



Community Mental Health Services

Service Definition and Reimbursement Guide

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Section I. Service Provision**201.1 Compliance**

All providers seeking reimbursement for services described herein from any public funder, including Medicaid-funded services, must adhere to all applicable state and federal laws, rules, and policies.

201.2 Provision of Medicaid-funded Mental Health Services

Any service provided to an Illinois Medicaid eligible recipient by a provider from an enrolled Medicaid Certified Site being funded by any public payer seeking Federal Financial Participation must adhere to all applicable federal laws and rules and all HFS rules and policies.

In addition, all Medicaid-funded mental health services shall be delivered consistent with this guide and 59 Illinois Administrative Code, Part 132.

201.2.1 Medical Necessity

Any provider seeking reimbursement from the Illinois Medicaid Program for the provision of Medicaid-funded mental health services must adhere to all applicable state and federal rules, including this guide, regarding the requirement for medical necessity for every service provided to a Medicaid eligible participant.

201.2.2 Federal Financial Participation

Any Medicaid-funded service provided to a Medicaid eligible recipient by a provider from a Medicaid Certified Site is eligible for Federal Financial Participation (FFP), regardless of public payer. Any claim submitted by HFS to the federal government for the purposes of obtaining FFP shall be delivered in accordance with this guide.

201.2.1 Other Payers of Medicaid-funded Mental Health Services

All state and local entities seeking to participate in the Illinois Medicaid Program for the purposes of obtaining Federal Financial Participation for Medicaid-funded mental health services shall comply with 59 Illinois Administrative Code, Part 132 and this guide. Furthermore, these requirements shall be imposed on any service provider funded by the state or local entity.

201.2.4 Medicaid Rate

HFS is responsible for establishing rates for all eligible services in the Illinois Medicaid Program. The HFS established rate is the maximum allowable rate for each eligible service. Reimbursement of a Medicaid service by a public payer in any amount up to the maximum allowable rate published by HFS shall be considered payment in full and cannot be supplemented in any way.

The HFS authorized Medicaid-funded Mental Health Services and rates for Illinois will be published and maintained as a Section of this guide.

201.3 Provision of Non-Medicaid-funded Services

Each service listed in this guide is identified as a Medicaid service or a non-Medicaid service. Those services described as non-Medicaid do not qualify for the Illinois Medicaid Program and as such are funded by a public payer but the terms of provision and reimbursement are specified by the public payer. Failure to comply with the rules and policies of the public payer may result in claims denial. Some non-Medicaid funded services may require prior approval by the public payer.

201.4 Prior Approval

Some Medicaid-funded and non-Medicaid mental health services require a prior approval – this approval must be established prior to the provision of service or consistent with the rules and policies of the public payer. Failure to secure a prior approval consistent with the rules and policies of the public payer may result in claims denial.

Section II. Billing and Service Reimbursement Requirements

202.1 Provisions for Submitting Claims to HFS

Providers of community mental health services must be enrolled with HFS in order for those services to be considered for payment. Services provided must be in full compliance with the general provisions contained in the Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures and the policy and procedures contained or referenced in this guide.

Providers wishing to submit X12 electronic transactions must refer to Chapter 300, Handbook for Electronic Processing. Chapter 300 identifies information that is specific to conducting Electronic Data Interchange (EDI) with the Illinois Medical Assistance Program and other health care programs funded or administered by Healthcare and Family Services. In addition, information on processing electronic transactions specifically for Community Mental Health Centers can found in Section 202.4.3 of this guide.

202.2 HFS Provider Participation

202.2.1 Provider Participation

Any provider directly submitting a claim to HFS for adjudication and/or reimbursement must be enrolled to participate with HFS Medical Programs. In addition, any provider rendering a Medicaid-funded mental health service as part of the Illinois Medicaid Program, including those services funded through the Illinois Departments of Children and Family Services (DCFS), Human Services (DHS), and Juvenile Justice (DJJ), or any other state or local public payer, must be enrolled to participate with HFS Medical Programs.

202.2.2 HFS Provider Participation Unit

Healthcare and Family Services
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114

217-782-0538

[E-mail PPU](mailto:PPU@hfs.illinois.gov)

<http://www.hfs.illinois.gov/enrollment/>

202.2.3 Medicaid Certification

Any provider seeking reimbursement for services consistent with this guide, either directly from HFS or as part of the Illinois Medicaid Program as funded by another public payer must be enrolled with HFS as a Community Mental Health Center (Provider Type 036) to participate with HFS Medical Programs.

In order to enroll with HFS as a Community Mental Health Center (Provider Type 036), a qualified and willing entity must apply for and complete the Medicaid Certification Program from one of the qualifying state agencies listed below. Once the Certification Program is completed with any of the listed agencies, a complete registration packet will be forwarded to HFS and the provider will be enrolled to participate with HFS Medical Programs.

Illinois Department of Human Services
Attention: Division of Mental Health
4200 North Oak Park Avenue
Chicago, Illinois, 60634

Illinois Department of Children and Family Services
Manager, DCFS Office of Medicaid Certification and Program Services
406 E. Monroe, Mail Station 60
Springfield, IL 67204

Entities seeking information regarding the Medicaid Certification Program may contact the HFS Provider Participation Unit (see Section 202.2.2).

202.2.4 Site Certification

Medicaid Certification for Community Mental Health Centers is issued on a site-specific basis. Each location utilized by the provider as an official site shall be required to obtain a unique Provider Identification Number as part of the Medicaid Certification Program. Each Provider Identification Number shall be recorded and managed by HFS and shall be limited to providing only the qualifying categories of service as determined in the Medicaid Certification Program. Providers with questions or concerns related to site-specific Medicaid Certification should contact their certifying state department or the HFS Provider Participation Unit.

202.2.5 National Provider Identification (NPI) Number

Each provider site is issued a unique Provider Identification Number from HFS. Providers are required to obtain a unique National Provider Identification (NPI) Number for each site. This means that providers are required to have a unique one-to-one match between NPI's and Provider IDs on file with HFS. Providers that fail to obtain and report a unique NPI for each Provider ID to HFS may be subject to claims denial.

202.3. Provider Participation Requirements

202.3.1 Category of Service

In addition to site-specific Medicaid Certification, each provider site must be enrolled for the specific category of service (COS) for which they plan to deliver services regardless of Medicaid-funded mental health payer.

In order to change or update your site-specific Medicaid Certified COS, the provider must complete and submit the following:

- Form HFS 2243 (Provider Enrollment/Application)
- Form HFS 1413 (Agreement for Participation)
- HFS 1513 (Enrollment Disclosure Statement)
- W9 (Request for Taxpayer Identification Number)

These forms may be obtained by e-mailing the [HFS Provider Participation Unit](#) or by visiting the [Medical Programs General Provider Enrollment Requirements Web page](#).

The forms must be completed (printed in ink or typewritten), signed and dated in ink by the provider, and returned to the HFS Provider Participation Unit (see Section 202.2.2). The provider should retain a copy of the forms. The date on the application will be the effective date of enrollment unless the provider requests a specific enrollment date and it is approved by HFS.

202.3.2 Transfer of Ownership

Participation approval is not transferable. When there is a change in ownership, location, name, or a change in the Federal Employer's Identification Number, a new application for participation must be completed. Claims submitted by the new owner using the prior owner's assigned provider number may result in recoupment of payments and other sanctions.

202.3.3 Participation Approval

When participation is approved, the provider will receive a computer generated notification, the Provider Information Sheet listing all data on HFS computer files. The provider is to review this information for accuracy immediately upon receipt.

If all information is correct, the provider is to retain the Provider Information Sheet for subsequent use in completing claims (billing statements) to ensure that all identifying information required is an exact match to that in the HFS files. If any of the information is incorrect, please contact the HFS Provider Participation Unit.

202.3.4 Participation Denial

When participation is denied, the provider will receive written notification of the reason for denial.

Within 10 calendar days after the date of a participation denial notice, the provider may request a hearing. The request must be in writing and must contain a brief statement of the basis upon which the HFS action is being challenged. If such a request is not received within 10 calendar days, or is received, but later withdrawn, the HFS decision shall be a final and binding administrative determination. HFS rules concerning the basis for denial of participation are set

out in 89 Ill. Admin. Code 140.14. HFS rules concerning the administrative hearing process are set out in 89 Ill. Admin. Code 104 Subpart C.

202.3.5 Provider File Maintenance

The information carried in the HFS files for participating providers must be maintained on a current basis. The provider and HFS share responsibility for keeping the file updated.

202.3.5.1 Provider Responsibility

The information contained on the Provider Information Sheet is the same as in the HFS files. Each time the provider receives a Provider Information Sheet, it is to be reviewed carefully for accuracy. The Provider Information Sheet contains information to be used by the provider in the preparation of claims; any inaccuracies found are to be corrected and HFS is to be notified immediately.

Any time the provider effects a change that causes information on the Provider Information Sheet to become invalid, HFS is to be notified. When possible, notification should be made in advance of a change. Failure of a provider to properly notify HFS of corrections or changes may cause an interruption in participation, claims denial, or provider charge backs.

202.3.5.2 Updating Provider Information

In order to submit updated information, using the Provider Information Sheet, the enrolled provider is to line out the incorrect or changed data, enter the correct data, sign and date the Provider Information Sheet with an original signature on the line provided. Hard copy of the updated/corrected Provider Information Sheet should be submitted to the HFS Provider Participation Unit.

202.3.5.3 HFS Responsibility

When there is a change in a provider's enrollment status or the provider submits a change, HFS will generate an updated Provider Information Sheet reflecting the change and the effective date of the change. The updated sheet will be sent to the provider and to all payees listed if the payee address is different from the provider address.

202.4 Reimbursement from HFS

Billable services for Community Mental Health Centers are those services defined in this guide.

When billing for services, the claim submitted for payment must include a diagnosis and the coding must reflect the actual services provided. Any payment received from a third-party payer or other persons applicable to the provision of services must be reflected as a credit on any claim submitted to HFS bearing charges for those services or items. (Exception: HFS co-payments are not to be reflected on the claim. Refer to Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, Topic 114.1 for more information on patient cost sharing.)

202.4.1 Charges

Charges billed to HFS must be the provider's usual and customary charge billed to the general public for the same service or item. Providers may only bill HFS after the service has been provided.

202.4.2 Electronic Claim Submittal

Any services that do not require attachments or accompanying documentation may be billed electronically. Further information concerning electronic claims submittal can be found in Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, Topic 112.3.

Providers billing electronically should take special note of the requirement that Form HFS 194-M-C, Billing Certification Form, must be signed and retained by the provider for a period of three (3) years from the date of the voucher. Failure to do so may result in revocation of the provider's right to bill electronically, recovery of monies or other adverse actions. Form HFS 194-M-C can be found on the last page of each Remittance Advice that reports the disposition of any electronic claims. Refer to Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, Topic 130.5 for further details.

Please note that the specifications for electronic claims billing are not the same as those for paper claims. Please follow the instructions for the medium being used. If a problem occurs with electronic billing, providers should contact HFS in the same manner as would be applicable to a paper claim. It may be necessary for providers to contact their software vendor if HFS determines that the service denials are being caused by the submission of incorrect or invalid data.

202.4.3 Providers Submitting 837P Transactions

Providers seeking to submit 837 transactions to HFS for Community Mental Health Services must meet the layout requirements of the HFS Chapter 300. In addition, the details for populating required fields can be found within the DHS 837 Companion Guide.

