

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 03/01/06 05/01/07
Section: Mental Health/Community Mental Health (CMH)	Section: 15.30	
Subject: Billing Guidelines	Pages: 2	Cross Reference:

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

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.

Modifiers

HW = Funded by state mental health agency ***
 HA = Child/ Adolescent program
 HB = Adult program, geriatric
 HT = Multi-disciplinary
 HC = Adult program, geriatric

Place of Service Code

03 = School
 12 = Home
 22 = Outpatient Hospital
 31 = Skilled Nursing Facility ****
 32 = Nursing Facility****
 53 = Community Mental Health Center
 99 = Other Place of Service

***Required modifier.

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

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

SERVICE NAME	NEW PROCEDURE CODES	MODIFIERS (HW is required for all services)	PLACE OF SERVICE CODES	MINIMUM BILLABLE TIME	UNIT MEASURES	SERVICE LIMITS	
						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		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		
Nursing Services**	T1002		03,12,31,32,53,99		Per 15 min. unit	4	144
Family Therapy	90846 90847		03,12,31,32,53,99	50 minutes each	Per service each	1	24

SERVICE NAME	NEW PROCEDURE CODES	MODIFIERS (HW is required for all services)	PLACE OF SERVICE CODES	MINIMUM BILLABLE TIME	UNIT MEASURES	SERVICE LIMITS	
						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

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

** Effective as of 01/01/04