



Optum Provider Training for AllWays Health Partners' Members

January 2020

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Introductions & Background



United Behavioral Health operating under the brand Optum

Introductions and Background



Effective January 1, 2019, Neighborhood Health Plan became AllWays Health Partners.



Optum, the behavioral health partner for AllWays Health Partners, is a leading health services organization dedicated to making the health system work better for everyone.

- Optum and AllWays Health Partners realize there is some confusion in the market regarding the use of non-independently licensed clinicians
- Over the past several months, AllWays Health Partners, Optum and MassHealth have met to review requirements for clinical supervision of non-independently licensed clinicians and the proper submission of claims

Definitions

Definitions

- Licensed clinician: a professional licensed by the state to deliver behavioral health services
- Procedure Code: codes used to identify what service was provide to or given to a patient
- Modifier: a two-character descriptive add-on to a procedure code; modifiers can be a combination of alpha numeric characters
- Non-independently licensed clinician: a Master's level clinician professional who is NOT independently licensed by the state; may be able to deliver behavioral health services under the supervision of an independently licensed clinician if employed by a group/agency with a Supervisory Protocol Addendum added to their Agreement
- Paraprofessional: a person to whom a particular aspect of a professional task is delegated but who is not licensed to practice as a fully qualified professional
- Peer Provided Services: Medicaid coverage includes services provided by peers with “lived experience” who meet performance specification, such as Recovery Coaches.
- Rostered clinician: an independently licensed clinician employed by a credentialed group/agency with a Group Agreement that requires submission and on-going maintenance of a roster of their employed, independently licensed clinicians
- Supervisory Protocol Addendum: an addendum to a group/facility Agreement that may be added to allow non-independently licensed clinicians to render services while under the supervision of an independently licensed clinician within the group
- Supervision: an independently licensed supervising provider has regular, in-person, one-on-one supervision with the non-independently licensed provider to review the treatment provided to members. Supervision must be clinical in nature, documented and kept on file. Up to two (2) multi-disciplinary staff or group supervision meetings may be counted for two in-person supervision sessions per month so long as the supervising provider is in attendance

Member ID Cards

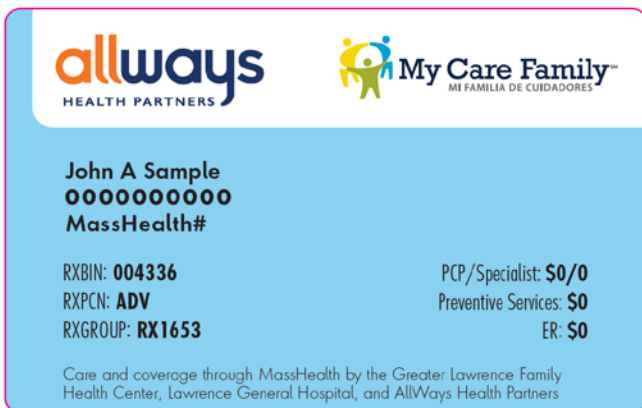


United Behavioral Health operating under the brand Optum

Member Identification Cards

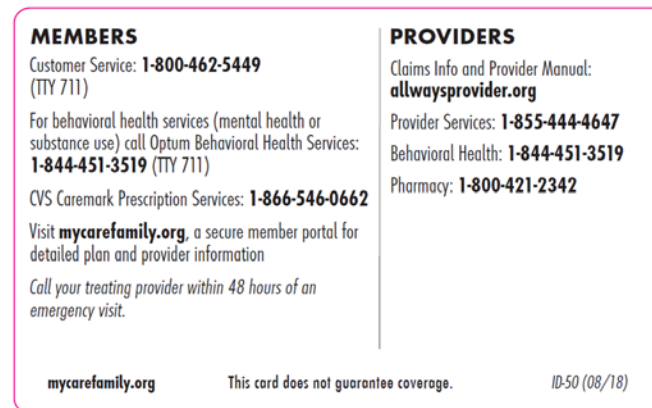
Medicaid (My Care Family) Card

Front of card



The front of the Medicaid (My Care Family) card features the AllWays Health Partners logo and the My Care Family logo. The member's name, John A Sample, and ID number 0000000000 are displayed. The card also lists the MassHealth# and various service codes (RXBIN, RXPCN, RXGROUP) along with their respective costs (PCP/Specialist: \$0/0, Preventive Services: \$0, ER: \$0). A note at the bottom states that care and coverage are provided through MassHealth by the Greater Lawrence Family Health Center, Lawrence General Hospital, and AllWays Health Partners.

