

Provider Update

September 1, 2014, Update to Mental Health Targeted Case Management and Mental Health Rehabilitative Services

Summary of change: Effective September 1, 2014, Amerigroup* will be responsible for authorization and claims processing and payments as they relate to Mental Health Targeted Case Management and Mental Health Rehabilitative Services provided to our members enrolled in STAR and STAR+PLUS.

✦ What this means to you:

Amerigroup will be responsible for authorizing Mental Health Targeted Case Management and Mental Health Rehabilitative Services for our members enrolled in Medicaid STAR and STAR+PLUS effective September 1, 2014. Amerigroup will also be responsible for claim processing. Authorization waivers will exist for 90 days after implementation.

Why is this change necessary?

As outlined in Senate Bill 58 from the 83rd Legislature, Mental Health Targeted Case Management (TCM) and Mental Health Rehabilitative Services (MH Rehab) will be carved into Medicaid Managed Care effective September 1, 2014. Local Mental Health Authorities (LMHAs) and applicable behavioral health practitioners will be required to coordinate care with Amerigroup, and claims will be processed by us for these services as well.

What is the impact of the change?

You will experience changes related to coordination of care and authorizations. There will be a 90 day authorization waiver for those services that were already authorized by Texas Medicaid and Healthcare Partnership (TMHP). That waiver will end on December 1, 2014 and any service rendered without an authorization will be denied. Therefore, it is important to begin coordinating service needs with Amerigroup as of September 1, 2014. Additionally, as you will see below, the procedure codes and modifiers vary from TMHP insofar as these are the only codes to be billed to Managed Care for TCM and MH Rehab.

Modifiers Accepted by Amerigroup:

Modifier	Modifier Description
ET	Emergency Treatment
HA	Child/Adolescent Program
HQ	Group Setting
TD	RN

**HZ: Amerigroup will not be responsible for services that use Modifier HZ; these services will continue to be covered under the criminal justice system.

**In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc.*



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Adult Day Program:

Procedure Code	Service	Modifier 1	Modifier 2
G0177	Adult day program for acute needs		

Medication Training and Support:

Procedure Code	Service	Modifier 1	Modifier 2
H0034	Individual services for the adult		
H0034	Group services for the adult	HQ	
H0034	Individual services for the child and adolescent (with or without other individual)	HA	
H0034	Group services for the child and adolescent (with or without other group)	HA	HQ

Crisis Intervention:

Procedure Code	Service	Modifier 1	Modifier 2
H2011	Adult services		
H2011	Child and Adolescent services	HA	

Skills Training and Development:

Procedure Code	Service	Modifier 1	Modifier 2
H2014	Individual services for the adult		
H2014	Group services for the adult	HQ	
H2014	Individual services for the child and adolescent (with or without other individual)	HA	
H2014	Group services for the child and adolescent (with or without other group)"	HA	HQ



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Psychosocial Rehabilitative Services:

Procedure Code	Service	Modifier 1	Modifier 2
H2017	Individual services		
H2017	Individual services rendered by an RN	TD	
H2017	Group Services	HQ	
H2017	Group services rendered by an RN	HQ	TD
H2017	Individual crisis services	ET	

Mental Health Targeted Case Management:

Procedure Code	Service	Modifier 1	Modifier 2
T1017	Routine mental health targeted case management (adult)	TF	
T1017	Routine mental health targeted case management (child)	TF	HA
T1017	Intensive case management (child and adolescent)	TG	HA

Amerigroup adheres to all benefit limitations, units and ages as defined in the Texas Medicaid Provider Procedures Manual for these services. This information is outlined in the Behavioral Health, Rehabilitation and Case Management Services Handbook. There is also information for Mental Health Targeted Case Management in the Children's Services Handbook. These Handbooks are located within the Texas Medicaid Provider Procedures Manual at www.tmhp.com.

Will my contract need to be amended?

It is unlikely a contract amendment would be required for these services. Amerigroup is reviewing all applicable contracts and should a contract amendment be required we will contact you; however, should you have any questions please do not hesitate to contact your Provider Relations Representative.

I bill TMHP with more modifiers and procedure codes for TCM and MH Rehab than what is listed above. What will happen if I bill Amerigroup as I did TMHP?

Please adjust your billing requirements and if you use a billing agency please notify them of the above changes. All providers will need to bill as outlined or you may experience a claim denial that would require a corrected claim.

Provider Update

Will Amerigroup use the Adult Needs and Strengths Assessment (ANSA) and the Child and Adolescent Assessment (CANS) forms?

Yes, we will utilize these forms as required in the Uniform Managed Care Manual Chapter (UMCM) 15.1. We understand this chapter has not been officially posted and HHSC is working on final edits. Once this chapter completes all final reviews, it will be posted on HHSC's website. We are working with our LMHA partners and HHSC on the forms and requirements around use of the forms. Providers using the ANSA and CANS must be trained and certified to administer the ANSA and CANS assessment tools in order to recommend a level of care. Providers can become certified and obtain access to the current DSHS Clinical Management for Behavioral Health Services (CMBHS) web based system by contacting Dr. John Lyons at John.Lyons@uottawa.ca. Providers must also complete the Mental Health Rehabilitative and Mental Health Targeted Case Management Services Request Form and submit to Amerigroup.

Do I need to populate the Rendering Provider information on the CMS 1500?

Yes, if you are a provider with a valid Medicaid identification number you will populate this area. Amerigroup understands that while the majority of individuals who will render these services will be licensed practitioners, there may be some non-licensed individuals that will be clinically supervised by a licensed professional. What this means, in terms of billing, is that licensed individuals will continue to submit the necessary information in the CMS 1500 as the Rendering Provider in box 24 I/J. Non-licensed individuals will not submit this information, and, as such, box 24 I/J on the CMS 1500 can be left blank.

Does this apply to CHIP?

No, at this time, these services are applicable to Medicaid STAR and STAR+PLUS only.

Will Amerigroup require an authorization for these services?

Yes, these services will require an authorization based on the level of care in the Child and Adolescent Needs and Strengths (CANS) or Adult Needs and Strengths (ANSA) assessment.

Crisis Intervention services are considered emergency behavioral health services and do not require prior authorization but providers must follow current Recovery Utilization Management Guidelines (RRUMG).

What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730.