202.4.3.1 Staff Qualification Level

In order to meet the requirements specified by DHS-DMH for reporting of practitioner qualifications, a two-digit level of practitioner code is required. The Staff Qualification Levels should be reported in loop 2400 starting in position 64 of the NTE segment. The values and details regarding this requirement can be found in the DHS 837 Companion Guide.

202.4.3.2 Payee NPI

The Payee NPI must be reported in loop 2010AA, Billing Provider. The information entered into this loop is where HFS will send Remittance Advice and Payments.

202.4.3.3 Rendering Provider

The rendering provider must be entered in loop 2310B. This data should be a NPI that is connected to a specific site. The data field is not required if the Rendering is the same as the Billing Provider, Loop 2010AA.

202.4.4 Claim Preparation and Submittal

Refer to Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, Topic 112, for general policy and procedures regarding claim submittal.

HFS uses an imaging system for scanning paper claims. The imaging system allows more efficient processing of paper claims and also allows attachments to be scanned. HFS offers a claim scanning/imaging evaluation. Please send sample claims with a request for evaluation to the following address:

Healthcare and Family Services
Attention: Vendor/Scanner Liaison
201 South Grand Avenue East
Data Preparation Unit
Springfield, Illinois 62763-0001

202.4.5 Claims Submittal

Form HFS 1443 Provider Invoice is to be used to submit charges.

All routine paper claims are to be submitted in a pre-addressed mailing envelope provided by HFS for this purpose. Use of the pre-addressed envelope should ensure that billing statements arrive in their original condition and are properly routed for processing.

For a non-routine claim submittal, use Form HFS 1414, Special Approval Envelope. A non-routine claim is any claim to which Form HFS 1411, Temporary MediPlan Card, is attached.

The HFS 1443, Provider Invoice can be mailed to:
Healthcare and Family Services
Post Office Box 19105
Springfield, Illinois 62794

For electronic claims submittal, refer to Topic 202.4.2 above. Non-routine claims may not be electronically submitted.

202.4.6 Payment

Payment made by HFS for allowable services will be made at the lower of the provider's usual and customary charge or the maximum rate as established by HFS. Refer to Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, Topics 130 and 132, for payment procedures utilized by HFS and Chapter 100, Handbook for Providers of Medical Services, General Policy and Procedures, General Appendix 8 for explanations of Remittance Advice detail provided to providers.

202.4.7 Reporting the Diagnosis Code

Providers seeking reimbursement for services from HFS must identify all required diagnosis codes. In the instance where the funder does not supply the allowable diagnosis coding, the diagnosis code should be derived from the ICD-9 or any successor version(s) of the ICD Manuals, consistent with HFS policy.

202.4.8 Service Definitions and Activity Crosswalk

Previous rate schedules for Community Mental Health Centers have been titled, “Service Matrix”, “Crosswalk”, and/or “Service Definition and Reimbursement Guide” – this guide replaces all other documents as the official set of services, both Medicaid-funded and non-Medicaid, and rates that are reimbursable to this provider group.

Providers will be advised of major changes via a written notice. Provider notices will not be mailed for minor updates such as error corrections or the addition of newly created HCPCS codes

202.4.9 Non-Covered Activities

The following activities are not reimbursable to Medicaid Community Mental Health Centers, either because they are not directly therapeutic, and/or because the cost associated with the activity was already taken into account in the rates paid for billable services:

- Medicaid-funded mental health services provided to individuals not meeting the requirement of Medical Necessity as defined by 59 Illinois Administrative Code, Part 132, at the time of service provision.
- Services requiring a prior approval to individuals in instances where the provider has not sought or received authorization.
- Services provided to individuals that do not have an appropriate ICD-9-CM or ICD-10 diagnosis, consistent with Sections 202.4.6. and 202.4.7. of this guide.
- Services for which the provider is not enrolled or certified to provide.
- Medicaid-funded mental health services that do not meet service requirements specified by 59 Illinois Administrative Code, Part 132, including staff that do not meet minimal qualifications for performing the service.
- Non-Medicaid services delivered in a manner inconsistent with the policies or procedures of the public payer.
- The provider is attempting to bill for more than one staff person per service delivered on individual claims. (Multiple staff members may be utilized and are accounted for with services that have an allowable ‘HT’ modifier.)
- Performance of a billable service in less than one-half billable unit (e.g., Services that are assumed at 15 minute units cannot be billed if the service is completed in less than 7.5 minutes).
- Preparation, required to perform a billable activity, (e.g., gathering child files, planning activities, reserving space).
- Activities required to complete a billable service after the billable portion of the episode is concluded (e.g., completing case notes, returning file material, clinical documentation, billing documentation, etc.).
- Unavoidable down-time, including waiting for individuals prior to a billable activity or due to failure of an individual to attend billable sessions, regardless of place of service.
- Time spent interacting with or building a relationship with individuals when this activity cannot be directly accounted for in a service listed in Section III of this guide.
- Personnel/management activities (e.g., hiring, staff evaluations, normal staff meetings, utilization review activities, and staff supervision).
- Staff training, orientation, and development.
- Clinical supervision.
- Observation of individual or activities with the individual while not actively performing another billable service.

Any travel, with or without an individual in the car, unless performing a service specified in the client's Individual Treatment Plan (e.g., individual counseling).

202.5 Funding from the Department of Human Services – Division of Mental Health

In addition to following the requirements found in this guide, providers seeking reimbursement for both Medicaid-funded and non-Medicaid mental health services from the Illinois Department of Human Services – Division of Mental Health (DHS-DMH) are required to comply with all DHS-DMH rules and policies, including those policies issued by its Agent(s). Providers are required to submit claims for reimbursement for all DHS-DMH funded services to HFS consistent with HFS rules and policies, including [Chapters 100](#), [Chapter 200](#) and [Chapter 300](#).

202.5.1 Illinois Mental Health Collaborative for Access and Choice

The [Illinois Mental Health Collaborative for Access and Choice](#), also known as, “The Collaborative,” or “Value Options,” is the DHS Administrative Services Organization (ASO) working on behalf of DHS-DMH in support of the Community Mental Health System. Additional information regarding the DHS ASO can be found on the [Illinois Mental Health Collaborative for Access and Choice Web site](#).

202.5.2 Provider Registration

All changes to provider registration and enrollment completed with the HFS Provider Participation Unit must also be reported to the DHS ASO.

202.5.3 Registration and Prior Approval

All services funded by DHS-DMH require that eligible recipients be registered with DHS ASO prior to service provision.

In addition to registration, to qualify for funding from DHS-DMH, some Medicaid-funded and non-Medicaid mental health services may require prior approval authorization. These services are noted in Section III of this guide with the indicator, “Prior Authorization – DMH”. Any service with the “Prior Authorization – DMH” indicator marked requires the provider to obtain prior approval authorization from DHS-DMH or its Agent prior to service provision. If a provider fails to obtain prior approval when required, it may result in claims denial.

202.6 Funding from the Department of Children and Family Services

In addition to following the requirements found in this guide, providers seeking reimbursement of Medicaid-funded mental health services from DCFS must comply with all DCFS rules and policies.

Provider seeking reimbursement for service provided to children and youth under the care of DCFS shall submit claims for reimbursement directly to DCFS in a manner specified by DCFS.

202.7 Funding for the Screening, Assessment and Support Services Program

Providers seeking reimbursement for services provided to a child or youth with an active HFS Social Services Special Eligibility Segment on the date of service must comply with the

requirements found in CMH-200, Handbook for the Providers of Screening, Assessment and Support Services.

All Medicaid-funded mental health services provided to children and youth with an active HFS Social Services Special Eligibility Segment on the date of service shall be submitted as a claim for reimbursement directly to HFS.

202.8 Funding from Other Payers of Medicaid-funded Mental Health Services

In addition to following the requirements found in 59 Illinois Administrative Code, Part 132 and this guide, providers seeking reimbursement of Medicaid-funded mental health services from other state and local payers must comply with the rules and policies established from the funder.

202.9 Utilization Control

Medicaid-funded mental health services are subject to utilization control consistent with applicable laws, rules and policies of the federal government and Illinois. Providers are subject to review of service delivery and must comply with all Medicaid Utilization Management procedures initiated by the funder. Failure to comply with the funder's Utilization Control procedures may result in claims denial.

202.10 Medicaid Monitoring and Auditing

In addition to any programmatic reviews performed by the funder, HFS enrolled Medicaid Certified Community Mental Health Centers must participate in all monitoring and auditing processes required in support of FFP claiming or retention of Medicaid Certification status, including Post Payment Reviews.

Section III. Service Guidance and Rate Schedule

203.1 General Notes

Section III. Service Guidance and Rate Schedule is a companion to 59 Illinois Administrative Code, Part 132 for the purposes of providing guidance on the delivery of Medicaid-funded mental health services. This section also incorporates the rates for non-Medicaid services funded by DHS. This section represents the official rate schedule for enrolled and participating Community Mental Health Providers seeking to participate in the Illinois Medicaid Program.

No detail in Section III shall supplant Illinois law or administrative code in any way.

203.2. Group A Services

Medicaid services governed by 59 Ill. Admin. Code 132.148. Services are billed to the appropriate authorizing public payer. DHS and SASS Services are billed to HFS for reimbursement.

203.2.1 Mental Health Assessment

Group A:

Medicaid Reimbursed Service

Service Definition:		Minimum Staff Requirements:	
The formal process of gathering into written reports information on the client—including, but not limited to, individual characteristics, presenting problems, history or cause of illness, history of treatment, psychosocial history, and current functioning in emotional, cognitive, social, and behavioral domains through face-to-face or personal contact with the client or collaterals. This service results in identification of the client's mental health service needs and recommendations for treatment and may include a tentative diagnosis.		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input checked="" type="checkbox"/> QMHP <input checked="" type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Service Notes:		Staffing Note(s):	
<ul style="list-style-type: none"> Required for all services except for crisis intervention or case management provided 30 days preceding the completion of a mental health assessment. The mental health assessment must be updated at least annually. A minimum of one face-to-face meeting with the client by a QMHP is required prior to completion. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. A diagnosis of mental illness is not required prior to starting mental health assessment activities. 		<ul style="list-style-type: none"> MHP must be under the direction of a QMHP. QMHP and LPHA must sign the mental health assessment report and annual update. 	
Applicable Populations:		Example Activities:	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		<ul style="list-style-type: none"> Face-to-face meeting with the client in order to assess the client's needs. Face-to-face meeting or telephone contact with the client or client's family to collect social history information With the client's permission, face-to-face meetings or telephone contact with: <ul style="list-style-type: none"> Family members. Collateral sources of pertinent information—including, but not limited to, educational personnel, medical personnel, DCFS staff. Administering CGAS/GAF or other acceptable instruments to the client to document substantial impairment in role functioning. Annual update of the assessment. 	
Acceptable Delivery Mode(s):		References:	
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)		Rule – 59 Ill. Admin. Code 132.148(a) HIPAA – Mental Health Assessment – Non-physician	
Service Requirements:			
<input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH			

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H0031	HN				MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
** H0031 **	HO				QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.2.2 Psychological Evaluation

Group A:

Medicaid Reimbursed Service

<p>Service Definition: A psychological evaluation conducted and documented by the provider consistent with the <i>Clinical Psychologist Licensing Act (225 ILCS 15)</i>, using nationally standardized psychological assessment instruments.</p>	<p>Minimum Staff Requirements:</p> <p><input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA</p> <p><input checked="" type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input checked="" type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other</p>
<p>Notes:</p> <ul style="list-style-type: none"> The licensed clinical psychologist must have at least one face-to-face meeting with the client before signing the evaluation. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. A master's level professional may administer standardized testing as part of the evaluation. 	<p>Staffing Note(s):</p> <ul style="list-style-type: none"> The evaluation must be conducted and signed by a licensed clinical psychologist.
<p>Applicable Populations:</p> <p><input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	<p>Example Activities:</p> <ul style="list-style-type: none"> Client interview or clinical observation. Interview with parent or guardian, if indicated. Administration of nationally recognized psychological assessment instruments as part of a psychological evaluation.
<p>Acceptable Delivery Mode(s):</p> <p><input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)</p>	<p>References:</p> <p>Rule – 59 Ill. Admin. Code 132.148(b)</p> <p>HIPAA – Mental Health Assessment–Non-physician</p>
<p>Service Requirements:</p> <p><input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment</p> <p><input checked="" type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
** H0031 **	TG				LCP	Individual	¼ hr.	\$24.12	\$27.98	\$27.98
** H0031 **					MCP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.2.3 Treatment Plan Development/Review/Modification Group A: Medicaid Reimbursed Service

Service Definition:		Minimum Staff Requirements:	
The development of a plan, in conjunction with the client and parent/guardian as applicable, to deliver specific mental health services to a client, based on the service needs identified in the mental health assessment, which includes goals, objectives, specific mental health services, frequency and identification of staff responsible for delivering the services. The LPHA and QMHP shall review the individualized treatment plan (ITP) no less frequently than every six months and make any modification, if necessary.		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input checked="" type="checkbox"/> QMHP <input checked="" type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Notes:		Staffing Note(s):	
<ul style="list-style-type: none"> Required if providing group 2 services, except for crisis services or case management provided 30 days preceding the completion of a mental health assessment. Mental health diagnosis required, or documentation of evaluations that will be conducted to determine a definitive diagnosis. Participation by the client and parent/guardian (if client is a minor) is expected. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. 		<ul style="list-style-type: none"> QMHP responsible for development. LPHA provides clinical direction. 	
Applicable Populations:		Example Activities:	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		<ul style="list-style-type: none"> Meeting with client or parent/guardian (if the client is a minor) to discuss, develop or review a treatment plan. Face-to-face meetings with family members, collaterals, or with other persons essential to the development or review of the treatment plan, with client's permission. Treatment team meetings used for ITP development and/or formalized review of the effectiveness of the entire treatment plan. The LPHA or QMHP must be present and sign documentation. Does not include intra-agency meetings to review client progress related to individual ITP goals. Time spent by the QMHP/MHP reviewing the assessment materials and developing ITP with others (but not time spent writing/typing the document). 	
Acceptable Delivery Mode(s):		References:	
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)		Rule – 59 Ill. Admin. Code 132.148(c) HIPAA – Mental Health Service Plan Development	
Service Requirements:			
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH			

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H0032	HN				MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
** H0032 **					QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3 Group B Services

Medicaid services governed by 59 *Ill. Admin. Code* 132.150 and 132.165.
Services are billed to the appropriate authorizing public payer.
DHS and SASS Services are billed to HFS for reimbursement.

203.3.1 Assertive Community Treatment

Group B: Medicaid Reimbursed Service

Service Definition: An evidence-based model of treatment/services that provides an inclusive array of community-based mental health and supportive services for adults (18 years of age and older) with serious and persistent mental illness or co-occurring mental health and medical or alcohol/substance abuse disorders. It requires an intensive integrated package of services, provided by a multi-disciplinary team of professionals over an extended period of time.		Minimum Staff Requirements: <input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input checked="" type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Notes: <ul style="list-style-type: none"> Individual must be 18 years of age or older. Provider must be in compliance with the assertive community treatment (ACT) paradigm of the Department of Human Services. Other services listed in this document may be provided only to facilitate transition into and out of ACT services in accordance with an ITP or while a client is receiving residential services to stabilize a crisis. "ACT team" should be identified as "responsible staff" on ITP. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. 		Staffing Note(s): <ul style="list-style-type: none"> Each ACT Team shall consist of at least six FTE staff including a licensed clinician as team leader and at least one RN. The team must be supported by a psychiatrist and program/administrative assistant. At least one team member must have training or certification in substance abuse treatment, one in rehabilitative counseling and one person in recovery. 	
Applicable Populations: <input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		Example Activities: <ul style="list-style-type: none"> Symptom assessment and management including ongoing assessment, psycho-education, and symptom management efforts. Supportive counseling and psychotherapy on planned and as-needed basis. Medication prescription, administration, monitoring and documentation. Dual-diagnosis substance abuse services including assessment and intervention. Support of activities of daily living. Assist client with social/interpersonal relationship and leisure time skill building. Encourage engagement with peer support services. Services offered to families and/or other major natural supports (with the client's permission). Development of discharge or transition goals and related planning. 	
Acceptable Delivery Mode(s): <input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)		References: Rule – 59 Ill. Admin. Code 132.150(j) HIPAA – Assertive Community Treatment	
Service Requirements: <input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH			

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
** H0039 **					Team	Individual	¼ hr.	\$26.46	\$30.70	\$30.70
H0039	HQ				Team	Group	¼ hr.	\$8.82	\$10.23	\$10.23

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.2 Case Management - Client-Centered Consultation Group B: Medicaid Reimbursed Service

Service Definition:		Minimum Staff Requirements:	
An individual client-focused professional communication between provider staff, or staff of other agencies, or with other professionals or systems who are involved with providing services to a client.		<input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		Staffing Note(s):	
		N/A	
Notes:		Example Activities:	
Must be provided in conjunction with one or more group 2 mental health services. Does not include advice given in the course of clinical staff supervisory activities, in-service training, treatment planning or utilization review and may not be billed as part of the assessment process. Does not include direct intervention with the individual or their family.		<ul style="list-style-type: none"> • Face-to-face or telephone contacts (including scheduled meetings or conferences) between provider staff, staff of other agencies and child-caring systems concerning the client's status. • Contacts with a State-operated facility and educational, legal or medical system. • Staffing with school personnel or other professionals involved in treatment. • Administrative case review (ACR). 	
Applicable Populations:			
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS			
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		Rule: 59 Ill. Admin. Code 132.150(c) HIPAA: Case management	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
T1016	TG				RSA	Individual	¼ hr.	\$13.68	\$15.87	\$15.87
T1016	HN	TG			MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.3 Case Management – Mandated Follow Up

Group B:

Medicaid Reimbursed Service

Service Definition:		Minimum Staff Requirements:	
Services are provided to assist in an effective transition in living arrangement from a State Operated Hospital (SOH) to a community placement consistent with the client's welfare and development.		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Notes:		Staffing Note(s):	
<ul style="list-style-type: none"> When a client is being discharged from a State operated hospital, the mental health assessment (MHA) and treatment plan (ITP) of SOH may be used to authorize the provision of this mental health service. Notes must indicate when this transition is occurring. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. 		N/A	
Applicable Populations:		Example Activities:	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		<ul style="list-style-type: none"> Services provided to clients being discharged from SOH. Time spent planning with the staff of the SOH or the receiving living arrangement. Time spent locating client-specific placement resources such as meetings and phone calls. Assisting client in completing paperwork for community resources. Arranging or conducting pre- or post-placement visits. Time spend developing an aftercare service plan. Time spent planning a client's discharge and linkage from a SOH for continuing mental health services and community/family support. Assisting the client or the client's family or caregiver with the transition. 	
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		Rule: 59 Ill. Admin. Code 132.165(c) HIPAA: Case management	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
** T1016 **	HN	HK			MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
** T1016 **	HO	HK			QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.4 Case Management – Mental Health

Group B:

Medicaid Reimbursed Service

Service Definition:		Minimum Staff Requirements:	
Services include assessment, planning, coordination and advocacy services for clients who need multiple services and require assistance in gaining access to and in using mental health, social, vocational, educational, housing, public income entitlements and other community services to assist the client in the community. Case management activities may also include identifying and investigating available resources, explaining options to the client and linking them with necessary resources.		<input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		Staffing Note(s):	
		N/A	
Notes:		Example Activities:	
<ul style="list-style-type: none"> Case management does not include time spent transporting the client to required services or time spent waiting while the client attends a scheduled appointment. Case management may be provided, for a maximum of 30 days, prior to a mental health assessment or ITP. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. 		<ul style="list-style-type: none"> Helping the client access appropriate mental health services including the ICG program, apply for public entitlements, locate housing, obtain medical and dental care, or obtain other social, educational, vocational, or recreational services. Assessing the need for service, identifying and investigating available resources, explaining options to the client and assisting in the application process. Supervision of family visits for DCFS clients. 	
Applicable Populations:			
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS			
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		Rule: 59 Ill. Admin. Code 132.165(a) HIPAA: Case management	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
** T1016 **					RSA	Individual	¼ hr.	\$13.68	\$15.87	\$15.87
T1016	TF				MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.5 Case Management – LOCUS Assessment

Group B:

Medicaid Reimbursed Service

Service Definition:		Minimum Staff Requirements:	
<p><i>Level of Care Utilization System (LOCUS)</i> that consists of assessing a client's clinical needs or functional status and matching the client's needs to treatment resources in the level of care continuum.</p>		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		Staffing Note(s):	
		N/A	
Notes:		Example Activities:	
<ul style="list-style-type: none"> Individual must be 18 years of age or older. Utilized only at the time of treatment review or change in functioning status that may require a different level of care. For DHS use only. 		<ul style="list-style-type: none"> Administering and completing a LOCUS assessment to assist in determining level of care for appropriate mental health services. 	
Applicable Populations:			
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS			
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		Rule: 59 Ill. Admin. Code 132.165(a) HIPAA: Behavioral health screening to determine eligibility for admission to treatment program.	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H0002	HE				MHP	Individual	Event	\$41.04	\$47.61	\$47.61

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.6 Case Management - Transition Linkage and Aftercare

Group B: Medicaid Reimbursed Service

Service Definition:		Minimum Staff Requirements:	
Services are provided to assist in an effective transition in living arrangement consistent with the client's welfare and development.		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Notes:		Staffing Note(s):	
<ul style="list-style-type: none"> When a client is being discharged from an inpatient psychiatric or other IMD setting, but not a State Operated Hospital (SOH), the mental health assessment (MHA) and treatment plan (ITP) of the inpatient setting may be used to authorize the provision of this mental health service. Notes must indicate what transition is occurring. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. 		N/A	
Applicable Populations:		Example Activities:	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		<ul style="list-style-type: none"> Services provided to clients being discharged from inpatient psychiatric care, transitioning to adult services, moving into or out of DOC, or a DCFS client moving from one placement to another placement or to his/her parent's home. Time spent planning with the staff of the client's current living arrangement or the receiving living arrangement. This includes time spent with foster parents to assist with logistics of placement or transition. Time spent locating client-specific placement resources, such as meetings and phone calls. Assisting client in completing paperwork for community resources. Arranging or conducting pre- or post-placement visits. Time spent developing an aftercare service plan. Time spent planning a client's discharge and linkage from an inpatient psychiatric facility for continuing mental health services and community/family support. Assisting the client or the client's family or caregiver with the transition. Mandated follow-up with clients in long term care facilities, but not a State Operated Hospital. 	
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		Rule: 59 Ill. Admin. Code 132.165(c) HIPAA: Case management	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
T1016	HN				MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
T1016	HO				QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.7 Community Support (individual, group)