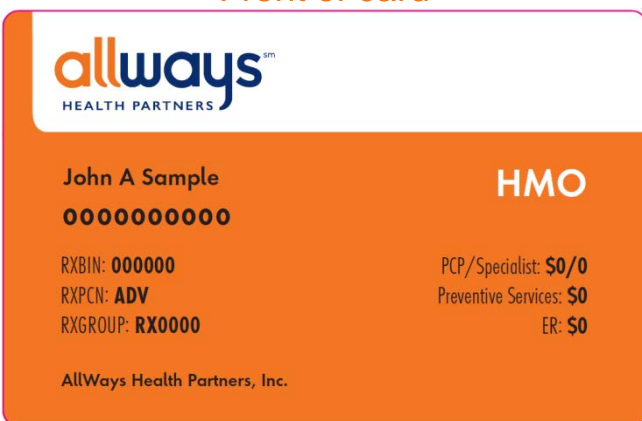
Back of card



The back of the Medicaid (My Care Family) card is divided into two sections: MEMBERS and PROVIDERS. The MEMBERS section provides contact information for Customer Service (1-800-462-5449), behavioral health services (1-844-451-3519), and CVS Caremark Prescription Services (1-866-546-0662). It also mentions the mycarefamily.org portal and a 48-hour emergency visit requirement. The PROVIDERS section lists the Claims Info and Provider Manual (allwaysprovider.org), Provider Services (1-855-444-4647), Behavioral Health (1-844-451-3519), and Pharmacy (1-800-421-2342). The footer includes mycarefamily.org, a disclaimer that the card does not guarantee coverage, and the ID number 50 (08/18).

Commercial Card

Front of card



The front of the Commercial Card features the AllWays Health Partners logo. The member's name, John A Sample, and ID number 0000000000 are displayed. The card is for an HMO plan. It lists service codes (RXBIN, RXPCN, RXGROUP) and their respective costs (PCP/Specialist: \$0/0, Preventive Services: \$0, ER: \$0). The footer identifies AllWays Health Partners, Inc.

Back of card



The back of the Commercial Card is divided into two sections: MEMBERS and PROVIDERS. The MEMBERS section provides contact information for Customer Service (1-866-414-5533), Optum Behavioral Health Services (1-844-451-3518), and the allwaysmember.org portal. It also mentions a 48-hour emergency visit requirement. The PROVIDERS section lists the Claims Info and Provider Manual (allwaysprovider.org), Provider Services (1-855-444-4647), Behavioral Health (1-844-451-3518), and Pharmacy (1-800-421-2342). The footer includes allwaysmember.org, a disclaimer that the card does not guarantee coverage, and the ID number 51 (08/18).

Benefits and Eligibility

Understanding covered benefits



Coverage Determination Guidelines standardize the interpretation and application of terms of the Member's Benefit Plan; including terms of coverage, exclusions and limitations.



Coverage Determination Guidelines can be found on Provider Express, Optum's industry leading provider website: providerexpress.com



Optum Members have a variety of benefits available to them.



Check a Member's benefits and eligibility on Provider Express, through secure Transactions.

Benefits will be different for commercial and Medicaid (My Care Family) members; it is essential to verify benefits before rendering services.

Eligibility and benefits verification using Provider Express

Provider Express - providerexpress.com

Our industry-leading provider website includes both public and secure pages for behavioral health providers

“**Eligibility & Benefits**” allows users to search for a member’s eligibility by using My Patients list, Member ID Search or the Name/DOB Search. The My Patients list is also built using this transaction.

“**My Patients**” is a list of patients that can be stored on Provider Express and used for various online transactions without an additional search. The My Patients list is customizable at a User level.



Eligibility & Benefits

Authorizations

Authorization and Notification Definitions

AllWays Authorization and Notification Definitions:

- AllWays Medicaid benefit plans have designated services that require providers to contact Optum Behavioral Health when a member accesses those services.
- Notification, when required, should occur prior to the delivery of certain non-routine outpatient services and scheduled inpatient admissions, and as soon as reasonably possible for an emergency admission. Notification requirements include clinical information to determine benefit coverage.
- Authorization (aka: prior authorization) is a result of the Clinical and benefit determinations made per the provider notification.
- Please refer to the list of services that require notification or authorization, on slide 14.

AllWays Medicaid Services Requiring Authorization or Notification

Level of Care	Requirements	Additional Information
Mental Health (MH) Acute Inpatient	Notification of Admission	Required within 24 hours of Admission or next business day
	Authorization	Concurrent Review following notification of Admission
Substance Use Disorder (SUD) Acute Inpatient	Notification of Admission	Required within 48 hours of Admission
	Authorization	Concurrent Review following notification of admission required at day 15
MH Acute Residential Services (CBAT, ART, IART)	Prior Authorization	Requires prior authorization
SUD Acute and Residential (ASAM 4.0, 3.7, 3.5)	Notification of Admission	Required within 48 hours of Admission
	Authorization	Required after first 14 days
SUD Residential Rehabilitation Services (RRS) (ASAM 3.1)	Notification	Required within 7 calendar days of Admission
	Authorization	Required for continuation at this level of care beyond 90 days
Partial Hospitalization	Authorization	Requires prior authorization
Intensive Outpatient Program	Authorization	Requires prior authorization
Day Treatment	Authorization	Requires prior authorization
Applied Behavior Analysis (ABA)	Authorization	Requires prior authorization
Electroconvulsive Treatment (ECT)	Authorization	Requires prior authorization
Transcranial Magnetic Stimulation (TMS)	Authorization	Requires prior authorization
Psychological Testing – 5 hours or less	Notification	Test evaluation 96130/96131 and administration-scoring 96136-96139 time combined
Psychological Testing – more than 5 hours	Prior Authorization	Test evaluation 96130/96131 and administration-scoring 96136-96139 time combined



