

Bulletin Number: MSA 13-13

Distribution: Federally Qualified Health Centers (FQHCs), Medicaid Health Plans (MHPs), Prepaid Inpatient Health Plans (PIHPs), and Coordinating Agencies

Issued: May 1, 2013

Subject: Federally Qualified Health Centers Coverage of Behavioral Health Services

Effective: June 1, 2013

Programs Affected: Medicaid

Background

This bulletin provides clarification regarding a limited number of procedure codes for behavioral health services provided in an FQHC. Behavioral health care includes both mental health and Substance Use Disorder (SUD) services. Additionally, this bulletin establishes the credentials FQHC providers must have to render SUD services and explains care coordination with other providers.

For claims received with dates of service on or after June 1, 2012, selected services provided in FQHCs for the treatment of mild to moderate behavioral health conditions will be included in the FQHC annual reconciliation according to the Memorandum of Agreement (MOA). All claims must meet the timely filing requirements established by the Michigan Department of Community Health (MDCH) as described in the Medicaid Provider Manual, General Information Chapter. Claims for beneficiaries enrolled in an MHP must meet the timely filing requirements established by the MHP.

Substance Use Disorder (SUD) Services

Medicaid covers selected SUD services provided in an FQHC for both fee for service (FFS) beneficiaries and managed care enrollees. MDCH will reimburse providers directly for these services when billed through the Community Health Automated Medicaid Processing System (CHAMPS) for both FFS and MHP beneficiaries. The following Healthcare Common Procedure Coding System (HCPCS) codes for SUD services are billable to MDCH for all beneficiaries when provided in an FQHC:

H0001 - Alcohol and/or Drug Assessment
H0002 - Behavioral Health (Alcohol/Drug) Screening for Admission into treatment program
H0004 - Behavioral Health Counseling and Therapy, per 15 minutes (with a substance use diagnosis)
H0005 - Alcohol and/or Drug Services, Group Counseling by a Clinician

Mental Health Services

Medicaid covers selected mental health services provided in an FQHC. MHPs cover 20 outpatient mental health visits per calendar year for managed care enrollees as part of their contract. Medicaid covers 10 outpatient mental health visits per calendar year for FFS beneficiaries. The following HCPCS codes for outpatient mental health services must be billed to the MHP for managed care enrollees or to CHAMPS for Medicaid FFS beneficiaries:

H0004 - Behavioral Health Counseling and Therapy, per 15 minutes (with a mental health diagnosis)
H0031 - Mental Health Assessment, by non-physician
H2011 - Crisis Intervention, per 15 minutes

The SUD and Mental Health services specified above are not intended to be an all-inclusive list of the behavioral health codes available to a provider within an FQHC. Providers should refer to the Medical Clinics provider database on the MDCH website for information about other covered behavioral health codes.

Credentials

The behavioral health services must be furnished by FQHC physicians, physician assistants (PA), nurse practitioners (NP), licensed psychologists, licensed master's social workers, licensed bachelor's social worker, or a licensed professional counselor. Practitioners must be licensed by the State of Michigan and provide services within their scope of practice. Documentation that identifies the provider rendering services must be maintained in the beneficiary's medical record. For audit purposes, FQHCs are required to retain records containing the credentials of all providers who have rendered or are rendering behavioral health services in the FQHC.

Psychologists (Doctoral, Masters, and Temporary), social workers, and professional counselors who possess the appropriate Michigan license may provide behavioral health services in an FQHC. Those who possess a limited license or a temporary license must provide services under the supervision guidelines for their profession. It is the responsibility of the limited (or temporary) licensed psychologist, limited licensed master's social worker, limited licensed bachelor's social worker, or the limited licensed professional counselor to secure the appropriate services of a supervisor. This information must be documented and maintained as part of the providers credential record. All pertinent licensing regulations and scope of practice limitations apply.