Group B: Medicaid Reimbursed Service

Service Definition:		Minimum Staff Requirements:	
Services and supports for children, adolescents, adults and families necessary to assist a client to achieve and maintain rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.		<input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		Staffing Note(s):	
		N/A	
Notes:		Example Activities:	
<ul style="list-style-type: none"> At least 60% of the individual and group community support (CS) services must be provided in natural settings. Group size may not exceed 15 clients. May not be provided in conjunction with ACT except during a 30-day transition period. 		<ul style="list-style-type: none"> Coordination and assistance with the identification of individual strengths, resources, preferences and choices. Assistance with the identification of existing natural supports for development of a natural support team. Assistance with the development of crisis management plans. Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies. Support and promotion of client self-advocacy and participation in decision-making, treatment and treatment planning. Assist the client in building a natural support team for treatment and recovery. Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client. Skill building in order to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness. 	
Applicable Populations:		References: Rule: 59 Ill. Admin. Code 132.150(f), (g) HIPAA: Comprehensive community support services	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS			
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:			
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH			

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H2015	HM				RSA	Individual	¼ hr.	\$13.68	\$15.87	\$15.87
H2015	HN				MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
H2015	HO				QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90
H2015	HM	HQ			RSA	Group	¼ hr.	\$3.42	\$3.97	\$3.97
H2015	HN	HQ			MHP	Group	¼ hr.	\$4.16	\$4.83	\$4.83
H2015	HO	HQ			QMHP	Group	¼ hr.	\$6.01	\$6.97	\$6.97

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.8 Community Support (residential)

Group B: Medicaid Reimbursed Service

Service Definition:		Minimum Staff Requirements:	
Services and supports for children, adolescents, adults and families necessary to assist a client to achieve and maintain rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions that facilitate illness self-management, skill building, identification and use of natural supports, and use of community resources.		<input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		Staffing Note(s):	
		N/A	
Notes:		Example Activities:	
<ul style="list-style-type: none"> Group size may not exceed 15 clients. Individuals eligible for community support (CS) residential services include individuals whose mental health needs require active assistance and support to function independently as developmentally appropriate within home, community, work, or school settings and who are in public payer designated residential settings. CS residential may be provided on-site. Offsite services should be billed as other services, e.g., community support individual or case management. May not be provided in conjunction with ACT except during a 30-day transition period. 		<ul style="list-style-type: none"> Coordination and assistance with the identification of individual strengths, resources, preferences and choices. Assistance with the identification of existing natural supports for development of a natural support team. Assistance with the development of crisis management plans. Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies. Support and promotion of client self-advocacy and participation in decision-making, treatment and treatment planning. Assist the client in building a natural support team for treatment and recovery. Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client. Skill building in order to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness. 	
Applicable Populations:			
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS			
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH		Rule: 59 Ill. Admin. Code 132.150(h) HIPAA: Comprehensive Community Support Services	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H2015	HE	HM			RSA	Individual	¼ hr.	\$13.68	N/A	N/A
H2015	HE	HN			MHP	Individual	¼ hr.	\$16.65	N/A	N/A
H2015	HE	HO			QMHP	Individual	¼ hr.	\$18.02	N/A	N/A
H2015	HE	HM	HQ		RSA	Group	¼ hr.	\$3.42	N/A	N/A
H2015	HE	HN	HQ		MHP	Group	¼ hr.	\$4.16	N/A	N/A
H2015	HE	HO	HQ		QMHP	Group	¼ hr.	\$6.01	N/A	N/A

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.9 Community Support - Team

Group B: Medicaid Reimbursed Service

<p>Service Definition:</p> <p>Individual services and supports available 24 hours per day and 7 days per week for children, adolescents, adults and families to decrease hospitalization, crisis episodes and increase community functioning in order for the client to achieve and maintain rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions delivered by a team that facilitates illness self-management, skill building, identification and use of natural supports, and use of community resources. Client must meet the eligibility requirements in 132.150(i).</p>		<p>Minimum Staff Requirements:</p> <p><input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input checked="" type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other</p>	
<p>Notes:</p> <ul style="list-style-type: none"> At least 60% of the services must be provided in natural settings. The client to staff ratio shall be no more than 18:1. May not be provided in conjunction with ACT or community support individual except during a 30-day transition period. Less intensive service has been tried and failed or has been found inappropriate at this time. 		<p>Staffing Note(s):</p> <ul style="list-style-type: none"> Team may be no fewer than three FTEs. Full-time team leader who is at least a QMHP. Sufficient staff to maintain the required client to staff ratio. One team member preferred to be a person in recovery. 	
<p>Applicable Populations:</p> <p><input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>		<p>Example Activities:</p> <ul style="list-style-type: none"> Coordination and assistance with the identification of individual strengths, resources, preferences and choices; Assistance with the identification of existing natural supports for development of a natural support team; Assistance with the development of crisis management plans; Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies; Support and promotion of client self-advocacy and participation in decision making, treatment and treatment planning; Assist the client in building a natural support team for treatment and recovery. Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client; and Skill building in order to assist the client in the development of functional, interpersonal, family, coping, and community living skills that are negatively impacted by the client's mental illness. 	
<p>Acceptable Delivery Mode(s):</p> <p><input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)</p>		<p>References:</p> <p>Rule: 59 Ill. Admin. Code 132.150(i) HIPAA: Comprehensive community support services</p>	
<p>Service Requirements:</p> <p><input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH</p>			

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H2015	HT				Team	Individual	¼ hr.	\$18.02	\$20.90	\$20.90

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.10 Crisis Intervention

Group B: Medicaid Reimbursed Service

<p>Service Definition:</p> <p>Activities or services provided to a person who is experiencing a psychiatric crisis that are designed to interrupt a crisis experience including assessment, brief supportive therapy or counseling and referral and linkage to appropriate community services to avoid more restrictive levels of treatment, with the goal of symptom reduction, stabilization and restoration to a previous level of functioning.</p>	<p>Minimum Staff Requirements:</p> <p><input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other</p>
<p>Notes:</p> <ul style="list-style-type: none"> • May be provided prior to a mental health assessment and prior to a diagnosis of mental illness. • May be provided by more than one direct care staff person if needed to address the situation. All staff involved and their activities must be identified and documented. • Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. 	<p>Staffing Note(s):</p> <ul style="list-style-type: none"> • MHP must have immediate access to QMHP.
<p>Applicable Populations:</p> <p><input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	<p>Example Activities:</p> <ul style="list-style-type: none"> • All activities must occur within the context of a potential psychiatric crisis. • Face-to-face or telephone contact with client for purpose of preliminary assessment of need for mental health services. • Face-to-face or telephone contact with family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purpose of a preliminary assessment. • Face-to-face or telephone contact to provide immediate, short-term crisis-specific therapy or counseling with client and, as necessary, with client's caretaker and family members. • Referral to other applicable mental health services, including pre-hospitalization screening. Activities include phone contacts or meeting with receiving provider staff. • Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation. • Face-to-face or telephone contact with another provider to help that provider deal with a specific client's crisis. • Consultation with one's own provider staff to address the crisis.
<p>Acceptable Delivery Mode(s):</p> <p><input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input checked="" type="checkbox"/> Multi-staff (HT)</p>	<p>References:</p> <p>Rule: 59 Ill. Admin. Code 132.150(b)</p> <p>HIPAA: Crisis intervention</p>
<p>Service Requirements:</p> <p><input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment</p> <p><input type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H2011					MHP	Individual	¼ hr.	\$29.97	\$34.77	\$34.77

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service	
	(1)	(2)	(3)	(4)				HT Note	Rate
H2011	HT				Multi	Individual	¼ hr.	Any code from Appendix A. Must be multi-staff, off site, and not at a hospital.	\$47.77

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.11 Crisis Intervention – State Ops

Group B: Medicaid Reimbursed Service

<p>Service Definition:</p> <p>Evaluation of a person who is experiencing a psychiatric crisis and is believed to be in need of psychiatric hospitalization to determine need for such hospitalization.</p>	<p>Minimum Staff Requirements:</p> <p><input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other</p>
<p>Notes:</p> <ul style="list-style-type: none"> • May be provided prior to mental health assessment (MHA) and prior to a diagnosis of mental illness. • May be provided by more than one direct care staff person if needed to address the situation. All staff involved and their activities must be identified and documented. • Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. 	<p>Staffing Note(s):</p> <ul style="list-style-type: none"> • MHP must have immediate access to QMHP.
<p>Applicable Populations:</p> <p><input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	<p>Example Activities:</p> <ul style="list-style-type: none"> • All activities must occur within the context of a potential psychiatric crisis. • Face-to-face or telephone contact with client for the purpose of assessment of need for hospitalization. • Face-to-face telephone contact with family members or collateral source (e.g., caregiver, school personnel) with pertinent information for the purpose of assessment of need for hospitalization. • Referral to other applicable mental health services, including pre-hospital screening. Activities include phone contacts or meeting with receiving provider staff. • Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation.
<p>Acceptable Delivery Mode(s):</p> <p><input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)</p>	<p>References:</p> <p>Rule: 59 Ill. Admin. Code 132.150(b)</p> <p>HIPAA: Crisis intervention</p>
<p>Service Requirements:</p> <p><input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment</p> <p><input type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
** H2011 **	HK				MHP	Individual	¼ hr.	\$29.97	\$34.77	\$34.77

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.12 Crisis Intervention – Pre-Hospitalization Screening Group B: Medicaid Reimbursed Service

<p>Service Definition:</p> <p>Activities or services provided to a person who is experiencing a psychiatric crisis that are designed to interrupt a crisis experience including assessment, brief supportive therapy or counseling and referral and linkage to appropriate community services to avoid more restrictive levels of treatment, with the goal of symptom reduction, stabilization and restoration to a previous level of functioning.</p>	<p>Minimum Staff Requirements:</p> <p><input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other</p> <p>Staffing Note(s):</p> <ul style="list-style-type: none"> MHP must have immediate access to QMHP.
<p>Notes:</p> <ul style="list-style-type: none"> Individual must be enrolled in the HFS Social Services Special Eligibility Segment as issued by CARES. May be provided prior to a mental health assessment and prior to a diagnosis of mental illness. May be provided by more than one direct care staff person if needed to address the situation. All staff involved and their activities must be identified and documented. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. 	<p>Example Activities:</p> <ul style="list-style-type: none"> All activities must occur within the context of a potential psychiatric crisis. Face-to-face or telephone contact with client for purpose of preliminary assessment of need for mental health services. Face-to-face or telephone contact with family members or collateral source (e.g., caregiver, school personnel) with pertinent information for purpose of a preliminary assessment. Face-to-face or telephone contact to provide immediate, short-term crisis-specific therapy or counseling with client and, as necessary, with client's caretaker and family members. Referral to other applicable mental health services, including pre-hospitalization screening. Activities include phone contacts or meeting with receiving provider staff. Face-to-face or telephone consultation with a physician or hospital staff, regarding need for psychiatric consultation. Face-to-face or telephone contact with another provider to help that provider deal with a specific client's crisis. Consultation with one's own provider staff to address the crisis.
<p>Applicable Populations:</p> <p><input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Acceptable Delivery Mode(s):</p> <p><input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input checked="" type="checkbox"/> Multi-staff (HT)</p>	
<p>Service Requirements:</p> <p><input checked="" type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment</p> <p><input type="checkbox"/> Treatment Plan</p> <p><input checked="" type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH</p>	<p>References:</p> <p>Rule: 59 Ill. Admin. Code 132.150(b)</p> <p>HIPAA: Crisis intervention</p>

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
T1023					MHP	Individual	Event	\$299.70	\$347.70	\$347.70