The above table includes all services that require either an authorization or notification

Authorization process

Authorizations can be requested in two ways:

- Contracted providers can request authorizations for most services via the online portal system on Provider Express (providerexpress.com). You will need to log-in to request authorizations. The previous slide includes information about which services can be requested online and which require a phone call.
- Calling Optum via the number on the member's card:

AllWays Commercial

844-451-3518

AllWays MassHealth/ACO
(aka My Care Family)

844-451-3519

Partners Health Plan

844-451-3520

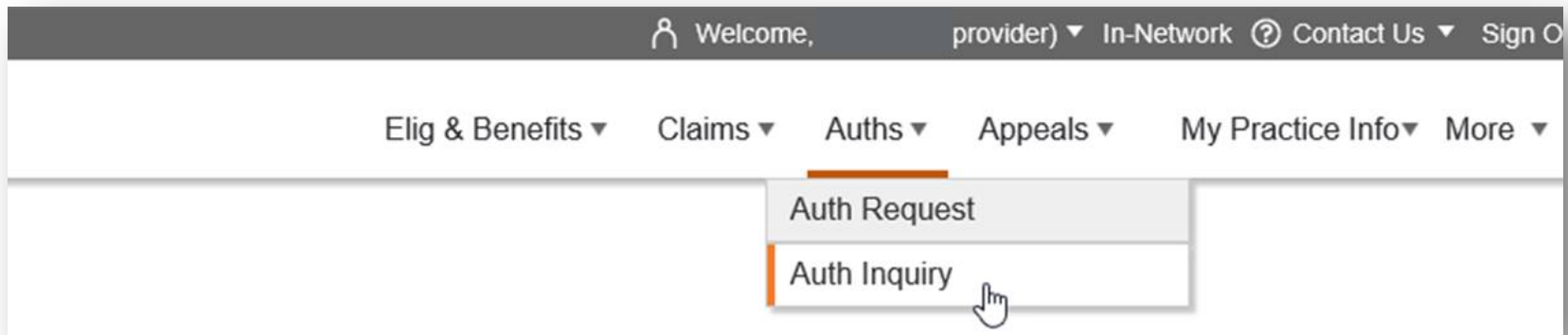
**Group Insurance Commission (GIC)
and City of Boston**

844-875-5722

Check authorization status online

Once you have requested authorization for clinical services, registered users can use the secure Transactions on *Provider Express* to:

- Check authorization status online even if the authorization was not requested through *Provider Express*
- View authorization details



- Providers not registered for providerexpress.com may check authorization status by calling Optum via the toll free number on the member's card

New clinical criteria effective 1/31/20

In an effort to further enhance the patient, provider, and customer experience, Optum is standardizing the clinical criteria used in decision-making for behavioral health conditions by directly utilizing nationally recognized guidelines:

- **Level of Care Utilization System (LOCUS)** – a standardized level of care assessment tool developed by the American Association of Community Psychiatrists used to make medical necessity determinations and placement decisions for **adults**. Learn more at dbh.com
- **Child and Adolescent Service Intensity Instrument (CASII)** – a standardized assessment tool developed by the American Academy of Child and Adolescent Psychiatry used to make medical necessity determination and to provide level of service intensity for **children and adolescents ages 6-18**. Learn more at aacap.org/AACAP/AACAP/Member_Resources/Practice_Information/CASII.aspx
- **Early Childhood Service Intensity Instrument (ECSII)** – a standardized assessment tool developed by the American Academy of Child and Adolescent Psychiatry used to make medical necessity determinations and to provide level of service intensity for children ages 0-5. Learn more at aacap.org/AACAP/Member_Resources/Practice_Information/ECSII

NOTE: LOCUS/CASII/ECSII criteria are currently under review by MassHealth

LOCUS / CASII / ECSII

Why is Optum changing from prior Level of Care Guidelines to LOCUS/CASII/ECSII (L/C/E) clinical criteria for behavioral health?

