

MHA - Combination of Services Review

General Statements:

In general these services may not be billed during an IP stay. Exceptions will be made for the day of admission.
PRP encounters occurring during an IP stay do not count towards meeting encounter minimums.
PRP and general therapy services may not be billed in the same month as ACT, except during a transition month. Exception by case is available.
PRP, general therapy codes, crisis, TBS, SEP, may be billed on the same day but must follow the unique exceptions per sections below.
For RRP bed days use T2048 and when current RRP consumer in a crisis bed use H0019 for the RRP bed and allow other residential crisis codes.
96101 - 96102 (Psychological Testing) - Maximum of 8 hours per year.
H0032 - Interdisciplinary Team Tax planning - Maximum 2 per per year. Same provider. OMHC only
T2023 - SEP Job Coaching - Lifetime benefit of \$2,750
H2024 - SEP - Pre-Placement - Maximum 3 per year.
H2024-21 - SEP Pre-Placement - Maximum 3 per year.
H2026 - Ongoing support - Maximum 1 per month.
T1023 - Trans PRP - Only one per month per consumer while in hospital - non FFP.

Individual

Procedure

90801 - Psychiatric diagnostic interview exarr
90804 - Individual psychotherapy (20-30 min)
90805 - Indiv psychotherapy w/ med eval & mgmt (20-30 min)
90806 - Individual psychotherapy (45-50 min)
90807 - Indiv psychotherapy w/ med eval & mgmt (45-50 min)
90846 - Family psychotherapy without patient present
90847 - Family psychotherapy with patient present (45-60 min)
90847-52 - C&A Family psychotherapy with patient present--Abbrev
90853 - Group psychotherapy (not multi-family.) 45-60 minutes
90862 - Pharmacological mgmt, including Rx
90875 - Indiv psychophysio therapy incl biofdbk (20-30 min)
90876 - Indiv psychophysio therapy incl biofdbk (45-50 min)

Only one from this group per day, per consumer regardless of the provider

Exception

Specialized psychotherapy services (e.g., to address sexual abuse) not available with the primary therapy provider.

Clinic

Procedure

90801 - Psychiatric diagnostic interview exarr
90804 - Individual psychotherapy (20-30 min)
90805 - Indiv psychotherapy w/ med eval & mgmt (20-30 min)
90806 - Individual psychotherapy (45-50 min)
90807 - Indiv psychotherapy w/ med eval & mgmt (45-50 min)
90808 - Individual psychotherapy (75-80 min) * OMHC Only
90809 - Indiv psychotherapy w/ med eval & mgmt (75-80 min) * OMHC Only
90846 - Family psychotherapy without patient present
90847 - Family psychotherapy with patient present (45-60 min)
90847-52 - C&A Family psychotherapy with patient present--Abbrev
90849 - Multiple family group psychotherapy 45 - 60 minutes * OMHC Only
90849-52 - Multiple family group psychotherapy--Abbrev * OMHC Only
90853 - Group psychotherapy (not multi-family.) 45-60 minutes
90853-21 - Group psychotherapy prolonged (More than 75 minutes) - OMHC Only
90862 - Pharmacological mgmt, including Rx
90875 - Indiv psychophysio therapy incl biofdbk (20-30 min)
90876 - Indiv psychophysio therapy incl biofdbk (45-50 min)
H0032 - Interdisciplinary team tx plng w/patient present
H2027 - Family psycho-education with the consumer present * OMHC Only
H1011 - Family psycho-education without consumer present * OMHC Only

Maximum of two services per day.

Exclusion

Only one 90862 per day
Only one 90801 per day
Only one (90804, 90806, 90808) per day
May not bill 90846 & 90847 on the same day
May not bill (90805 or 90807) on the same day as 90862
May not bill 90801 and H0032 on the same day
9080X may not be billed on the same day as a 90801
Only one 90853 per day
May not bill a (90846, 90847, 90849, H2027, H1011) on the same day as a 90853

Mobil Treatment Providers Only

Procedure

H0040-21 - Assertive Community Treatment (ACT) EBP ***
H0040-U9 - Assertive Community Treatment (ACT) EBP for Medicare consumers ***
H0040 - Mobil treatment Non-EBP
H0040-52 - Mobil treatment Non-EBP for Medicare consumers

*** EBP Providers Only

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H0032 - Interdisciplinary Team Tax planning - Maximum 2 per per year. Same provider. OMHC only
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Crisis Providers Only

Procedure

S9485 - Residential crisis services (also bill as T2048)
S5145 - Residential crisis, treatment foster care

EP Providers Only

Procedure

96150 - Initial Assessment & Development of Behavioral Plan for TBS
96151 - Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only)
96152 - EPSDT Health & behavior intervention, each 15 min (must be a designated provide of Therapeutic Behavioral Services)

SE Providers Only

Procedure

H2023 - Supported employment (intensive job coaching), per 15 minutes (Auth'd by CSA w/lifetime benefit of \$2,750)
H2024 - Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)
H2024-21 - Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)
H2026 - Ongoing support to maintain employment, per month
H2026-21 - Ongoing support to maintain employment, per month - EBP ***
S9445-52 - Clinic coordination - EBP *** may be billed with all other phases of SE and H2026-21

*** EBP Providers Only

PRP Providers Only

Procedure

H0002 - Rehabilitation Assessment
H2016 - Encounter (only bill w/POS 15 (off-site) or 52 (on-site)
H2018-U2 - Any combination of on/off-site PRP svcs for Community client (i.e. child or adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters) (Monthly rate)
H2018-U2 - Off-site PRP svcs only for Community client. (Must use POS 15 & min 2 encounters) (Monthly rate)
H2018-U2 - On-site PRP svcs only for Community client. (Must use POS 52 & min 2 encounters) (Monthly rate)
H2018-U3 - Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult living independently). (Must use POS 49 & min 6 encounters) (Monthly rate)
H2018-U3 - Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5 encounters) (Monthly rate)
H2018-U3 - On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3 encounters) (Monthly rate)
H2018-U4 - Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 15 & min 13 encounters) (Monthly rate)
H2018-U4 - On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)
H2018-U5 - Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 15 & min 19 encounters) (Monthly rate)
H2018-U5 - On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS 52 & min 4 encounters) (Monthly rate)
H2018-U6 - Any combination of on/off-site PRP svcs for adult in General Level RRP bed. (Must use POS 49 & min 17 encounters) (Monthly rate)
H2018-U7 - Any combination of on/off-site PRP svcs for adult in Intensive Level RRP bed. (Must use POS 49 & min 23 encounters) (Monthly rate)
S9445 - Any combination of on/off-site PRP svcs for client in a supported employment program. (Must use POS 52 or 15 & min 2 encounters) (Monthly rate)
T1023 - Transitional PRP. Any combination of on/off-site PRP services to adult or TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)

Only 1 provider may bill for blended services per month. There may be two providers paid for PRP during the same month - only if one provider bills the On-Site and the other bills the Off-Site. There is one exception to this rule. If a consumer moves to a different PRP then you may have duplicate services, but it is ONLY for the transition month AND the encounters may not overlap between the providers.