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service	
	(1)	(2)	(3)	(4)				HT Note	Rate
T1023	HT				Multi	Individual	Event	Any code from Appendix A. Must be multi-staff, off site, and not at a hospital.	\$477.74

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.13 Mental Health Intensive Outpatient

Group B: Medicaid Reimbursed Service

<p>Service Definition:</p> <p>Scheduled group therapeutic sessions made available for at least 4 hours per day, 5 days per week for clients at risk of, or with a history of, psychiatric hospitalization.</p>	<p>Minimum Staff Requirements:</p> <p> <input type="checkbox"/> RSA <input type="checkbox"/> MHP <input checked="" type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other </p>
	<p>Staffing Note(s):</p> <p>N/A</p>
	<p>Example Activities:</p> <ul style="list-style-type: none"> The focus of the sessions must be to reduce or eliminate symptoms that, in the past, have led to the need for hospitalization.
<p>Notes:</p> <ul style="list-style-type: none"> Intensive outpatient services are intended for clients at risk of or with a history of psychiatric hospitalization. The client's ITP must include objectives related to reducing or eliminating symptoms that, in the past, have led to the need for hospitalization. <p>Group Mode Ratios:</p> <ul style="list-style-type: none"> Children 4:1 Ratio Adult 8:1 Ratio 	
<p>Applicable Populations:</p> <p> <input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS </p>	
<p>Acceptable Delivery Mode(s):</p> <p> <input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input type="checkbox"/> Phone <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT) </p>	
<p>Service Requirements:</p> <p> <input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH </p>	<p>References:</p> <p>Rule: 59 Ill. Admin. Code 132.150(l) HIPAA: Intensive outpatient</p>

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
S9480	HO				QMHP	Group - Adult	1 hr.	\$16.02	N/A	\$16.02
S9480	HO	HA			QMHP	Group - Child	1 hr.	\$32.04	N/A	\$32.04

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.14 Psychosocial Rehabilitation

Group B: Medicaid Reimbursed Service

Service Definition:		Minimum Staff Requirements:	
Facility-based rehabilitative skill-building services for individuals 18 years of age and older with serious mental illness or co-occurring psychiatric disabilities and addictions. The focus of treatment interventions includes skill building to facilitate independent living and adaptation, problem solving and coping skills development.		<input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Notes:		Staffing Note(s):	
<ul style="list-style-type: none"> The client to staff ratio for groups shall be no more than 15:1. May not be provided in conjunction with ACT (except during transition to or from ACT) or hospital-based psychiatric clinic services type A. Services shall be available at least 25 hours/week and on at least four days/week. PSR services shall be provided onsite only. 		<ul style="list-style-type: none"> Must have at least a QMHP as clinical director on-site for at least 50% of the program time. 	
Applicable Populations:		Example Activities:	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		<ul style="list-style-type: none"> Individual or group skill building activities that focus on the development of skills to be used by clients in their living, learning, social and working environments. Cognitive behavioral intervention. Interventions to address co-occurring psychiatric disabilities and substance use. Promotion of self-directed engagement in leisure, recreational and community social activities. Engaging the client to have input into the service delivery of psychosocial rehabilitation programming. Client participation in setting individualized goals and assisting their own skills and resources related to goal attainment. 	
Acceptable Delivery Mode(s):		References:	
<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)		Rule: 59 Ill. Admin. Code 132.150(k) HIPAA: Psychosocial rehabilitation services	
Service Requirements:			
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH			

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H2017	HM				RSA	Individual	¼ hr.	\$13.68	N/A	N/A
H2017	HN				MHP	Individual	¼ hr.	\$16.65	N/A	N/A
H2017	HO				QMHP	Individual	¼ hr.	\$18.02	N/A	N/A
H2017	HM	HQ			RSA	Group	¼ hr.	\$3.42	N/A	N/A
H2017	HN	HQ			MHP	Group	¼ hr.	\$4.16	N/A	N/A
H2017	HO	HQ			QMHP	Group	¼ hr.	\$6.01	N/A	N/A

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.15 Psychotropic Medication Administration

Group B: Medicaid Reimbursed Service

Service Definition:		Minimum Staff Requirements:	
Time spent preparing the client and the medication for administration, administering psychotropic meds, observing the client or possible adverse reactions, and returning the medication to proper storage.		<input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input checked="" type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		Staffing Note(s):	
		N/A	
Notes:		Example Activities:	
<ul style="list-style-type: none"> • Does not include administration of non-psychotropic medications. • Use of this service is limited to no more than four (4) events per client per day. 		In addition to the activities in the service definition, drawing blood per established protocol for a particular psychotropic medication.	
Applicable Populations:			
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS			
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		Rule: 59 Ill. Admin. Code 132.150(d)(4) HIPAA: Administration of oral, intramuscular or subcutaneous medication	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
T1502					LPN	Individual	Event	\$10.21	\$11.84	\$11.84
T1502	SA				APN	Individual	Event	\$12.30	\$14.27	\$14.27

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.16 Psychotropic Medication Monitoring

Group B: Medicaid Reimbursed Service

<p>Service Definition:</p> <p>Monitoring and evaluating target symptom response, adverse effects including <i>tardive dyskinesia</i> screens, and new target symptoms or medication.</p>	<p>Minimum Staff Requirements:</p> <p><input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input checked="" type="checkbox"/> Other</p>
<p>Notes:</p> <ul style="list-style-type: none"> • This does not include watching a client self-administer his/her medications. • A designated staff ordering medication or communication with a pharmacist is not billable as medication monitoring but is billable as case management—client centered consultation. 	<p>Staffing Note(s):</p> <p>Staff designated in writing by a physician or advanced practice nurse per a collaborative agreement.</p>
<p>Applicable Populations:</p> <p><input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	<p>Example Activities:</p> <ul style="list-style-type: none"> • Face-to-face interview with clients reviewing response to psychotropic medications. • Medication monitoring may include clinical communication, by telephone or face-to-face, between staff of the (same) provider or professional staff employed outside of the provider agency, under situations which constitute an appropriate release of information, emergency medical/life safety intervention, or consulting therapist relationships regarding the client's psychotropic medication. • Review laboratory results with clients that are related to the client's psychotropic medication by telephone or face-to-face.
<p>Acceptable Delivery Mode(s):</p> <p><input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input checked="" type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)</p>	<p>References:</p> <p>Rule: 59 Ill. Admin. Code 132.150(d)(5)</p> <p>HIPAA: Pharmacological management</p>
<p>Service Requirements:</p> <p><input checked="" type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment</p> <p><input checked="" type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
90862	52				Non-APN/Doc	Individual	¼ hr.	\$20.02	\$20.02	\$20.02
90862	SA				APN	Individual	¼ hr.	\$24.12	\$24.12	\$24.12
** 90862 **					Doc	Individual	¼ hr.	\$24.44	\$24.44	\$24.44

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.17 Psychotropic Medication Training

Group B: Medicaid Reimbursed Service

<p>Service Definition:</p> <p>Includes training the client or the client's family or guardian to administer the client's medication, to monitor proper levels and dosage, and to watch for side effects.</p>	<p>Minimum Staff Requirements:</p> <p><input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input checked="" type="checkbox"/> Other</p>
<p>Notes:</p> <ul style="list-style-type: none"> When training the family/guardian to administer or monitor medications, the client does not need to be present. Services to the family on behalf of the client will be reimbursed as services to the individual client, either on-site or off-site. 	<p>Staffing Note(s):</p> <ul style="list-style-type: none"> Staff designated in writing by a physician or advanced practice nurse per a collaborative agreement.
<p>Applicable Populations:</p> <p><input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	<p>Example Activities:</p> <ul style="list-style-type: none"> When indicated based on client's condition and included in the ITP, face-to-face meetings with individual clients to discuss the following: <ul style="list-style-type: none"> Purpose of taking psychotropic medications. Psychotropic medications, effects, side effects, and adverse reactions. Self-administration of medications. Storage and safeguarding of medications. How to communicate with mental health professionals regarding medication issues. How to communicate with family/caregivers regarding medication issues. For the client's parents, guardian or caregivers, meetings with provider staff to train them to monitor dosage and side effects.
<p>Acceptable Delivery Mode(s):</p> <p><input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)</p>	<p>References:</p>
<p>Service Requirements:</p> <p><input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment</p> <p><input checked="" type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH</p>	<p>Rule: 59 Ill. Admin. Code 132.150(d)(6)</p> <p>HIPAA: Medication training and support</p>

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
** H0034 **					MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
H0034	SA				APN	Individual	¼ hr.	\$24.12	\$27.98	\$27.98
** H0034 **	HQ				MHP	Group	¼ hr.	\$5.55	\$6.44	\$6.44
H0034	HQ	SA			APN	Group	¼ hr.	\$8.04	\$9.33	\$9.33

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.3.18 Therapy/Counseling

Group B: Medicaid Reimbursed Service

Service Definition:		Minimum Staff Requirements:	
Treatment to promote emotional, cognitive, behavioral or psychological changes using psychotherapy theory and techniques.		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Notes:		Staffing Note(s):	
<ul style="list-style-type: none"> Incidental telephone conversations and consultations are not billable as therapy/counseling. Services to the family on behalf of the client should be reported and billed using the code for family therapy or counseling. 		N/A	
Applicable Populations:		Example Activities:	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input checked="" type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		<ul style="list-style-type: none"> Formal face-to-face or videoconference meetings or telephone contacts with the client, or client's family as specified in the ITP. Conducting formal face-to-face group psychotherapy sessions with the client or his/her family. This may include serving special client populations with a particular theoretical framework, or addressing a specific problem such as low self-esteem, poor impulse control, depression, etc. Examples include: <ul style="list-style-type: none"> Cognitive behavioral therapy. Functional family therapy. Motivational enhancement therapy. Trauma counseling. Anger management. Sexual offender treatment. For family modality, includes couple's or marital therapy and individual sessions with one parent if it is for the benefit of the child or therapy sessions with members of a child's foster family. 	
Acceptable Delivery Mode(s):		References:	
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)		Rule: 59 Ill. Admin. Code 132.150(e) HIPAA: Behavioral health counseling and therapy	
Service Requirements:			
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH			

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
** H0004 **					MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
** H0004 **	HR				MHP	Family	¼ hr.	\$16.65	\$19.31	\$19.31
** H0004 **	HQ				MHP	Group	¼ hr.	\$4.16	\$4.83	\$4.83
H0004	HO				QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90
H0004	HO	HR			QMHP	Family	¼ hr.	\$18.02	\$20.90	\$20.90
H0004	HO	HQ			QMHP	Group	¼ hr.	\$6.01	\$6.97	\$6.97

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.4 Group C Services

Non-Medicaid services funded by DHS only.
Services are billed to HFS for reimbursement.