While our prior behavioral health level of care criteria were developed by considering evidence-informed literature and clinical criteria established by professional organizations, we are moving to these externally developed guidelines for several reasons:

- *Externally validated:* L/C/E criteria were created and are updated based on the changing landscape of evidence informed care, market and regulatory considerations, and feedback from stakeholders across the care system.
- *Common Language Drives Improved Care:* The use of these guidelines creates a common language for providers with payers, regulators and other stakeholders of the care system, which results in a clearer understanding of patient needs.
- The six dimensions provide a more holistic view of acuity and chronicity of behavioral conditions, thereby promoting more appropriate care for patients and a better overall experience.

Claim Billing Reference Guide

Claim billing reference guide

Independently licensed clinicians employed by a group

When billing Optum for services rendered by an independently licensed clinician for AllWays Health Partners members, the following guidelines apply for Commercial or Medicaid plans:

- Claims must be billed listing the licensed clinician in field 24J and field 31 on the 1500 form
- Independently licensed clinicians must be credentialed or rostered accordingly if they are affiliated with Groups/Agencies whose Agreement requires submission and maintenance of a clinician roster
- When billing for an independently licensed clinician employed by a group, payment is issued to the group

Box 24J: Enter Rendering Independently Licensed Clinician or Supervising Independently Licensed Clinician Type I NPI #

24. A.	DATE(S) OF SERVICE		B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.	G.	H.	I.	J.
	From	To	PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	UNIT OF MEAS	UNIT OF SER	KL QUAL	RENDERING PROVIDER ID.#
1												NPI
2												NPI
3												NPI
4												NPI
5												NPI
6												NPI

25. FEDERAL TAX ID. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rev'd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # ()

SIGNED _____ DATE _____ NPI NPI

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Box 31: Enter Rendering Independently Licensed Clinician or Supervising Independently Licensed Clinician Type I NPI #

Box 33a: Enter Group/Agency Type II NPI #

Box 33: Enter Group/Agency Name, Billing Address

Claim billing reference guide

Non-independently licensed clinicians

When billing Optum for services rendered by a non-independently licensed clinician for AllWays Health Partners Medicaid members, the following guidelines apply:

- Non-independently licensed clinicians are required to have a Type I (individual) NPI number
- Record the non-independently licensed clinician's Type I NPI number in Box 24J
- Record the licensed supervising clinician's NPI in Box 31
- When billing for a non-independently licensed clinician, payment is issued to the group

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS	F. \$ CHARGES	G. DAYS OR UNITS	H. RATE PER	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER					
1												NPI
2												NPI
3												NPI
4												NPI
5												NPI
6												NPI

Box 24J: Enter Non-independently Licensed Clinician's NPI #

25. FEDERAL TAX ID, NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (or prev. claim, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # ()
SIGNED	a. NPI	a. NPI
DATE	b.	b.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Box 31: Enter Rendering Independently Licensed Clinician or Supervising Independently Licensed Clinician Type I NPI#

Box 33a: Enter Group/Agency Type II NPI #

Box 33: Enter Group/Agency Name, Billing Address

Claim billing reference guide

Paraprofessionals / Peers

- All other codes not listed must be billed in accordance with your Optum Agreement and associated Fee Schedule, as indicated in the sample 1500 form below

24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.	G.	H.	I.	J.
From	To			EMG	(Explain Unusual Circumstances)	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	SPRINT Rate Plan	IC. QUAL.	RENDERING PROVIDER ID.#
MM	DD	YY	MM	DD	YY							
1												NPI
2												NPI
3												NPI
4												NPI
5												NPI
6												NPI

Box 24J: Enter Group/Agency Type II NPI #

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (YES/NO)	28. TOTAL CHARGE \$	29. AMOUNT PAID \$	30. Rovid for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ()		
SIGNED	DATE	NPI	NPI			

Box 31: Enter Group/Agency Name

Box 33a: Enter Group/Agency Type II NPI #

Box 33: Enter Group/Agency Name, Billing Address

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

For the AllWays Medicaid plan, Medicaid Supervisory Protocol Code Modifier Exceptions can be found in the Resource section of this presentation

Claim billing reference guide

Group/Agency/Facility Agreements

Group/Agency/Facility – applies to groups/agencies/facilities who do not use clinician rosters and do not credential clinicians individually.

- Providers who have group or facility Agreements for any line of business (Partners ASO, Commercial, Medicaid) should bill according to your Agreement, that is, bill using your group/facility information not under specific individual clinicians.

24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE			C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.	G.	H.	I.	J.
From To						EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES	DAYS OR UNITS	SPOT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER	POINTER					
1													NPI	
2													NPI	
3													NPI	
4													NPI	
5													NPI	
6													NPI	

Box 24J: Enter Group/Agency Type II NPI #

25. FEDERAL TAX I.D. NUMBER		SSN EIN	26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? <small>For group claims, see 1500.</small>		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS <small>(I certify that the statements on the reverse apply to this bill and are made a part thereof.)</small>			32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ()					
SIGNED			DATE			a. NPI		b. NPI				

Box 31: Enter Group/Agency Name

Box 33a: Enter Group/Agency Type II NPI #

Box 33: Enter Group/Agency Name, Billing Address

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Roster and Group Address Maintenance

Roster Maintenance

Groups/Agencies whose Agreement requires submission and maintenance of a clinician roster are responsible to ensure their roster data is up to date and on file with Optum. Roster updates may be submitted through providerexpress.com secure “Transactions”.

