

## **SECTION — ADULT BEHAVIORAL HEALTH SERVICES FOR COMMUNITY INDEPENDENCE**

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## **200.000 — ADULT BEHAVIORAL HEALTH SERVICES FOR COMMUNITY INDEPENDENCE GENERAL INFORMATION**

### **201.000 — Introduction**

3-1-19

Medicaid (Medical Assistance) is designed to assist eligible Medicaid beneficiaries in obtaining medical care within the guidelines specified in Section I of this manual. Adult Behavioral Health Services for Community Independence are covered by Medicaid when provided to eligible Medicaid beneficiaries by enrolled providers.

~~Outpatient Behavioral Health Services may be provided to eligible Medicaid beneficiaries at provider certified/enrolled sites. Allowable places of service are found in the service definitions located in the Reimbursement section of this manual.~~

**202.000 — Arkansas Medicaid Participation Requirements for Adult Behavioral Health Services for Community Independence 3-1-19**

~~All Behavioral Health Agencies that provide Adult Behavioral Health Services for Community Independence must meet specified qualifications for their services and for their staff. Providers with multiple service sites must enroll each site separately and reflect the actual service site on billing claims.~~

~~Behavioral Health Agencies that provide Adult Behavioral Health Services for Community Independence must meet the Provider Participation and enrollment requirements contained within Section 140.000 of this manual as well as the following criteria to be eligible to participate in the Arkansas Medicaid Program:~~

- ~~A. Providers must be located within the State of Arkansas.~~
- ~~B. A provider must be certified by the Division of Provider Services and Quality Assurance (DPSQA). (See Section 202.100 for specific certification requirements.)~~
- ~~C. A copy of the current DPSQA certification as a Behavioral Health Agency must accompany the provider application and Medicaid contract.~~
- ~~D. The provider must give notification to the Office of the Medicaid Inspector General (OMIG) on or before the tenth day of each month of all covered health care practitioners who perform services on behalf of the provider. The notification must include the following information for each covered health care practitioner:~~
  - ~~1. Name/Title~~
  - ~~2. Enrolled site(s) where services are performed~~
  - ~~3. Social Security Number~~
  - ~~4. Date of Birth~~
  - ~~5. Home Address~~
  - ~~6. Start Date~~
  - ~~7. End Date (if applicable)~~

~~Notification is not required when the list of covered health care practitioners remains unchanged from the previous notification.~~

~~**DMS shall exclude providers for the reasons stated in 42 U.S.C. §1320a-7(a) and implementing regulations and may exclude providers for the reasons stated in 42 U.S.C. §1320a-7(b) and implementing regulations.** The following factors shall be considered by DHS in determining whether sanction(s) should be imposed:~~

- ~~A. Seriousness of the offense(s)~~
- ~~B. Extent of violation(s)~~
- ~~C. History of prior violation(s)~~
- ~~D. Whether an indictment or information was filed against the provider or a related party as defined in DHS Policy 1088, titled DHS Participant Exclusion Rule.~~

**202.100 — Certification Requirements by the Division of Provider Services and Quality Assurance (DPSQA) 3-1-19**

~~A Behavioral Health Agency must be certified by DPSQA in order to enroll into the Medicaid program as a Behavioral Health Agency participating in the Medicaid Adult Behavioral Health Services for Community Independence Program must be certified by the DPSQA. The DPSQA Certification Rules for Providers of Outpatient Behavioral Health Services is located at [http://humanservices.arkansas.gov/dbhs/Pages/dbhs\\_docs.aspx](http://humanservices.arkansas.gov/dbhs/Pages/dbhs_docs.aspx).~~

~~Behavioral Health Agencies must have national accreditation that recognizes and includes all of the applicant's programs, services and service sites. Any Behavioral Health Agency service site associated with a hospital must have a free-standing behavioral health outpatient program national accreditation. Providers must meet all other DPSQA certification requirements in addition to accreditation.~~

## **210.000 — PROGRAM COVERAGE**

### **211.000 — Coverage of Services**

**3-1-19**

~~Adult Behavioral Health Services for Community Independence are limited to certified providers who offer Home and Community Based (HCBS) behavioral health services for the treatment of behavioral disorders. All Behavioral Health Agencies participating in the Adult Behavioral Health Services for Community Independence program must be certified by the Division Provider Services and Quality Assurance.~~

