



Community Mental Health Service Providers - Overview

The Illinois Department of Healthcare and Family Services (HFS) requires MCOs to meet very specific claim data submission standards requiring specific data elements on claims submitted from Providers. This guideline is meant to be used as a tool to assist providers in billing nuances associated with the following provider types as it relates to billing Community Mental Health Services as funded by DHS-Division of Mental Health (DMH) with the Illinois Medical Assistance Program (MAP). This requirement does not address billing processes for DHS Division of Alcohol and Substance Abuse (DASA) funded services.

The following represents specific provider types associated the HFS Provider File that this requirement addresses specifically for ICP and FHP submissions for claim submissions to MCOs.

HFS PROVIDER TYPE	DESCRIPTION	HFS CATEGORY OF SERVICE (COS)	DESCRIPTION
036	Community Mental Health Provider	001, 007, 009, 033, 034, 036, 047, 049, 067, 068, 097	Can vary. Refer to HFS for clarity Can include providers defined by HFS as <ul style="list-style-type: none"> • MHP - Mental Health Provider • QMHP - Qualified Mental Health Professional • LPHA - Licensed Practitioner of the Health Arts • RSA – Rehabilitative Services Associate
086	Licensed Clinical Social Worker	058	Social Work
087	Licensed Clinical Psychologist	059	Psychologist
088	Other Behavior Health Professionals <ul style="list-style-type: none"> • Licensed Clinical Professional Counselor • Licensed Marriage and Family Therapist 	064	Other Behavior Health Services
		088	Licensed Clinical Professional Counselor
040**	Federally Qualified Health Centers (FQHC)	002, 010, 026, 030, 040, 058, 059, 067, 088, 098, 102, 104	Can vary. Refer to HFS for clarity
043**	Encounter Rate Clinics (ERC)	002, 010, 026, 030, 040, 067, 088, 098, 102	Can vary. Refer to HFS for clarity
048**	Rural Health Clinics	002, 010, 026, 030, 058, 088, 059, 098, 102, 104	Can vary. Refer to HFS for clarity

Provider Types NOT Mentioned in the Grid:

There are providers not mentioned in the grid specifically that relate to HFS' Provider Type 036. These facilities have staff that provide services to members per the HFS Medical Provider Handbook entitled 'Community Mental Health Providers' (CMHP). Some example of these provider types noted in this handbook are:

MHP - Mental Health Provider

QMHP - Qualified Mental Health Professional

LPHA - Licensed Practitioner of the Health Arts

RSA – Rehabilitative Services Associate

These providers ARE NOT REQUIRED to bill on their own when they provide services and can bill under the facility name and NPI registered with the Illinois Medicaid Assistance Program (IL MAP). In this case, BOX 24J (rendering provider ID #) should indicate the NPI of associated to the clinic/facility and have a signature block associated in Box 31 as the clinic/facility if submitted via paper.

****Overlap of BH Services with FQHC/ERC/RHC Providers****

There can be some overlap with FQHC/RHC/ERC facilities for behavioral health (BH) services. Please see the FQHC-ERC-RHC Billing Guidance for details on billing Behavioral Health services if you are one of these provider types.

Community Mental Health Providers - Billing Guidelines

This billing guideline has been specifically developed to relate to the specific codes available per the HFS guidelines under the Community Mental Health Services (CMHC) fee schedule located on HFS website locations contained in this document.

Billing and Claims Information:

- Taxonomy Code 261QM0801X should be used when billing CMHC claims.
- CMHC providers can choose to bill for professional services billed under the name and National Provider Identification (NPI) of the practitioner who rendered the service. These types of provider can also choose to bill for under the facilities' or site name and NPI.
 - When billing for the main site, use the NPI linked to the site and payee in 2010AA and 2310B.
 - If the provider is going to appear or be a billing entity on the CMS 1500 form or EDI 837P claims, the provider must be registered and enrolled with HFS and have a Medicaid ID and NPI within HFS' Provider File correlating to the applicable provider type and necessary categories of service (COS).
- It should be remembered that providers such as MHPs, QMHP, LPHA, and RSA providers of service should bill under the Community Mental Health Center's NPI only.
- HFS website on Medical Providers' Reimbursement for Community Mental Health Providers (CMHP), the reimbursement and codes are located here on the HFS' website:
<http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/CMHP.aspx>
Note: As stated in HFS' 'Community Mental Health Services' Service Definition and Reimbursement Guide', MCOs are not responsible for 'Group C – DHS Funded Services'.
- HFS did provide communication regarding Community Mental Health Centers need to obtain the necessary NPIs for each unique provider number registered (Medicaid ID) with HFS.
 - CMHCs and DASA providers CANNOT share an NPI
- In relationship to NPI submissions, it should be noted that if a 'Rendering Provider (2310B) loop is presented electronically in the 5010 or 24J on the CMS 1500 paper form, it needs to represent the certified provider site with HFS.
 - For example, if a physician NPI is in this loop, the claim will process as a physician claim.
- When billing for the main site, use the NPI linked to the site and payee in 'Billing Provider Loop 2010AA and Rendering Provider (2310B) loop.
- Follow the HFS billing system rule that requires a provider to bundle the required reported values when billing multiple quantities of the same service (e.g. same procedure/modifier combination) on the same day to the same client at the same provider site. If all information is not exactly the same, do not bundle.

Prior Authorization

Please refer to the CountyCare Prior Authorization Resources webpage for more details, including a searchable CPT Code Lookup list: <http://www.countycare.com/providers/prior-authorization-resources>

See below chart for more details:

CODE	DESCRIPTION	UNITS	IS PRIOR AUTHORIZATION REQUIRED?	ADDITIONAL PARAMETERS
H2000	Integrated Assessment and Treatment Planning (IATP)	1/4 hour	No	
H2011	Crisis Intervention	1/4 hour	No	
H0004	Therapy/Counseling	1/4 hour	No	
H2015	Community Support	1/4 hour	Yes	PA needed after 200 units (50 hours) per member, per provider
T1502	Medication Administration	Event	No	
H2010	Medication Monitoring	1/4 hour	No	
H0034	Medication Training	1/4 hour	Yes	PA needed after 4 units (1 hour) per day
T1016	Case Management	1/4 hour	Yes	PA needed after 200 units (50 hours) per member, per provider
T1019	Crisis Stabilization	1 hour	No	
S9484	Mobile Crisis Response	Event	No	

CODE	DESCRIPTION	UNITS	IS PRIOR AUTHORIZATION REQUIRED?	ADDITIONAL PARAMETERS
H2016	Community Support Team	1/4 hour	Yes	PA needed after 200 units (50 hours) per member, per provider
S9480	Mental Health Intensive Outpatient	1 hour	Yes	
96110	Developmental Screening	Event	No	
96111	Developmental Testing	Event	Yes	
96127	Mental Health Risk Assessment	Event	No	
H1000	Prenatal Care At-Risk Assessment	Event	No	
G9012	FSP Application Assistance	1/4 hour	Yes	
T1999	FSP Family Support Services	Event	No	
H0046	FSP Therapeutic Support Services	Event	No	
Q3014	Telepsychiatry: Originating Site	Event	No	
H0039	Assertive Community Treatment	1/4 hour	Yes	
H2017	Psychosocial Rehabilitation	1/4 hour	Yes	PA needed after 800 units (200 hours) per member per provider

If you have questions or concerns related to claims and billing, please contact your CountyCare Provider Services Representative or contact the Provider Services Department at 1-312-864-8200 (Toll Free 1-855-444-1661).