For Groups/Agencies that use a Supervisory Protocol and are required to submit and maintain a roster, it is essential that clinicians who are independently licensed and may be acting in a supervisory role be promptly added to the roster in order for claims to process correctly.

Groups/Agencies that do not use Provider Express may maintain their rosters by submitting them to their Provider Relations Advocates.

Note: Non-independently licensed clinicians and paraprofessionals are not added to Optum rosters.

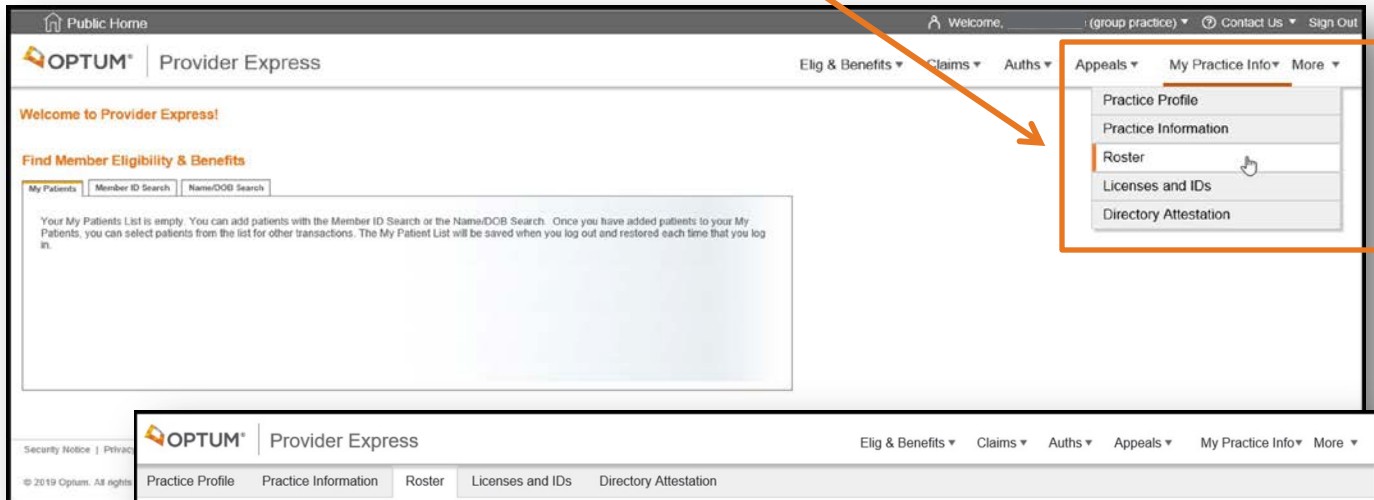
Notify us at providerexpress.com within ten (10) calendar days whenever there are changes to your clinician roster.

Roster management is critical to timely and accurate claim processing. Failure to maintain your group roster creates risks for:

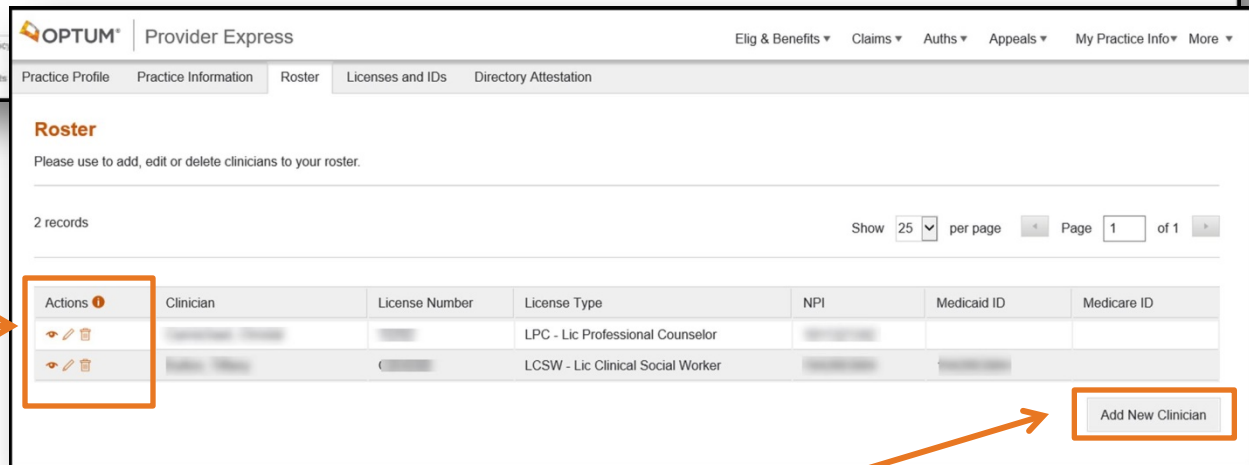
- **Timely claims adjudication**
- **Potential HIPAA violations**

Roster Maintenance (cont.)

