (Child)	T1017	HA	12,53,03,99		Per 15 min unit		
Individual Therapeutic Support	H2019		03,12,53,99		Per 15 min unit		
School Based services	H2015	HA	03,12,53,99		Per 15 min unit		
Mental Illness Monitoring Services (MIMS)	H0039		12, 53, 99		Per 15 min unit		
Psychosocial Rehabilitation	H2030	HB	53,99		Per 15 min unit	20	None
Day Treatment (child)	H2012		53,03	2 hours per day	Per 1 hr unit	5	None
Day Support	H2017		53, 99		Per 15 min unit	20	None
Psychosocial Rehabilitation (Elderly)	H2030	HC	31,32,53,99		Per 15 min unit	20	None
Acute Partial Hospitalization	H0035		22,53,99	5 hours: less than 5 hours with clinical justification	Per Diem	1	100

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