



Louisiana Department of Health and Hospitals
Informational Bulletin 16-1
Revised March 24, 2016

Issue: Mental Health Rehabilitation Providers billing for Community Psychiatric Support and Treatment (CPST) and Psychosocial Rehabilitation (PSR) consistent with the Medicaid issued fee schedule

History:

Medicaid issued a fee schedule in September 2015 for behavioral health services with an effective date of Dec. 1, 2015. The fee schedule includes procedure codes, modifiers and rates for youth and adults. The intent in releasing the fee schedule prior to integration was to allow providers and the Managed Care Organizations (MCO) time to ensure their claims processes and procedures were in place for Dec. 1, 2015. The focus of this informational bulletin is on CPST, procedure code H0036, and PSR, H2017 due to the addition of a location modifier. Prior to Dec. 1, 2015 when behavioral health services were integrated into Healthy Louisiana, Magellan used the place of service on the claim form to determine the correct rate and did not require a modifier.

Billing for CPST and PSR

CPST and PSR may be delivered in the office or community. The rate is higher for both services when provided in the community. The Department of Health and Hospitals (DHH) added the new modifier U8, Services provided in the Natural Environment, for providers to use when billing for service delivered in the community to ensure the appropriate rate is applied. This resulted in a change in the way providers submit claims to the MCOs effective Dec. 1, 2015. For services delivered in the office, facility or clinic, the provider should submit the procedure code without the U8 modifier.

For these two procedure codes as well as all other codes, providers must follow the fee schedule when submitting claims. Other modifiers include, but are not limited to member age, staff education level, individual versus group service, and if the member is receiving Permanent Supportive Housing. The order of placement of modifiers on the claim does not affect payment of claims.

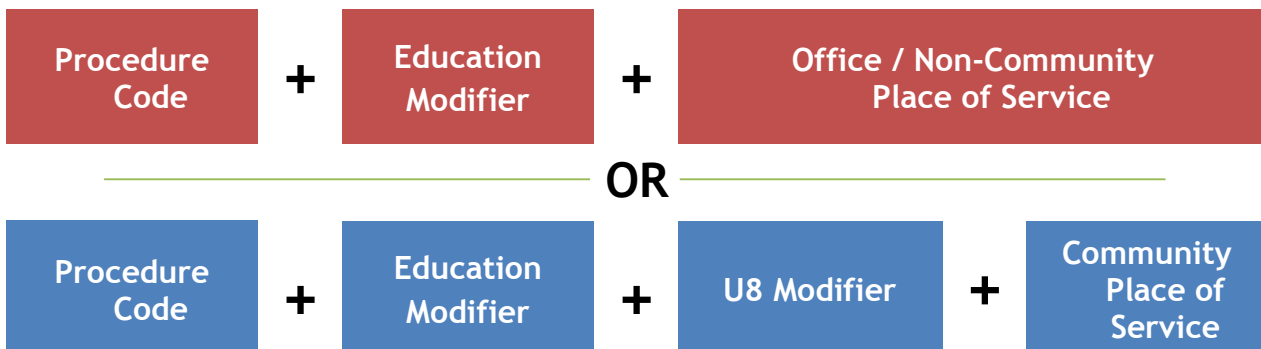
To avoid denial, it is critical that providers submit claims not only based on the Medicaid fee schedule but also follow instructions issued by each MCO in terms of procedure code, modifiers, place of service and any other requirements issued by the Health Plan.

Claims that include HCPCS H0036 and H2017

1. The **Education Modifier** must be billed.
2. The **Place of Service (POS)** must be billed. (defined below)
 - a. “Office/Non-Community” Place of Service codes are 11, 20, 49, 50, 71 or 72 and cannot be billed with the U8 Modifier.
 - b. “Community” Place of Service codes are 03, 04, 05, 07, 12, 14, 15, 52, 53, 57 or 99 and **must be billed with the U8 modifier on each service line.**
3. Age modifiers are required by Aetna and Amerigroup. For Amerihealth Caritas, it is requested that age modifiers be used per the fee schedule. However, claims will not deny if age modifiers are omitted. For United Health Care, the age modifier is not required but can be included for H0036/H2017, with the exception of H2017, individual, where the age modifier must not be included. Louisiana Healthcare Connections does not require age modifiers.
4. These requirements may change. Providers should consult DHH’s fee schedules for the latest billing requirements, which can be found at www.makingmedicaidbetter.com.

H0036 AND H2017 CODING MODEL

To be billed as appropriate for services rendered



Office/Non-Community Place of Service Codes	
11	Office
20	Urgent Care Facility
49	Independent Clinic
50	FQHC
71	State of Local Public Health Clinic
72	Rural Health Clinic

Community Place of Service Codes	
03	School
04	Homeless Shelter
05	Indian Health Service, Free-Standing Facility
07	Tribal 638, Free-Standing Facility
12	Home
14	Group Home
15	Mobile Unit
52	Psychiatric Facility – Partial Hospitalization
53	Community Mental Health Center
57	Non-Resident Substance Abuse Treatment Facility
99	Other Place of Service, Other Unlisted Facility

Modifiers that may be used with CPST and PSR:

U8 modifier for services provided in the natural environment

HK modifier for Homebuilders

HE modifier for Functional Family Therapy

HQ modifier for Group Setting

TG modifier for Permanent Supportive Housing (PSH)

HM modifier for less than bachelor’s degree level

HN modifier for bachelor’s degree level

HO modifier for master’s degree level

HA modifier for Child/Adolescent Program (0-20 years old)

HB modifier for Adult Program (21 years and older)