After logging in to secure transactions, select *My Practice Info* from the menu bar and then click on *Roster* from the drop-down menu.



Use the options under Actions to view, edit or delete licensed clinicians on your roster.



Click on "Add New Clinician" to add a new licensed clinician to your Roster.

Group Address Maintenance

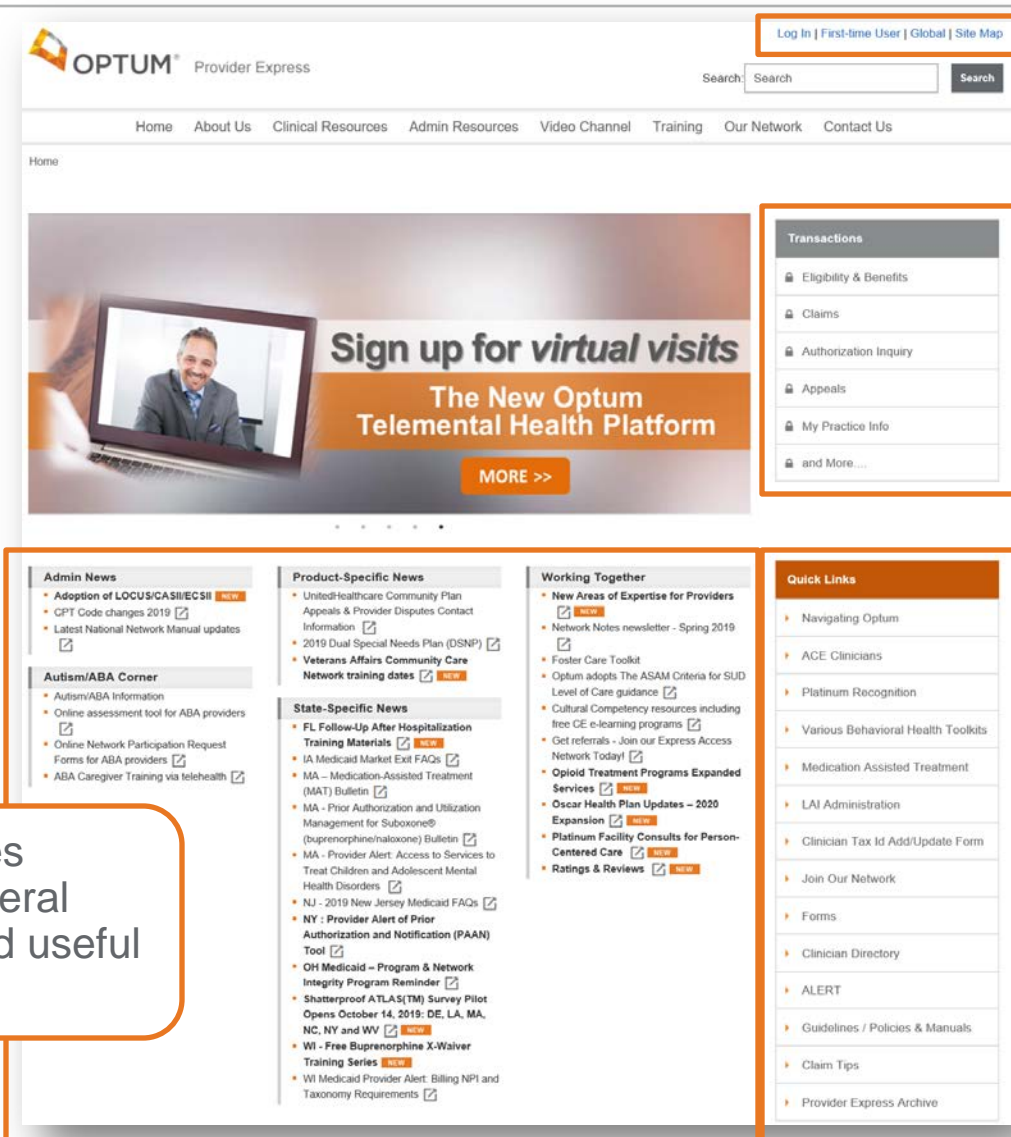
To View or make updates to the Groups Addresses, click on the Practice Information tab and choose an option under Actions.

