

# PROVIDER BULLETIN No. 11-41

July 7, 2011

TO: Medicaid Behavioral Health Providers

FROM: Vivianne M. Chaumont, Director   
 Division of Medicaid & Long-Term Care

BY: Margaret Van Dyke, R.N.  
 Medicaid Mental Health/Substance Abuse Unit

RE: Unbundling of Community-Based Children's Mental Health and Substance Abuse Services

**Please share this information with administrative, clinical and billing staff.**

Beginning July 1, 2011, the Division of Medicaid and Long-Term Care will implement new billing procedures for payment of community-based children's mental health and substance abuse services.

The Centers for Medicaid and Medicare (CMS) require that Nebraska unbundle certain services that were previously reimbursed through a per diem rate. "Bundled" rates are those payment rates which allow multiple practitioners and staff members to bill services by a daily rate which includes all the components of the treatment program in the bundled per diem. The services affected by this change are Intensive Outpatient Services, Day Treatment Services, Professional Resource Family Care, and Therapeutic Group Home.

Beginning July 1, 2011 providers must separately bill the direct therapy services of the licensed practitioners and the psychosocial interventions of the unlicensed staff who are supervised by licensed practitioners separately.

All previously enrolled provider agreements for the bundled per diem services terminated on June 30, 2011. Those providers who have not reenrolled must reenroll their services for dates of service July 1, 2011 and after. Providers must use their newly assigned provider number and the new procedure codes (see below) when billing for these services after July 1, 2011.

### Community Treatment Aide (CTA)

Procedure codes G0177-52, G0177HM and G0177HN terminated June 30, 2011. Beginning July 1, 2011, procedure code H0036 identifies Community Treatment Aide services and the provider must bill in 15-minute increments.

### Intensive Outpatient Program (IOP)

When Intensive Outpatient Services are provided in a facility, the place of service code is 11 while home-based Intensive Outpatient Services identify the location with a place of service code of 12. Procedure codes S9480 and H0015HH are IOP codes which are obsolete for clients age 20 and younger with dates of services on or after July 1, 2011.

The following procedure codes are used for services beginning July 1, 2011.

Procedure Code	Modifier	Service
H2014	None	IOP psycho-ed. services
90804 – 90809	U4	Facility-based IOP individual therapy
90846 – 90847	U4	Facility-based IOP family therapy
90853	U4	Facility-based IOP group therapy
90804 – 90809	U5	Home-based IOP individual therapy

90846 – 90847	U5	Home-based IOP family therapy
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Day Treatment

Place of service code for Day Treatment is 52. Beginning July 1, 2011, procedure codes H2012 with modifiers 52, TU, and HA terminated. The following procedure codes are used for services beginning July 1, 2011.

Procedure Code	Modifier	Service
H2027	None	Day treatment psycho-ed. service per diem
90804 – 90809	U3	Day treatment individual therapy
90846 – 90847	U3	Day treatment family therapy
90853	U3	Day treatment group therapy

Professional Resource Family Care (PRFC)

This service has been modified from the previous Treatment Foster Care to provide services at that level of care. The place of service for PRFC services is 16. The procedure code S5145 which identified treatment foster care terminated on June 30, 2011. Beginning July 1, 2011, the following procedure codes are used to bill for Professional Resource Family Care Services for dates of services on or after July 1, 2011.

Procedure Code	Modifier	Service
T1027	None	PRFC psycho-ed. service per diem
T1027	UA	PRFC therapeutic leave day
T1027	UB	PRFC crisis inpatient psychiatric
T1027	UC	PRFC intensive crisis mental health
90804 – 90809	U2	PRFC individual therapy
90846 – 90847	U2	PRFC family therapy
90853	U2	PRFC group therapy

Therapeutic Group Home (ThGH)

The procedure codes for treatment group home and enhanced treatment group home terminated effective June 30, 2011. The place of service for ThGH is 56 for mental health and 55 for substance abuse. Dual programs will use place of service 55. Beginning July 1, 2011, the following procedure codes must be used to bill ThGH services for dates of service on or after July 1, 2011.

Procedure Code	Modifier	Service
H2020	None	ThGH psycho-ed. service per diem
H2020	UA	ThGH therapeutic leave date
H2020	UB	ThGH inpatient psychiatric crisis service
H2020	UC	ThGH inpatient crisis medical surgical
90804 – 90809	U6	ThGH individual therapy
90846 – 90847	U6	ThGH family therapy
90853	U6	ThGH group therapy

If you have any questions, please feel free to contact Margaret Van Dyke at 402-471-1608 or [margaret.vandyke@nebraska.gov](mailto:margaret.vandyke@nebraska.gov).

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