203.4.1 Oral Interpretation and Sign Language

Group C:

DHS Funded Service

<p>Service Definition:</p> <p>Sign language or oral interpreter services necessary to ensure the provision of mental health services for individuals with hearing impairments or non-English speaking individuals.</p> <p>Interpreters shall be linguistically appropriate and capable of communicating in the primary language of the individual and able to translate verbal and written clinical information effectively into English.</p>	<p>Minimum Staff Requirements:</p> <p> <input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input checked="" type="checkbox"/> Other </p>
<p>Notes:</p> <p>This service must be performed in conjunction with a medically necessary billable service to be reimbursed. The client's mental health assessment must indicate a need for these services, and if a treatment plan is completed, it must also include this intervention.</p>	<p>Staffing Note(s):</p> <ul style="list-style-type: none"> • Sing Language or Language Interpreter Specialist Required.
<p>Applicable Populations:</p> <p> <input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS </p>	<p>Example Activities:</p> <ul style="list-style-type: none"> • Communicates to professional mental health service staff the presenting problems and concerns signed by an individual with severe hearing impairment seeking mental health services. • Interpreting to a Spanish-speaking client instruction for social skill development being presented by a mental health staff member.
<p>Acceptable Delivery Mode(s):</p> <p> <input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT) </p>	<p>References:</p> <p> Rule – N/A HIPAA – Not Medically Necessary </p>
<p>Service Requirements:</p> <p> <input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH </p>	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
** T1013 **					Specialist		¼ hr.	\$16.65	\$19.31	\$19.31

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.4.2 Transitional Subsidies

Group C:

DHS Funded Service

Service Definition:		Minimum Staff Requirements:	
This service consists of special funding available to a community service agency to facilitate the placement or retention of specifically identified consumers in a community setting, as opposed to remaining in or entering institutional settings, such as state or community hospitals, nursing facilities or other group congregate living facilities.		<input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Notes:		Staffing Note(s):	
Community service agencies are to document in the consumer's clinical record the amount of subsidy funds dispensed to that individual, the purpose, date, format of the fund distribution (e.g., check, cash, or direct payment to landlord or vendor) and the staff involved. The place of service is considered the source of the funds and, thus, is always coded as on-site. Community service agencies are to submit billings to DHS/DMH totaling the amount actually dispensed to or on the behalf of the consumer plus 5% for administrative costs. Should the consumer later repay all or part of the subsidy received the agency should submit a corrected billing reflecting the reduced subsidy amount.		N/A	
Applicable Populations:		Example Activities:	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS		Paying a security deposit or first month's rent directly to a landlord on the behalf of a consumer so that the consumer has a place to live following discharge from a state hospital.	
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH		Rule – N/A HIPAA – Not Medically Necessary	

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00A1	Utilities	N/A	N/A	N/A	N/A	N/A
S9986	W00A2	Rent	N/A	N/A	N/A	N/A	N/A
S9986	W00A3	Transportation	N/A	N/A	N/A	N/A	N/A
S9986	W00A4	Personal Items	N/A	N/A	N/A	N/A	N/A
S9986	W00A5	House wares, Furniture	N/A	N/A	N/A	N/A	N/A
S9986	W00A6	Psychiatric Medications	N/A	N/A	N/A	N/A	N/A
S9986	W00A7	Non-Psychiatric Medications	N/A	N/A	N/A	N/A	N/A
S9986	W00A9	Other	N/A	N/A	N/A	N/A	N/A

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.4.3 Forensic evaluation Group C: DHS Funded Service

<p>Service Definition:</p> <p>Per court order, for individuals remanded to the Department of Human Services, the formal process of gathering information through face-to-face or other personal contact with the individual, their family or collaterals for the purpose of producing a report or testimony advising the Court of the individual's mental status, mental health service needs, recommended treatments and plans, treatment and services availability and/or the individual's progress in treatment or services.</p>	<p>Minimum Staff Requirements:</p> <p> <input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input checked="" type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input checked="" type="checkbox"/> Other </p>
<p>Notes:</p> <p>The focus of this service is on the gathering of information necessary for judicial review. Services aimed solely and directly at addressing the mental health service needs of the individual and their rehabilitation, such as mental health assessment, treatment plan development and mental health treatments, should be separately coded and billed as the appropriate Group B service.</p> <p>Service is to comply with the standards established in the DHS Division of Mental Health Forensic Handbook.</p>	<p>Staffing Note(s):</p> <p>Licensed Clinical Psychologist or Board Eligible Psychiatrist.</p>
<p>Applicable Populations:</p> <p> <input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS </p>	<p>Example Activities:</p> <p>The gathering of information for reporting to the Court regarding:</p> <ul style="list-style-type: none"> • the availability of appropriate treatment for the individual; • the probability that the individual will be able to attain fitness to stand trial within a year; • the plan for attaining fitness; • the progress the individual is achieving in treatment and towards attaining fitness. • the level of risk, if any, the individual poses to the community; • whether the individual is still in need of outpatient mental health services; • the individual's mental health service needs; and, • a plan of recommended mental health treatments and services, the purpose of each treatment and service and the professional responsible for implementation of the plan.
<p>Acceptable Delivery Mode(s):</p> <p> <input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT) </p>	<p>References:</p> <p>Rule/Statute – 725 5/104-16 and 730 ILCS 5/5-2-4 HIPAA – Not Medically Necessary.</p>
<p>Service Requirements:</p> <p> <input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input checked="" type="checkbox"/> Court Ordered <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH </p>	

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00F1	Forensic Evaluations and Reports	N/A	¼ hr.	N/A	N/A	N/A

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.4.4

Forensic expert testimony

Group C:

DHS Funded Service

<p>Service Definition: Court-ordered provision of expert testimony in court regarding a forensic case, including fitness to stand trial and post-adjudication NGRI proceedings.</p>	<p>Minimum Staff Requirements: <input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input checked="" type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input checked="" type="checkbox"/> Other</p>
<p>Notes: The focus of this service is on the provision of expert forensic testimony. The service is billed as an event for each day of testimony. Service is to comply with the standards established in the DHS Division of Mental Health Forensic Handbook.</p>	<p>Staffing Note(s): Licensed Clinical Psychologist or Board Eligible Psychiatrist.</p>
<p>Applicable Populations: <input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS</p>	<p>Example Activities: Providing expert testimony in Court.</p>
<p>Acceptable Delivery Mode(s): <input type="checkbox"/> On Site <input type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)</p>	<p>Service Requirements: <input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input checked="" type="checkbox"/> Court Ordered <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH</p>
<p>Service Requirements: <input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input checked="" type="checkbox"/> Court Ordered <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH</p>	<p>References: Rule/Statute – 725 5/104-16 and 730 ILCS 5/5-2-4 HIPAA – Not Medically Necessary.</p>

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00F2	Forensic Expert Testimony	N/A	Event	N/A	N/A	N/A

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.4.5 Forensic UST Fitness Restoration

Group C:

DHS Funded Service

Service Definition:		Minimum Staff Requirements:	
Court-ordered services for individuals remanded to the Department of Human Services aimed at restoring the individual's fitness to stand trial through the provision of educational information and training. The goals of this service are to have the individual: (a) be able to understand and appreciate the nature and purpose of the judicial proceedings against them, and (b) be able to adequately assist in the preparation of their defense in such proceedings.		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Notes:		Staffing Note(s):	
The focus of this service is on the education and training of the individual relative to and in preparation for judicial proceedings. Services aimed solely and directly at addressing the mental health service needs of the individual and their rehabilitation, such as skill training in self-management of mental illness symptoms, should be separately coded and billed as the relevant Group B mental health treatment service. Service is to comply with the standards established in the DHS Division of Mental Health Forensic Handbook.		N/A	
Applicable Populations:		Example Activities:	
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS		<ul style="list-style-type: none"> The delivery of information through discussion, lectures, audio-visual or other educational means regarding forensic court proceedings and their purpose. Direct instruction on how an individual can assist in the preparation of their defense. Discussion, training and role playing of techniques and individual can employ to effectively manage his/her behavior while in the courtroom. 	
Acceptable Delivery Mode(s):		Service Requirements:	
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)		<input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input checked="" type="checkbox"/> Court Ordered <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH	
Service Requirements:		References:	
<input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input checked="" type="checkbox"/> Court Ordered <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		Rule – 725 5/104-16 and 730 ILCS 5/5-2-4 HIPAA – Not Medically Necessary.	

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00F3	Forensic UST Fitness Restoration and NGRI Reintegration	N/A	N/A	N/A	N/A	N/A

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.4.6 ICG Services

Group C:

DHS Funded Service

<p>Service Definition:</p> <p>Bed holds are required for a specific amount of overnights the ICG youth is not present at the treatment facility.</p> <p>This is a residential service.</p>	<p>Minimum Staff Requirements:</p> <p><input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input checked="" type="checkbox"/> Other</p>
	<p>Staffing Note(s):</p> <p>Anyone working with a client can submit a bed hold request.</p>
<p>Notes:</p> <p>A Bed-Hold Extension Request Form must be submitted when an individual is enrolled in a residential program is away from the residence for more than 60 days per fiscal year</p> <p>Failure to submit a request or an extension can result in reduction of payment.</p> <ul style="list-style-type: none"> • The Department may reimburse a community agency for up to 120 consecutive or non-consecutive nights per fiscal year • An agency will not be reimbursed for an individuals absence after the date of discharge or when his or her treatment plan includes removal from the agency's program or after the date the agency has knowledge of the youth's pending termination. • A bed hold billing request by an agency that falls within a 60 day cumulative limit per state fiscal year will be authorized provided it is consistent with the Department's policies and procedures. • Any absence that would exceed 60 cumulative days per state fiscal year must be communicated to and approved by the individual care grant program staff. • Any agency shall incorporate planned home visits and vacations in the child's treatment plan. The plan should be consistent with the treatment goals to avoid extended absences that may inhibit an individual's progress 	<p>Example Activities:</p> <p>Bed holds and bed hold extensions are a result of the following;</p> <ol style="list-style-type: none"> 1. psychiatric hospitalization; 2. juvenile detention; 3. incarceration; 4. home visits; 5. medical hospitalization; and, 6. Absent without leave (AWOL)
<p>Applicable Populations:</p>	<p><input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>
<p>Acceptable Delivery Mode(s):</p>	<p><input type="checkbox"/> On Site <input type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site</p> <p><input type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)</p>
<p>Service Requirements:</p> <p><input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment</p> <p><input checked="" type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH</p>	<p>References:</p> <p>Rule – 59 Illinois Administrative Code 135.140</p> <p>HIPAA – Not Medically Necessary.</p>

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W017M	Group Home; Consumer Present	N/A	Per Diem	N/A	N/A	N/A
S9986	W017B	Group Home; Bedhold	N/A	Per Diem	N/A	N/A	N/A
S9986	W019M	Residential; Consumer Present	N/A	Per Diem	N/A	N/A	N/A
S9986	W019B	Residential; Bedhold	N/A	Per Diem	N/A	N/A	N/A

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.4.7 ICG Services – Special Units 1 & 2

Group C:

DHS Funded Service

Service Definition:		Minimum Staff Requirements:	
Special units are described as the following; the special unit codes must be billed for youth placed in the special units and the authorization will also be tied to the special units to assure proper claims processing and payment		<input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		Staffing Note(s):	
		N/A	
Notes:		Example Activities:	
N/A		N/A	
Applicable Populations:			
<input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS			
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input type="checkbox"/> Off Site <input type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH		Rule – N/A HIPAA – Not Medically Necessary.	