The screenshot displays the OPTUM Provider Express web interface. At the top, the navigation bar includes 'Practice Profile', 'Practice Information' (highlighted with an orange box), 'Roster', 'Licenses and IDs', and 'Directory Attestation'. Below this, the 'Practice Information' section is titled, followed by a sub-header 'Practice Information' and a note: 'Please use the following section to make changes to your group addresses'. A 'Tax ID' field is visible. Below the tax ID is a table with columns for 'Address', 'Address Type', 'Phone', and 'Accessibility'. The 'Address' column contains a list of addresses, with the first one highlighted by an orange box and an orange arrow pointing to it. The 'Address Type' column shows 'Primary, Remit, Practice'. The 'Phone' column shows a redacted phone number. The 'Accessibility' column lists 'Evening Appointments, Weekend Appointments, Wheelchair Accessible, Public Transportation'. At the bottom right of the table area is a button labeled 'Add New Address', which is also highlighted with an orange box and an orange arrow pointing to it.

To add a new practice location or a new mailing or remit address, click on the “Add New Address” button.

Resources

Provider Express (providerexpress.com)



Secure pages require registration

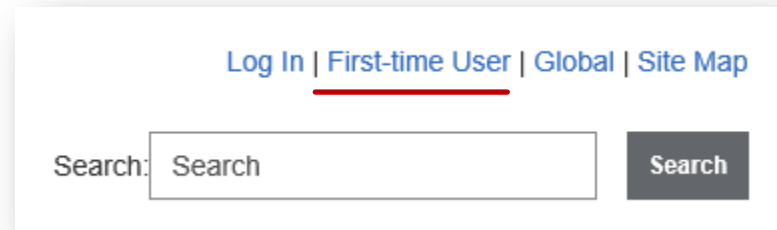
Secure "Transactions" gives you access to Member and Provider specific information

Quick Links give easy access to items most commonly used by providers

Public pages include general updates and useful information


Provider Express: Secure Pages

To register, select the “First-time User” link in the upper right hand corner of the home page



Create an Optum ID


An Optum ID securely manages your account so that you can use one Optum ID and password to sign in to all integrated applications.

 Already have an Optum ID? [Sign in now](#)

Profile Information


First name

Last name

Year of birth 

Sign In Information

Your email address

Create Optum ID 

Your Optum ID must have:
6 to 50 characters

You will be prompted to create an Optum ID

Provider Express: Secure Transactions

Provider Express offers a range of secure transactions

- ✓ Check eligibility and authorization or notification of benefits requirements
- ✓ Obtain authorization or complete notification for higher levels of care
- ✓ Create and maintain My Patients list
- ✓ Submit professional claims and view claim status
- ✓ Make claim adjustment requests
- ✓ Register for Electronic Payments and Statements (EPS), including Electronic Funds Transfer (EFT)
- ✓ Update practice information

Training on many of these topics is available on the Video Channel or through the Guided Tours

Additional Resources and Links

- Provider Express: [Massachusetts Provider Resources](#)
 - AllWays Health Partners
 - Adverse Incident Reporting Forms
 - ALERT® (Algorithms for Effective Reporting and Treatment)
 - Provider Manual Addendum
 - Training Materials
 - Massachusetts Medicaid
 - Medication-Assisted Treatment (MAT) Bulletin
 - [MAT information page](#)
- If provider is unable to access electronic link, please contact your Provider Relations Advocate for assistance
- [CMS.gov](#)

Note: Information in this presentation is for educational purposes and is current as of 11/11/19. Billing codes referenced in this material may not be valid for future dates. It is important for providers to refer to their current Fee Schedule to determine the appropriate codes and modifiers with which to bill.

Your Provider Relations Contacts

Jennifer Laroche, Director

Phone: 1-763-361-8851

Email: jennifer.laroche@optum.com

Janet Choup, Provider Relations Advocate

Phone: 1-781-419-8334

Email: janet.choup@optum.com

Medicaid Supervisory Protocol Code Modifier Exceptions - Part 1

Service	CPT / Revenue Code	Modifiers	AllWays Health Partners Alternate Description
Residential	H0010	No modifier	Alcohol and/or drug services sub-acute detoxification (residential addiction program inpatient) (clinically managed detoxification services) ASAM Level 3.5 Clinically Managed High -Intensity Residential
Diversiónary	H0015	HN	S O A P Half Day
Diversiónary	H0015	HO	S O A P Half Day
Residential	H0019	No modifier	Residential Rehabilitation Services (RRS) Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days; without room and board, per diem (residential rehabilitation services for transitional age youth and young adults: youth residential substance use disorder treatment)
Residential	H0019	HF	RRS for Transitional Age Youth and Young Adults family residential treatment
Residential	H0019	HA	RRS for Youth for youth: clinically intensive youth residential substance use disorder treatment
Residential	H0019	HR	RRS for Families
Residential	H0019	TH	RRS for Pregnant and Post-Partum Women postpartum enhancement
Residential	H0019	HH	Co-occurring Enhanced RRS
Residential	H0019	HD	residential rehabilitation services pregnant enhancement)
Residential	H0019	HV	residential rehabilitation services child enhancement
Methadone	H0020	No modifier	Alcohol and/or drug services methadone administration and/or service (provision of the drug by a licensed program) (dose only visit)