~~An Adult Behavioral Health Services for Community Independence provider must establish a site specific emergency response plan that complies with the DPSQA Certification Rules for Behavioral Health Agencies. Each agency site must have 24-hour emergency response capability to meet the emergency treatment needs of the beneficiaries served by the site. The provider must implement and maintain a written policy reflecting the specific coverage plan to meet this requirement. A machine recorded voice mail message to call 911 or report to the nearest emergency room in and of itself is not sufficient to meet the requirement.~~

~~All Adult Behavioral Health Services for Community Independence providers must demonstrate the capacity to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.~~

### **211.100 — Staff Requirements**

**3-1-19**

~~In order to be certified to provide Adult Behavioral Health Services for Community Independence, each Behavioral Health Agency must ensure that they employ staff who are able and available to provide Adult Behavioral Health Services for Community Independence. In order to provide Adult Behavioral Health Services for Community Independence to be reimbursed on a fee-for-service basis by Arkansas Medicaid, the Behavioral Health Agency must meet all applicable staff requirements as required in the Behavioral Health Agency Certification manual.~~

~~Each Adult Behavioral Health Services for Community Independence service has specific provider types that are to be employed by the Behavioral Health Agency which can provide specific services. In order to provide and be reimbursed on a fee-for-services basis by Arkansas Medicaid, the Behavioral Health Agency must adhere to all service specific provider type requirements.~~

~~Registered Nursing (RNs) must provide services only within the scope of their individual licensure. The following chart lists the terminology used in this provider manual and explains the licensure, certification and supervision that are required for each performing provider type. Supervision for all Adult Behavioral Health Services for Community Independence service is required as outlined in the Behavioral Health Agency Certification manual.~~

PROVIDER TYPE	LICENSES	STATE CERTIFICATION REQUIRED	SUPERVISION
Qualified Behavioral Health Provider—non-degreed	N/A	Yes, to provide services within a certified behavioral health agency	Required
Qualified Behavioral Health Provider—Bachelors	N/A	Yes, to provide services within a certified behavioral health agency	Required
Registered Nurse	Registered Nurse (RN)	No, must be a part of a certified agency	Required

When a Behavioral Health Agency which provides Adult Behavioral Health Services for Community Independence files a claim with Arkansas Medicaid, the staff member who actually performed the service must be identified on the claim as the rendering provider. This action is taken in compliance with the federal Improper Payments Information Act of 2002 (IPIA), Public Law 107-300 and the resulting Payment Error Rate Measurement (PERM) program initiated by the Centers for Medicare and Medicaid Services (CMS).

#### **211.200 — Certification of Performing Providers**

**3-1-19**

As illustrated in the chart in § 211.200, certain Outpatient Behavioral Health performing providers are required to be certified by the Division Provider Services and Quality Assurance. The certification requirements for performing providers are located on the DPSQA website at [http://humanservices.arkansas.gov/dbhs/Pages/dbhs\\_docs.aspx](http://humanservices.arkansas.gov/dbhs/Pages/dbhs_docs.aspx).

#### **211.300 — Non-Refusal Requirement**

**3-1-19**

A Behavioral Health Agency may not refuse to provide an Adult Behavioral Health Services for Community Independence service to a Medicaid-eligible beneficiary who meets the requirements for Adult Behavioral Health Services for Community Independence as outlined in this manual. If a provider does not possess the services or program to adequately treat the beneficiary's behavioral health needs, the provider must communicate this with the beneficiary so that appropriate provisions can be made.

#### **212.000 — Scope**

**3-1-19**

Adult Behavioral Health Services for Community Independence are home and community-based treatment and services which are provided by a Certified Behavioral Health Agency to individuals eligible for Medicaid based upon the following criteria:

1. Beneficiaries receiving Arkansas Medicaid healthcare benefits on a medical Spenddown basis; and
2. Beneficiaries who are eligible for Arkansas Medicaid healthcare benefits under the 06, Medically Frail, Aid Category.

Adult Behavioral Health Services for Community Independence are provided to eligible beneficiaries that have a Behavioral Health diagnosis as described in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-5 and subsequent revisions).

