

MHA - Combination of Services Review - REVISED – 5/1/2023

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. Exceptions by case are 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 residents in a crisis bed use H0019 for the RRP bed and allow other residential crisis codes.
- 96130-96131 & 96136-96139 *Psychological Testing requests will be clinically reviewed and hours and frequency will be authorized based on medical necessity.*
- H0032 - Interdisciplinary Team Tax planning - Maximum 2 per year. Same provider. OMHC only.
- H2023 - SEP Job Coaching - Lifetime benefit of \$2,750
- H2024 - SEP - Pre-Placement - Maximum 3 per year.
- H2024-21 - SEP Job 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

- 90791 & 90792 (w/ or w/out a GT/22 mdfr) - Psychiatric diagnostic interview
- 90832 (w/ or w/out a GT mdfr) - Individual psychotherapy (30 min)
- 90833 in combination with 99202-99205 or 99211-99215 (w/ or w/out GT mdfr) - Indiv psychotherapy (30 min) w/ evaluation and management
- 90834 (w/ or w/out GT mdfr) - Individual psychotherapy (45 min)
- 90836 in combination with 99202-99205 or 99211-99215 (w/ or w/out GT mdfr) - Indiv psychotherapy (45 min) w/ evaluation and management
- 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
- 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.*
*NCCI Edits Apply.**

Exception

- 99202-99205 or 99211-99215 (w/ or w/out the GT/HE mdfrs) - Evaluation and Management mgmt may be billed on the same day as 90832, 90834 (w/ or w/out the GT mdfr), 90846, 90847, 90847-52, 90853, 90875, 90876 as long as therapy and evaluation and management are provided by two different providers.
- 99417- *Prolonged evaluation and management may be billed on the same day as 99205, 99215 and 99245. It may not be billed with add on psychotherapy codes 90833, 90836 or 90838.*
- 90846 & 90847 family psychotherapy may be billed on the same day as 90832-90837 individual psychotherapy if performed as a separate and distinct service during a different time interval.

Clinic

Procedure

- 90791 & 90792 (w/ or w/out a GT/22 mdfr) - Psychiatric diagnostic interview
- 90832 (w/ or w/out a GT mdfr) - Individual psychotherapy (30 min)
- 90833 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdfr) - Indiv psychotherapy (30 min) w/ evaluation and management
- 90834 (w/ or w/out GT mdfr) - Individual psychotherapy (45 min)
- 90836 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdfr) - Indiv psychotherapy (45 min) w/ evaluation and management
- 90837 - Individual psychotherapy (60 min) * OMHC Only
- 90838 in combination with 99201-99205 or 99211-99215 (w/ or w/out GT mdfr) - Indiv psychotherapy (60 min) w/ evaluation and management * 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
- 90875 - Indiv psychophysio therapy incl biofdbk (20-30 min)
- 90876 - Indiv psychophysio therapy incl biofdbk (45-50 min)

Maximum of two different services by eligible provider type per day*

***NCCI Edits Apply.**

Clinic Continued

- H0032 - Interdisciplinary team tax planning 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 different services by eligible provider type per day*

***NCCI Edits Apply.**

Exclusion

- Only one 99202-99205 or 99211-99215 (w/ or w/out the GT/HE mdfrs) per day
- Only one 90791 & 90792 (w/ or w/out a GT/22 mdfr) per day
- Only one 90832 (w/ or w/out GT mdfr); 90834 (w/ or w/out GT mdfr); 90837 per day
- Only one 90833 in combination with 99202-99205 or 99211-99215 (w/ or w/out GT mdfr); 90836 in combination with 99202-99205 or 99211-99215 (w/ or w/out GT mdfr); 90838 in combination with 99202-99205 or 99211-99215-99215 (w/ or w/out GT mdfr) per day
- May not bill a 90791/90792 and a 90832/90833 or 90834/90836 or 90837/90838 on the same day
- 99417- *Prolonged evaluation and management may be billed on the same day as 99205, 99215 and 99245. It may not be billed with add on psychotherapy codes 90833, 90836 or 90838.*
- May not bill add on codes 90833 in combination with 99202-99205 or 99211-99215 (w/ or w/out GT mdfr); 90836 in combination with 99202-99205 or 99211-99215 (w/ or w/out GT mdfr); 90838 in combination with 99202-99205 or 99211-99215 (w/ or w/out GT mdfr) on same day as individual psychotherapy codes 90832 (w/ or w/out a GT mdfr); 90834 (w/ or w/out GT mdfr); 90837 (w/ or w/out GT mdfr)
- May not bill 90846 & 90847 on the same day
- May not bill 90791 & 90792 (w/ or w/out a GT/22 mdfr) and H0032 on the same day
- Only one 90853 per day
- May not bill 90846, 90847, 90849, H2027, H1011 on same day as 90853
- 99202-99205 or 99211-99215 (w/ or w/out the GT/HE mdfrs) - Evaluation and Management mgmt is not included in the two service per day rule but all other exclusions apply. Chart review must support services provided by a different rendering provider than therapy provider.

Mobile Treatment Providers Only**Procedure**

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

*** EBP Providers Only

Crisis Providers Only**Procedure**

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

EPSDT 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 provider 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 For Monthly Rates

- 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 (child or adult under sup of guardian) must use POS 49 & min 3 encounters
- H2018-U2 - Off-site PRP svcs only for Community client must use POS 15 & min 2 encounters
- H2018-U2 - On-site PRP svcs only for Community client must use POS 52 & min 2 encounters
- H2018-U3 - Any combination of on/off-site PRP svcs for Supported Living client (adult living independently) must use POS 49 & min 6 encounters
- H2018-U3 - Off-site PRP svcs for Supported Living client must use POS 15 & min 5 encounters
- H2018-U3 - On-site PRP svcs for Supported Living client must use POS 52 & min 3 encounters
- H2018-U4 - Off-site PRP svcs to Adults in General beds must use POS 15 & min 13 encounters
- H2018-U4 - On-site PRP svcs to Adults in General beds must use POS 52 & min 4 encounters
- H2018-U5 - Off-site PRP svcs to Adults in Intensive beds must use POS 15 & min 19 encounters
- H2018-U5 - On-site PRP svcs to Adults in Intensive beds must use POS 52 & min 4 encounters
- H2018-U6 - Any combination of on/off-site PRP svcs for Adults in General beds must use POS 49 & min 17 encounters
- H2018-U7 - Any combination of on/off-site PRP svcs for Adults in Intensive beds must use POS 49 & min 23 encounters
- S9445 - Any combination of on/off-site PRP svcs for clients in supported employment must use POS 52 or 15 & min 2 encounters
- 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. Does not apply to S9445. S9445 may be billed in the same month as H2018. The encounters for S9445 must be separate from encounters billed for H2018.