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W020M	Unit 1; Residential; Consumer Present	N/A	Per Diem	N/A	N/A	N/A
S9986	W020B	Unit 1; Residential; Bedhold	N/A	Per Diem	N/A	N/A	N/A
S9986	W021M	Unit 2; Residential; Consumer Present	N/A	Per Diem	N/A	N/A	N/A
S9986	W021B	Unit 2; Residential; Bedhold	N/A	Per Diem	N/A	N/A	N/A

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.4.8 ICG Quarterly Residential Review

Group C:

DHS Funded Service

<p>Service Definition:</p> <p>This is a community services and it involves telephone or face-to-face participation in quarterly staffing only.</p> <p>The ICG Program office staff shall commence a review of the child's care, their current educational status and parent/guardian's participation three months prior to the anniversary date of the child's entry of the ICG Program.</p>		<p>Minimum Staff Requirements:</p> <p><input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other</p>	
<p>Notes:</p> <p>Quarterly and annual reviews are required under Rule 135 and those requirements are not changing. The due dates for quarterly and annual reviews are based on the grant award date. Information from the quarterly and annual reviews will be utilized by Collaborative Clinical Care Managers to assist with their role in the next treatment planning meetings and as a part of the documentation required for authorization of services.</p>		<p>Staffing Note(s):</p> <p>N/A</p>	
<p>Applicable Populations:</p> <p><input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>		<p>Example Activities:</p> <p>Meeting with the Child and Family team to discuss the ICG Youth's clinical progress.</p>	
<p>Acceptable Delivery Mode(s):</p> <p><input type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input checked="" type="checkbox"/> Phone</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)</p>		<p>The Quarterly Report shall include:</p> <ul style="list-style-type: none"> • Brief description of the reason for admission. • Description of the treatment recovery goals to be accomplished with the youth so he/she can be transitioned to a lower level of care. • Description of treatment goal process during the quarter. • Description of the current efforts being made to prepare the client to transition to a lower level of care and indicate tentative transition date. • List of recovery criteria that must be met before transition process can occur. • List of the current diagnoses. • List of the youth's current scores on the Ohio Scales and the Columbia Impairment Scale. • List of the frequency of individual therapy and indication of progress. • List of the frequency of family therapy and indication of progress. • Description of any need for specialized therapy. An addendum for quarterly reports to be developed on inactive youth. 	
<p>Service Requirements:</p> <p><input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment</p> <p><input checked="" type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH</p>		<p>References:</p> <p>Rule – 159 Illinois Administrative Code 135.135(b) HIPAA – Not Medically Necessary.</p>	

Reimbursement / Coding Summary

HCPCS Code	W Code	Practice Level	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W050C	RSA	Face to Face	¼ hr	N/A	19.31	N/A
S9986	W050D	RSA	Telephone	¼ hr	16.65	N/A	N/A

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.4.9 ICG Clinical Case Participation

Group C:

DHS Funded Service

Service Definition:		Minimum Staff Requirements:	
Involves face-to-face or phone participation for community or residential conferences on behalf of the identified consumer. Monitoring: The SASS/ICG worker shall travel to the youth's residential facility twice yearly if placed in Illinois and travel once yearly if placed outside Illinois. During the visit, the worker should attend a staffing and advocate for the youth and family. The worker should also assess and recommend supports to facilitate the treatment plan, and facilitate transition to intensive community-based services, when indicated.		<input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Notes:		Staffing Note(s):	
This code can be used for any meeting on behalf of the child other than quarterly reviews.		N/A	
Applicable Populations:		Example Activities:	
<input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		These conferences may include: <ul style="list-style-type: none"> • IEP staffing; • discharge planning staffing; • treatment plan review meetings; and, • case conferences. 	
Acceptable Delivery Mode(s):		References:	
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)		Rule – 159 Illinois Administrative Code 135.135(b) HIPAA – Not Medically Necessary.	
Service Requirements:			
<input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH			

Reimbursement / Coding Summary

HCPCS Code	W Code	Practice Level	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W050E	RSA	Face to Face	¼ hr	\$19.31	\$19.31	\$19.31
S9986	W050F	RSA	Telephone	¼ hr	\$16.65	N/A	N/A

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.4.10 ICG Habilitative Services/Supervision

Group C:

DHS Funded Service

<p>Service Definition:</p> <p>This is a community based ICG Service. The service refers to the non-clinical time providers spend with the ICG consumer while providing therapeutic stabilization. The relationship between the child and contractual agent specifically for the purpose of normalizing the activities of the child.</p>	<p>Minimum Staff Requirements:</p> <p><input type="checkbox"/> RSA <input type="checkbox"/> MHP <input checked="" type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input checked="" type="checkbox"/> Other</p>
	<p>Staffing Note(s):</p> <p>LCSW and LCPC</p>
	<p>Example Activities:</p> <p>Supervision involves taking a client to a community activity and waiting for the class or activity to end.</p>
<p>Notes:</p> <p>This service provides for the child's safety and allows the provider time to monitor targeted behaviors identified in the treatment plan.</p>	<p>Social Skill Building- community involved activities:</p> <ul style="list-style-type: none"> • Taking a client to dinner; • Taking a client on the bus or train; • Teaching a client how to manage money; • Taking client to the park; • Assisting client in developing peer relationships; and, • Taking a client fishing or bowling.
<p>Applicable Populations:</p> <p><input type="checkbox"/> Adult (21+) <input type="checkbox"/> Adult (18 to 21) <input type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS</p>	
<p>Acceptable Delivery Mode(s):</p> <p><input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)</p>	
<p>Service Requirements:</p> <p><input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH</p>	<p>References:</p> <p>Rule – 159 Illinois Administrative Code 135.130 HIPAA – Not Medically Necessary.</p>

Reimbursement / Coding Summary

HCPCS Code	W Code	Practice Level	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W050G	QMHP	Face to Face	¼ hr	\$3.81	\$3.81	\$3.81

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.4.11 ICG Application Assistance

Group C:

DHS Funded Service

Service Definition:		Minimum Staff Requirements:	
Once a guardian requests an application for the Individual Care Grant, the ICG/SASS worker is responsible for assisting with compiling all the necessary documentation.		<input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Notes:		Staffing Note(s):	
Parents contact the Collaborative to request an application. At the time of the call, information is taken as part of the intake process. An application is then mailed to the parent/guardian with instructions to ensure that all necessary information is collected for submission of a complete application. The ICG/SASS agency is notified at the same time that an application packet is sent to the parent/guardians. ICG/SASS workers are available to assist the family in completing the application		N/A	
Applicable Populations:		Example Activities:	
<input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS		<ul style="list-style-type: none"> • Provide families with information that will help with the decision whether to apply for ICG. • Assist families with compiling the documentation necessary to apply for ICG. • Assist families with submitting a completed ICG application. 	
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		Rule – N/A HIPAA – Not Medically Necessary.	

Reimbursement / Coding Summary

HCPCS Code	W Code	Practice Level	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W051M	RSA	Face to Face	¼ hr	\$13.68	\$15.87	\$15.87

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.4.12 ICG Child Support Services

Group C:

DHS Funded Service

<p>Service Definition:</p> <p>Child Support Services is a community based ICG Service. Child support services include funding that of activities that are intended to facilitate integration into the community.</p>	<p>Minimum Staff Requirements:</p> <p><input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other</p>
	<p>Staffing Note(s):</p> <p>N/A</p>
	<p>Example Activities:</p> <p>The funding may support: YMCA passes, music lessons, recreational activities, summer camp, art classes, and after school programs.</p>
<p>Notes:</p> <p>Providers are responsible for tracking their usage of these services and for requesting an authorization if services in excess of the annual limits are determined to be necessary based on the needs of the youth. The annual limits are per youth and not per provider.</p> <ul style="list-style-type: none"> • Child support services \$1,570 per youth per fiscal year. • Providers should only request authorization for the amount that exceeds the child's annual limit. 	
<p>Applicable Populations:</p> <p><input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	
<p>Acceptable Delivery Mode(s):</p> <p><input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)</p>	
<p>Service Requirements:</p> <p><input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH</p>	<p>References:</p> <p>Rule – 59 Illinois Administrative Code 135.10 HIPAA – Not Medically Necessary.</p>

Reimbursement / Coding Summary

HCPCS Code	W Code	Practice Level	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W072M	RSA	Face to Face	¼ hr	N/A	N/A	N/A

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.4.13 ICG Behavior Management

Group C:

DHS Funded Service

<p>Service Definition:</p> <p>Behavior Management Intervention is a community based ICG Service, it's a time limited child and family training/therapy intervention focused towards amelioration or management of specific behaviors that jeopardizes a child's level of functioning in their family setting. This intervention typically teaches/ models techniques and skills that can be used by the parent/guardian and other family members.</p>	<p>Minimum Staff Requirements:</p> <p><input type="checkbox"/> RSA <input type="checkbox"/> MHP <input checked="" type="checkbox"/> QMHP <input type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other</p>
<p>Notes:</p> <p>All authorizations for behavioral management services will expire at the end of the fiscal year in which the authorization was granted, except for authorization requests submitted in June that clearly indicate that the request is for the subsequent fiscal year.</p> <ul style="list-style-type: none"> • Behavior management services \$3,000 per youth per fiscal year. • Providers should only request authorization for the amount that exceeds the child's annual limit. 	<p>Staffing Note(s):</p> <p>N/A</p>
<p>Applicable Populations:</p> <p><input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input type="checkbox"/> Specialized substitute care <input checked="" type="checkbox"/> SASS</p>	<p>Example Activities:</p> <p>These service include, participation in therapeutic after school programs, consultation with a dietician, fitness training, sleep consultation, yoga, equine therapy, de-escalation training, parent training.</p>
<p>Acceptable Delivery Mode(s):</p> <p><input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)</p>	<p>References:</p> <p>Rule – 159 Illinois Administrative Code 135.10</p> <p>HIPAA – Not Medically Necessary.</p>
<p>Service Requirements:</p> <p><input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment</p> <p><input checked="" type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	W Code	Practice Level	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W097M	QMHP	N/A	N/A	N/A	N/A	N/A

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.4.14 Residential Services

Group C:

DHS Funded Service

Service Definition:		Minimum Staff Requirements:	
<p>This service supports the non-rehabilitative and non-therapeutic costs associated with supporting a specific individual consumer in an agency managed residential setting, such a group home or set of apartments. These costs are billed on a per diem basis, and are not to include any costs associated with the delivery and billing of any other available DHS/DMH service and billing codes.</p> <p>For supported residential, these costs include the costs associated with the room and board of the individual as well as the intermittent supervision provided by paid agency staff members.</p> <p>For supervised residential, these costs include the costs associated with the room and board of the individual as well as the continuous on-site supervision provided by paid agency staff members.</p> <p>For crisis residential, this service supports the non-rehabilitative and non-therapeutic costs associated with supporting a specific individual consumer in an agency managed crisis residential setting. These costs include the costs associated with the room and board of the individual as well as the continuous supervision provided by paid agency staff members.</p>		<input checked="" type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		Staffing Note(s):	
		N/A	
		Example Activities:	
		N/A	
Notes:			
Applicable Populations:			
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS			
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		Rule – N/A HIPAA – Not Medically Necessary.	

Reimbursement / Coding Summary

HCPCS Code	W Code	Unique Service	Mode	Unit of Service	Place of Service		
					On Site (11)	Home (12)	Off Site (99)
S9986	W00R1	Residential (620): Consumer Present	N/A	Per Diem	N/A	N/A	N/A
S9986	W0BR1	Residential (620): Bedhold	N/A	Per Diem	N/A	N/A	N/A
S9986	W00R2	Residential (820): Consumer Present	N/A	Per Diem	N/A	N/A	N/A
S9986	W0BR2	Residential (820): Bedhold	N/A	Per Diem	N/A	N/A	N/A
S9986	W00R4	Residential (830): Consumer Present	N/A	Per Diem	N/A	N/A	N/A
S9986	W0BR4	Residential (830): Bedhold	N/A	Per Diem	N/A	N/A	N/A
S9986	W00R5	Residential (860): Consumer Present	N/A	Per Diem	N/A	N/A	N/A

Note: Please note the presence of a "W" Code which is required to be reported during claiming. See Topic 203.4.3 above.

203.5 Group D services

Medicaid services funded by HFS only.
Services are billed to HFS for reimbursement.