All psychologists, social workers, and professional counselors providing SUD services must also possess one of the following Michigan Certification Board of Addiction Professionals (MCBAP) or International Certification and Reciprocity Consortium (IC & RC) credentials:

- Certified Alcohol and Drug Counselor – Michigan (CADC-M)
- Certified Alcohol and Drug Counselor – IC & RC (CADC)
- Certified Advanced Alcohol and Drug Counselor – IC & RC (CAADC)
- Certified Criminal Justice Professional – IC & RC - Reciprocal (CCJP-R)
- Certified Co-Occurring Disorders Professional – IC & RC (CCDP); or
- Certified Co-Occurring Disorders Professional Diplomat – IC & RC (CCDP-D)

Physicians, PAs or NPs who provide SUD services within their scope of practice are not required to obtain MCBAP or IC & RC credentials. All other provider types administering SUD services reimbursed with public funds must have the appropriate credential(s). Individuals who have a Development Plan registered with MCBAP or IC & RC documenting that they are working towards obtaining full certification may continue to provide services while seeking the necessary credentials.

An appropriate, evidence-based treatment plan (e.g., individualized, person centered, integrated) must also be provided. FQHCs are required to comply with federal and state regulations governing the rights and confidentiality of alcohol and other substance use patient record information.

Billing and Reimbursement

Providers must be enrolled in Michigan Medicaid to receive reimbursement for services. Providers who are not eligible to enroll in Medicaid FFS (e.g., psychologists, social workers) must submit claims for behavioral health services using the National Provider Identifier (NPI) of the supervising physician responsible for ensuring the medical necessity and appropriateness of the services. Reimbursement for services can only be made to Medicaid enrolled providers. The billing NPI on the claim must reflect the type 2 (group) NPI of the clinic. Providers billing MHPs must follow the specific billing and reimbursement guidelines established by the MHP.

FQHCs are required to re-file their retroactive encounters from the effective date of this policy with previously rejected data included on the new submission. A claim must be initially received and acknowledged by MDCH within 12 months from the date of service. Refer to the Billing Limitation subsection of the General Information for Providers Chapter for additional information. Previously established MHP timely billing policies also apply.

An FQHC is allowed two encounters for different types of visits on the same day. For example, a patient first sees a physician for primary care and then later sees a behavioral health clinician. These visits may be classified as two encounters. This same day arrangement may increase the likelihood of compliance with a treatment regimen.

Services provided by an FQHC will be included in the FQHC annual reconciliation according to the MOA when a contract exists between the FQHC and the behavioral health contracting entity. FQHCs that have a contract in place with a behavioral health agency must follow the service and billing arrangements set forth by the contract.

Information regarding covered procedure codes, reimbursement rates, and other billing information related to behavioral health services will be made available in the FQHC provider database on the MDCH website. Go to www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Federally Qualified Health Centers. Provider databases are updated at least annually.

Care Coordination

FQHCs should make every effort to coordinate with, and refer a beneficiary to other community services as appropriate to address the beneficiary's individual needs and circumstances. In general, FQHCs are limited to providing care only for mild to moderate behavioral health cases that can be appropriately managed in the primary care setting. Treatment for complex or severe behavioral health cases must be referred to the appropriate PIHP, Community Mental Health Services Program (CMHSP), or SUD Coordinating Agency (CA). Coordination of care between all entities involved (FQHC, MHP, PIHP, CMHSP and/or CA) is required to avoid duplication of services, assure continuity of care, and to obtain the best outcome for the beneficiary.

PIHPs, CMHSPs, and CAs actively treating a beneficiary may not refer that beneficiary to an FQHC for treatment of the behavioral health illness.

PIHPs, CMHSPs, and CAs may refer a beneficiary to an FQHC:

- after completing an initial evaluation and determining that a non-established beneficiary has a behavioral health illness classified as mild to moderate, or
- for physical health conditions unrelated to the behavioral health illness.

Ongoing internal communication and coordination between the primary care provider and behavioral health clinicians must be documented in the beneficiary's medical record and is essential to improve overall health outcomes.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
Medical Services Administration