

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201023 JULY 8, 2010



Revised: Medicaid Rehabilitation Option program updated code set and modifier information

NOTE: This bulletin updates providers on the use of midlevel modifiers and the group setting modifier to submit for MRO claim adjudication purposes. It supersedes the original information published in BT201015.

Effective July 1, 2010, the Medicaid Rehabilitation Option (MRO) Program underwent a transformation from its previous process. The Office of Medicaid Policy and Planning (OMPP), in conjunction with the Division of Mental Health and Addiction (DMHA), developed a benefit plan structure for Medicaid members receiving MRO services. This notification is to update providers on the use of midlevel modifiers and the group setting modifier to submit for MRO claim adjudication purposes. This information supersedes the original information published in BT201015. Please see the table on the next page for all MRO procedure codes.

Identification of midlevel practitioners discontinued

MRO services no longer require the use of modifiers to note the midlevel scope of practice. Providers should use the rendering National Provider Identifier (NPI) of the supervising practitioner (physician or health service provider in psychology – HSPP) to bill psychiatric and clinical nurse specialist services. If providers use the modifiers below, the claim will be denied for edit 4033 – *Procedure code modifier combination invalid*. Providers who experience this denial should review the modifiers billed on the claim and remove any of the midlevel modifiers noted below to facilitate claim adjudication.

- AH – Clinical psychologist
- AJ – Clinical social worker

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- SA – Nurse practitioner
- HE – Mental Health program

Providers are not required to include other modifiers that denote the level of practitioner rendering the service. With the elimination of provider modifiers, it is important to note that for billing purposes, a provider agency must total actual time delivering the same service on the same day by all provider types for each consumer before rounding.

Providers must continue to use the HW modifier to denote MRO services. Place the modifiers in field 24D of the CMS-1500 claim form. Additional information about billing for MRO services is available in the updated [MRO Provider Manual](#) located at indianamedicaid.com.

Group setting modifier

In previous communications, group setting was indicated by the HQ modifier. The HQ modifier will no longer be used. Rather, “U1” will indicate group setting in place of HQ. If the HQ modifier is billed after July 1, 2010, claims may pay inappropriately. In the event that a claim is paid at an incorrect rate, providers need to submit a replacement request via Web interChange or a paid claim adjustment request to change any modifiers that were incorrectly billed for the claim detail submitted.

Please note that Addiction Counseling, Group Setting (H0005 HW) does not use a group setting modifier.

MRO covered services

Common Title	Base Codes	Secondary Codes	Rate
Behavioral health level of need re-determination	H0031 HW		\$77.72 flat fee
Behavioral health counseling and therapy	H0004 HW	H0004 HW HR (family/couple with client present)	\$28.65 per 15 minutes
		H0004 HW HS (family/couple without client present)	
Behavioral health counseling and therapy	H0004 HW U1 (group setting)	H0004 HW HR U1 (family/couple with client present)	\$7.16 per 15 minutes
		H0004 HW HS U1 (family/couple without client present)	
Medication training and support	H0034 HW	H0034 HW HR (family/couple with client present)	\$18.62 per 15 minutes
		H0034 HW HS (family/couple without client present)	
		H0034 HW U1 (group setting)	\$3.35 per 15 minutes
H0034 HW HR U1 (family/couple with client present)			
		H0034 HW HS U1 (family/couple without client present)	

MRO covered services

Common Title	Base Codes	Secondary Codes	Rate
Skills training and development	H2014 HW	H2014 HW HR (family/couple with client present)	\$26.14 per 15 minutes
		H2014 HW HS (family/couple without client present)	
		H2014 HW U1 (group setting)	\$4.71 per 15 minutes
		H2014 HW HR U1 (family/couple with client present)	
		H2014 HW HS U1 (family/couple without client present)	
Case management	T1016 HW		\$14.53 per 15 minutes
Peer recovery services	H0038 HW		\$8.55 per 15 minutes
Addiction counseling (individual setting)	H2035 HW	H2035 HW HR (family/couple with client present)	\$58.32 per hour
		H2035 HW HS (family/couple without client present)	
Addiction counseling (group setting)		H0005 HW (group setting)	\$14.58 per hour
		H0005 HW HR (family/couple with client present)	
		H0005 HW HS (family/couple without client present)	
Crisis intervention	H2011 HW		\$33.72 per 15 minutes
Intensive Outpatient Treatment (IOT)	H0015 HW U1		\$43.74 per 3 hours
Child and Adolescent Intensive Resiliency Services (CAIRS)	H2012 HW HA U1		\$14.62 per hour
Adult Intensive Rehabilitative Services (AIRS)	H2012 HW HB U1		\$14.62 per hour
Psychiatric assessment and intervention	H2019 HW (face to face with the client)		\$30.62 per 15 minutes
		H2019 HW UA (non-face to face with the client)	\$18.37 per 15 minutes