203.5.1 Case Management – Transition Linkage and Aftercare (Nursing Facility)

Group D:

HFS Funded Service

Service Definition:		Minimum Staff Requirements:	
Services are provided to assist in an effective transition in living arrangement consistent with the client's welfare and development.		<input type="checkbox"/> RSA <input checked="" type="checkbox"/> MHP <input type="checkbox"/> QMHP <input type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
		Staffing Note(s):	
		N/A	
Notes:		Example Activities:	
<ul style="list-style-type: none"> • Entry into this service is a result of the PASARR process and subject to prior authorization by DHS. • When a client is being transitioned from a nursing facility, the mental health assessment (MHA) and treatment plan (ITP) of the inpatient setting may be used to authorize the provision of this mental health service. • Individual limitation of 40 hours per year. 		<ul style="list-style-type: none"> • Services provided to clients being moved from a nursing facility to the community. • Time spent planning with the staff of the nursing facility or the receiving living arrangement. • Assisting client in completing paperwork for community resources. • Arranging or conducting pre- or post-placement visits. • Time spent developing an aftercare service plan. • Time spent planning a client's discharge and linkage from a nursing facility for continuing mental health services and community/family support. • Assisting the client or the client's family or caregiver with the transition. 	
Applicable Populations:			
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS			
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input checked="" type="checkbox"/> Video <input checked="" type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input checked="" type="checkbox"/> Medical Necessity <input checked="" type="checkbox"/> Mental Health Assessment <input checked="" type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input checked="" type="checkbox"/> Prior Authorization – DMH		Rule: 89 Ill. Admin. Code 140.465(d) HIPAA: Case management	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
T1016	HN				MHP	Individual	¼ hr.	\$16.65	\$19.31	\$19.31
T1016	HO				QMHP	Individual	¼ hr.	\$18.02	\$20.90	\$20.90

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.5.2 Developmental Testing

Group D:

HFS Funded Service

<p>Service Definition:</p> <p>Administration, interpretation, and reporting of developmental testing. The testing of cognitive processes, visual motor responses, and abstractive abilities accomplished by the combination of several types of testing procedures. It is expected that the administration of these tests will generate material that will be formulated into a report.</p> <p>An objective screening tool (limited or extended) must meet the definition provided by the American Medical Association's Current Procedural Terminology (CPT) and must be provided accordingly to the instrument, including use of the instrument from as application.</p> <p>Objective screening evaluates domains:</p> <ul style="list-style-type: none"> • Social emotional development • Fine motor-adaptive development • Language development • Gross motor development 	<p>Minimum Staff Requirements:</p> <p><input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input checked="" type="checkbox"/> LPHA</p> <p><input type="checkbox"/> Master's Level Psychologist (MCP)</p> <p><input type="checkbox"/> Licensed Clinical Psychologist (LCP)</p> <p><input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team</p> <p><input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other</p>
<p>Notes:</p> <p>N/A</p>	<p>Staffing Note(s):</p> <p>N/A</p>
<p>Applicable Populations:</p> <p><input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18)</p> <p><input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS</p>	<p>Example Activities:</p> <ul style="list-style-type: none"> • CPT 96110 (for examples refer to the Handbook for Healthy Kids Services, section HK-203.53 Developmental Screening). • CPT 96111 (for examples refer to the Handbook for Healthy Kids Services, section HK-203.54 Developmental Screening).
<p>Acceptable Delivery Mode(s):</p> <p><input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site</p> <p><input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone</p> <p><input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)</p>	<p>References:</p> <p>Rule: 89 Ill. Admin. Code 140.454(e)</p> <p>HIPAA: Developmental testing, with interpretation and report</p>
<p>Service Requirements:</p> <p><input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment</p> <p><input type="checkbox"/> Treatment Plan</p> <p><input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH</p>	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
96110	HN				LPHA	Individual	Event	\$16.10	N/A	\$16.10
96111	HO				LPHA	Individual	Event	\$16.10	N/A	\$16.10

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.5.3 Mental Health Risk Assessment

Group D:

HFS Funded Service

Service Definition:		Minimum Staff Requirements:	
Administration and interpretation of health risk assessment instrument to be used for a perinatal depression screening if the woman is postpartum.		<input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input checked="" type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Significant predictors for perinatal depression: Prenatal depression, child care stress, life stress, poor social support, prenatal anxiety, poor marital relationship, history of previous depression, difficult infant temperament, maternity blues, single marital status, previous postpartum depression, severe PMS, family history of depression, prior stillborn, bereavement		Staffing Note(s):	
		N/A	
Notes:		Example Activities:	
<ul style="list-style-type: none"> May not be billed in conjunction with a mental health assessment. The mental health assessment, being more comprehensive, should encompass an assessment of depression, as needed. 		<ul style="list-style-type: none"> Edinburgh Postnatal Depression Scale Beck Depression Inventory Primary Evaluation of Mental Disorders Patient Health Questionnaire 	
Applicable Populations:			
<input type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS			
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		Rule: 89 Ill. Admin. Code 140.454(e) HIPAA: Administration and interpretation of health risk assessment	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
99420	HD				LPHA	Individual	Event	\$14.60	N/A	\$14.60

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

203.5.4 Prenatal Care At-Risk Assessment

Group D:

HFS Funded Service

Service Definition:		Minimum Staff Requirements:	
Administration and interpretation of health risk assessment instrument to be used for a prenatal depression screening if the woman is pregnant.		<input type="checkbox"/> RSA <input type="checkbox"/> MHP <input type="checkbox"/> QMHP <input checked="" type="checkbox"/> LPHA <input type="checkbox"/> Master's Level Psychologist (MCP) <input type="checkbox"/> Licensed Clinical Psychologist (LCP) <input type="checkbox"/> LPN w/ RN Supervision <input type="checkbox"/> RN <input type="checkbox"/> Team <input type="checkbox"/> APN <input type="checkbox"/> Physician (Doc) <input type="checkbox"/> Other	
Significant predictors for Perinatal Depression: Prenatal depression, child care stress, life stress, poor social support, prenatal anxiety, poor marital relationship, history of previous depression, difficult infant temperament, maternity blues, single marital status, previous postpartum depression, severe PMS, family history of depression, prior stillborn, bereavement		Staffing Note(s):	
		N/A	
Notes:		Example Activities:	
<ul style="list-style-type: none"> May not be billed in conjunction with a mental health assessment. The mental health assessment, being more comprehensive, should encompass an assessment of depression, as needed. 		<ul style="list-style-type: none"> Edinburgh Postnatal Depression Scale Beck Depression Inventory Primary Evaluation of Mental Disorders Patient Health Questionnaire 	
Applicable Populations:			
<input checked="" type="checkbox"/> Adult (21+) <input checked="" type="checkbox"/> Adult (18 to 21) <input checked="" type="checkbox"/> Child (0 to 18) <input type="checkbox"/> Specialized substitute care <input type="checkbox"/> SASS			
Acceptable Delivery Mode(s):			
<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Home <input checked="" type="checkbox"/> Off Site <input checked="" type="checkbox"/> Face-to-face <input type="checkbox"/> Video <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Multi-staff (HT)			
Service Requirements:		References:	
<input type="checkbox"/> Medical Necessity <input type="checkbox"/> Mental Health Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> SASS Enrollment <input type="checkbox"/> Prior Authorization – DMH		Rule: 89 Ill. Admin. Code 140.454(e) HIPAA: Prenatal care, at-risk assessment	

Reimbursement / Coding Summary

HCPCS Code	Modifier(s)				Practice Level	Mode	Unit of Service	Place of Service		
	(1)	(2)	(3)	(4)				On Site (11)	Home (12)	Off Site (99)
H1000					LPHA	Individual	Event	\$14.60	N/A	\$14.60

** Service Procedures highlighted with asterisks indicate a change or update. Providers should verify coding prior to claim submission.

Appendix A – Service Definition and Reimbursement Guide Supportive Details

Apx-1. Minimum Staff Requirements

- RSA – Rehabilitative services associate.
- MHP – Mental Health Practitioner.
- QMHP – Qualified Mental Health Practitioner.
- LPHA – Licensed Practitioner of the Healing Arts.
- Master’s Level Psychologist (MCP)
- Licensed Clinical Psychologist (LCP)
- LPN – Licensed practical nurse.
- RN – Registered Nurse.
- Team – A group of multiple clinicians working on the same case at the same time.
- APN – Advanced practice nurse.
- Physician (Doc) – An individual holding an active and valid license from the Illinois Department of Financial and Professional Regulation as a physician in the state of Illinois.
- Other – See Staffing Specifications for each service indicated.

Apx-2. Applicable Populations

- Adult (21+)
- Adult (18 to 21)
- Child (0 to 18)
- Specialized substitute care
- SASS

Apx-3. Acceptable Delivery Mode(s)

- On Site
- Home
- Off Site
- Face-to-face
- Video
- Phone
- Individual
- Group
- Multi-staff (HT)

Apx-4. Service Requirements

- Medical Necessity
- Mental Health Assessment
- Treatment Plan
- SASS Enrollment
- Prior Authorization – DMH

Apx-5. Acronyms

- ACR – Administrative case review.
- ACT – Assertive community treatment.
- CARES – Crisis and Referral Entry Service.
- CGAS – Children’s Global Assessment Scale.
- CSPI – Childhood Severity of Psychiatric Illness.
- DCFS – Department of Children and Family Services.
- DHS – Department of Human Services.
- DJJ – Department of Juvenile Justice.
- DOC – Department of Corrections.
- FTE – Full-time equivalent.
- GAF – Global Assessment of Functioning.
- HCPCS – Healthcare Common Procedure Coding System.
- HFS – Healthcare and Family Services.
- HFS 1443 – Provider Invoice (used for billing community mental health services).
- HFS 2360 – Health Insurance Claim Form (used for billing physician services).
- HIPAA – Health Insurance Portability and Accountability Act.
- ICG – Individual care grant.
- ITP – Individual treatment plan.
- LOCUS – Level of Care Utilization of System for Psychiatric and Addiction Services.
- MMIS – Medicaid Management Information System.
- MRO – Medicaid rehabilitation option.
- NGRI – Not guilty by reason of insanity.
- NOS – Not otherwise specified.
- PASRR – Pre-admission screening and resident review.
- SASS – Screening, Assessment, and Support Services.
- TCM – Targeted case management.
- UST – Unfit to stand trial.

Apx-6. Illinois HCPCS Modifier Associations for Community Mental Health Centers

- 52 – Reduced services.
- HA – Child/adolescent.
- HE – Mental health program.
- HN – Bachelor’s degree.
- HM – Less than a bachelor’s degree.
- HO – Master’s degree.
- HQ – Group modality.
- HR – Family modality.
- HT – Multi-disciplinary team.
- SA – Advanced practice nurse.
- TF – Intermediate level of care.
- TG – Complex level of care.

Apx-7. Place of Service

- 11 – Office.
- 12 – Home.
- 99 – Other place of service.

Apx-8. Place of Service for services using an HT modifier.

- When billing either Crisis intervention (H2011-HT) or Crisis intervention—Pre-hospitalization screening (T1023-HT) the following modifiers must be used if service is performed with multiple staff:
 - 03 – School.
 - 04 – Homeless shelter.
 - 12 – Home.
 - 13 – Assisted living facility.
 - 14 – Group home.
 - 31 – Skilled nursing facility.
 - 32 – Nursing facility.
 - 33 – Custodial care facility.
 - 49 – Independent clinic.
 - 50 – Federally qualified health center.
 - 71 – State or local public health clinic.
 - 72 – Rural health clinic.
 - 99 – Other place of service.