Medicaid Supervisory Protocol Code Modifier Exceptions - Part 2

Service	CPT / Revenue Code	Modifiers	AllWays Health Partners Alternate Description
Methadone	H0020	TF	Alcohol and/or drug services; methadone administration and/or service (Individual counseling)
Methadone	H0020	HQ	Alcohol and/or drug services; methadone administration and/or service (Group counseling); 1 unit = 60 to 90 minutes
Methadone	H0020	HR	Alcohol and/or drug services; methadone administration and/or service (Family/couples)
CBHI	H0023	HT	Behavioral Health Outreach Service (Targeted Case Management) (multi-disciplinary team) that includes family support and training and intensive care coordination per day CBHI Behavioral health outreach service (planned approach to reach a targeted population)
ABA	H0031	U2	Assessment and case planning for home services by a licensed professional. 15 minute rate
ABA	H0032	U2	Supervision for home services by a licensed professional. 15 minute rate
Outpatient Services	H0032	No modifier	Mental Health Plan Development
Outpatient Services	H0046	TG	Observation Bed/CPEP
Outpatient Services	H0046	AF	Mental health services, not otherwise specified (Collateral Contact) (Child Psychiatrist)
Outpatient Services	H0046	HL	Mental health services, not otherwise specified (Collateral Contact) (Intern - PhD, PsyD, EdD, Master's)
Outpatient Services	H0046	HF	Mental health services, not otherwise specified (Collateral Contact) (Addiction Counselor)
Crisis/Obs	H2011	No modifier	Mobile Crisis Intervention

Medicaid Supervisory Protocol Code Modifier Exceptions - Part 3

Service	CPT / Revenue Code	Modifiers	AllWays Health Partners Alternate Description
CBHI	H2011	HN	Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional) (CBHI, Under 21)
Crisis/Obs	H2011	U1	Crisis intervention service, per 15 minutes. Youth Mobile Crisis intervention modifier for service provided by a Master Level Clinician (used with H2011 only)
Crisis/Obs	H2011	U2	Crisis intervention services, per 15 minutes. Youth Mobile Crisis intervention modifier for service provided by a paraprofessional (used with H2011 only)
CBHI	H2011	HO	Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a master-level clinician)(CBHI, Under 21)
CBHI	H2014	HN	Skills training and development, per 15 minutes (behavior management monitoring provided by a bachelor-level clinician) (CBHI, Under 21)
CBHI	H2014	HO	Skills training and development, per 15 minutes (behavior management therapy provided by a master-level clinician) (CBHI, Under 21)
Outpatient Services	H2015	No modifier	Community Support Team- Adult Community Support Team- Child Comprehensive Community Support Services
Outpatient Services	H2015	HF	Recovery Support Navigator
Outpatient Services	H2016	SE	Comprehensive Community Support Services Per Diem
Outpatient Services	H2016	HK	Community Support Provider (CSP) for Chronically Homeless
Outpatient Services	H2016	HM	Recovery Coach
Outpatient Services	H2016	HE	Social Innovation Fund (SIF Services)
ABA	H2019	U2	Direct instruction by a paraprofessional working under the supervision of a licensed professional. 15 minute rate

Medicaid Supervisory Protocol Code Modifier Exceptions - Part 4

Service	CPT / Revenue Code	Modifiers	AllWays Health Partners Alternate Description
CBHI	H2019	HN	Therapeutic behavioral services, per 15 minutes (therapeutic training and support services provided by a bachelor-level clinician) (CBHI, Under 21)
CBHI	H2019	HO	Therapeutic behavioral services, each 15 minutes (in-home therapy provided by a master-level clinician)(CBHI, Under 21)
Outpatient Services	H2028	No modifier	ASAP (Assessment for Safe and Appropriate Placement)
Crisis Intervention	S9485	No modifier	Emergency Services Program
Emergency Services	S9485	ET, SE	Adult Community Crisis Day 1 (Over 17)
Emergency Services	S9485	TF, SE	Adult Community Crisis Day 2-4 (Over 17)
Emergency Services	S9485	TG, SE	Adult Community Crisis Day 5+ (Over 17)
Emergency Services	S9485	HB, SE	Adult ESP Hospital Emergency Dept
Emergency Services	S9485	HE, SE	Adult ESP Community Based
Emergency Services	S9485	U1, SE	Adult ESP Mobile Non-Emergency Dept
Emergency Services	S9485	HW	Crisis intervention mental health service, per diem (Emergency Service Program Mobile Non-Emergency Department - Uninsured)
Emergency Services	S9485	HK	Crisis intervention mental health services, per diem (Emergency Service Program Community Based - Uninsured)
CBHI	T1027	EP	Family training and counseling for child development, per 15 minutes (therapeutic mentoring service) (CBHI, Under 21)