



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Dennis R. Schrader, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
FQHC Transmittal No. 11
May 25, 2017

TO: Federally Qualified Health Centers

FROM: Susan J. Tucker, Executive Director
Susan J. Tucker
 Office of Health Services

RE: Behavioral Health Services in FQHC Settings

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal

 This transmittal serves to provide guidance on upcoming changes to behavioral health billing practices in Federally Qualified Health Centers (FQHC) as well as an update to prior guidance.

Rendering Provider Requirement

As communicated in Provider Transmittal (PT) 19-17 dated January 19, 2017, effective May 1, 2017, the Department requires the individual NPI of the rendering provider to be recorded on *all* claims. This requirement is not limited to behavioral health claims. The Department continues to require the group or facility NPI to be recorded in the pay-to field on all claims. It is imperative that each individual/rendering provider within your organization is enrolled in Maryland Medicaid. For further information, please review PT 19-17.

Billing Substance Use Disorder (SUD) Services

Effective June 15, 2017, when billing Beacon Health Options exclusively for substance use disorder (SUD) services, the FQHC must bill one H code with a –SC modifier for the corresponding service rendered, as shown in the table below. A T-code (T1015) may not be used when billing for a SUD service. FQHCs must bill the following codes with the –SC modifier to be reimbursed at their cost based rate.

Code	Description
H0001/SC	Assessment
H0004/SC	Individual Outpatient Therapy
H0015/SC	Intensive Outpatient (IOP)
H0016/SC	Induction

This guidance supersedes PT 10-17. These services are subject to SUD combination of service rules.

Billing Behavioral Health Group Therapy Sessions

Effective June 15, 2017 FQHCs will no longer be reimbursed the established cost per-visit, all-inclusive rate for behavioral health group therapy sessions when they are not rendered in conjunction with an evaluation and management service or individual therapy. When the visit is solely for the purpose of a group therapy session, it will be billed and reimbursed as follows:

If only a **mental health** group therapy session is rendered, the FQHC should bill 90853. As shown in the screen shot below:

A DATE(S) OF SERVICE						B Place of Service		C Type of Service		D PROCEDURES, SERVICES, OR SUPPLIES		E DIAGNOSIS		F \$ CHARGES		G DAYS OR UNITS		H EPSCU Family Plan		I BMG		J COB		K RESERVED FOR LOCAL USE	
MM	DD	YY	MM	DD	YY					CPT/HCPCS	MODIFIER														
										90853				40	32	1									
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE							
												<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 40 32		\$		\$							

If a **mental health** group therapy session is rendered in conjunction with another mental health service, use procedure code T1015 to bill the service at the FQHC cost per-visit rate and list the CPT codes of the services rendered with a \$0.00 charge. As shown in the screen shot below:

A DATE(S) OF SERVICE						B Place of Service		C Type of Service		D PROCEDURES, SERVICES, OR SUPPLIES		E DIAGNOSIS		F \$ CHARGES		G DAYS OR UNITS		H EPSCU Family Plan		I BMG		J COB		K RESERVED FOR LOCAL USE	
MM	DD	YY	MM	DD	YY					CPT/HCPCS	MODIFIER														
										T1015				179	22	1									
										90832				0											
										90853				0											
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE							
												<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 179 22		\$		\$							

Please note: In order to be reimbursed the cost per-visit rate T1015 MUST be on the first line of the claim. The rate for T1015 shown is an example- the FQHC should input their FQHC cost per-visit rate in the charges field.

If only a **substance use** group therapy session is rendered the FQHC should bill H0005-SC. As shown in the screen shot below:

24 A		B		C		D		E		F		G		H		I		J		K	
DATE(S) OF SERVICE		Place of Service		Type of Service		PROCEDURES, SERVICES, OR SUPPLIES		DIAGNOSIS CODE		\$ CHARGES		DAYS OR UNITS		EPSCA Family Plan		RMG		COB		RESERVED FOR LOCAL USE	
MM	DD	YY	MM	CO	YY		(Explain Unusual Circumstances)	CPT/HCPCS	MODIFIER												
								H0005	SC		39	78	1								
25 FEDERAL TAX I.D. NUMBER		SSN EIN		26 PATIENT'S ACCOUNT NO.		27 ACCEPT ASSIGNMENT?		28 TOTAL CHARGE		29 AMOUNT PAID		30 BALANCE DUE									
						<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 39 78		\$		\$									

If a **substance use** group therapy session is rendered in conjunction with another substance use service, the individual service should be billed on the first line of the claim at the FQHC cost per-visit rate and H0005-SC should be billed on the second line with a \$0.00 charge. As shown in the screen shot below:

24 A		B		C		D		E		F		G		H		I		J		K	
DATE(S) OF SERVICE		Place of Service		Type of Service		PROCEDURES, SERVICES, OR SUPPLIES		DIAGNOSIS CODE		\$ CHARGES		DAYS OR UNITS		EPSCA Family Plan		RMG		COB		RESERVED FOR LOCAL USE	
MM	DD	YY	MM	CO	YY		(Explain Unusual Circumstances)	CPT/HCPCS	MODIFIER												
								H0004	SC		179	22	1								
								H0005	SC		0										
25 FEDERAL TAX I.D. NUMBER		SSN EIN		26 PATIENT'S ACCOUNT NO.		27 ACCEPT ASSIGNMENT?		28 TOTAL CHARGE		29 AMOUNT PAID		30 BALANCE DUE									
						<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 179 22		\$		\$									

Please note: The FQHC MUST bill with the service that receives the cost-per visit rate on the first line to be reimbursed that rate. The rate for H0004 –SC shown is an example; the FQHC may bill their cost per-visit rate in the charges field.

Billing for Buprenorphine Services

As explained in PT 10-17 dated October 11, 2016, when providing Buprenorphine induction services FQHCs must use the H0016 code with the SC modifier to identify the service delivered. Buprenorphine administration is not considered to be a separate medical service; it must be billed as part of the SUD service(s) being provided to the participant on that day. The H0016-SC may be billed alone if no other services are delivered on that day.

Combination of Service Guidance

The Department allows the billing of no more than one medical, one SUD, one mental health, and one dental encounter per day per participant. Billing all of these services in one day is highly unusual and is subject to audit.

If you have any questions regarding billing practices associated with behavioral health services at FQHCs, please contact Beacon Health Options Provider Relations Department at 800-888-1965 or marylandproviderrelations@beaconhealthoptions.com . Alternatively you may contact Earl Tucker at 410-767-4078 or earl.tucker@maryland.gov.