Eligibility for services depends on the needs of the beneficiary. Beneficiaries will be deemed eligible for Adult Behavioral Health Services for Community Independence Rehabilitative Level

~~Services and Intensive Level Services based upon the results of an Independent Assessment performed by an independent entity. The goal of the Independent Assessment is to determine the care, treatment, or services that will best meet the needs of the beneficiary initially and over time. Please refer to the Independent Assessment Manual for the Independent Assessment Referral Process.~~

### ~~REHABILITATIVE LEVEL SERVICES~~

~~Home and community based behavioral health services for the purpose of treating mental health and substance abuse conditions. Services shall be rendered and coordinated through a team based approach. A standardized Independent Assessment to determine eligibility and a Treatment Plan is required. Rehabilitative Level Services home and community based settings shall include services rendered in a beneficiary's home, community, behavioral health clinic/ office, healthcare center, physician office, and/ or school.~~

### ~~INTENSIVE LEVEL SERVICES~~

~~The most intensive behavioral health services for the purpose of treating mental health and substance abuse conditions. Services shall be rendered and coordinated through a team based approach. Eligibility for Intensive Level services will be determined by a standardized Independent Assessment. Intensive level Adult Behavioral Health Services for Community Independence treatment services are available—if deemed medically necessary and eligibility is determined by way of the standardized Independent Assessment.~~

## **213.000 Treatment Plan**

**3-1-19**

~~A Treatment Plan is required for eligible beneficiaries who are determined to be qualified for Adult Behavioral Health Services for Community Independence through the standardized Independent Assessment. The Treatment Plan should build upon the information from any Behavioral Health provider and information obtained during the standardized Independent Assessment.~~

~~The Treatment Plan must be included in the beneficiary's medical record and contain a written description of the treatment objectives for that beneficiary. It also must describe:~~

- ~~A. The treatment regimen—the specific medical and remedial services, therapies and activities that will be used to meet the treatment objectives.~~
- ~~B. A projected schedule for service delivery—this includes the expected frequency and duration of each type of planned therapeutic session or encounter.~~
- ~~C. The type of personnel that will be furnishing the services.~~
- ~~D. A projected schedule for completing reevaluations of the patient's condition and updating the Treatment Plan.~~

~~The Treatment Plan for a beneficiary that is eligible for Adult Behavioral Health Services for Community Independence must be completed by a mental health professional within 14 calendar days of the beneficiary entering care (first billable service) or within 14 days of an eligibility determination for beneficiaries receiving Arkansas Medicaid healthcare benefits on a medical Spenddown basis at a certified Behavioral Health Agency and must be signed and dated by a physician licensed in Arkansas. Subsequent revisions in the master treatment plan will be approved in writing (signed and dated) by the mental health professional as well as signed and dated by a physician licensed in Arkansas. Revisions to the Treatment Plan for Adult Behavioral Health Services for Community Independence must occur at least annually, in conjunction with the results from the Independent Assessment. Reimbursement for Treatment Plan revisions more frequently than once per year is not allowed unless there is a documented clinical change in circumstance of the beneficiary or if a beneficiary is re-assessed by the Independent Assessment vendor which results in a change of Tier.~~

**~~213.100~~ Beneficiary Participation in the Development of the Treatment Plan ~~3-1-19~~**

~~The Treatment Plan should be based on the beneficiary's articulation of the problems or needs to be addressed in treatment and the areas of need identified in the standardized Independent Assessment. Each problem or need must have one or more clearly defined behavioral goals or objectives that will allow the beneficiary, provider and others to assess progress toward achievement of the goal or objective. For each goal or objective, the Treatment Plan must specify the treatment intervention(s) determined to be medically necessary to address the problem or need and to achieve the goal(s) or objective(s).~~

**~~214.000~~ Covered Outpatient Services ~~3-1-19~~**

~~Covered outpatient services include home and community-based services to Medicaid-eligible beneficiaries. Beneficiaries eligible for Adult Behavioral Health Services for Community Independence shall be served with an array of treatment services outlined on their Treatment Plan in an amount and duration designed to meet their medical needs.~~

**~~215.000~~ Exclusions ~~3-1-19~~**

~~Services not covered under the Adult Behavioral Health Services for Community Independence benefit include, but are not limited to:~~

- ~~A. Room and board residential costs;~~
- ~~B. Educational services;~~
- ~~C. Telephone contacts with patient;~~
- ~~D. Transportation services, including time spent transporting a beneficiary for services (reimbursement Adult Behavioral Health Services for Community Independence is not allowed for the period of time the Medicaid beneficiary is in transport);~~
- ~~E. Services to individuals with developmental disabilities which are non-psychiatric in nature;~~
- ~~F. Services which are found not to be medically necessary; and~~
- ~~G. Services provided to nursing home and ICF/IDD residents~~

**~~216.000~~ Physician's Role ~~3-1-19~~**

~~Certified Behavioral Health Agencies which provide Adult Behavioral Health Services for Community Independence are required to have relationships with a board-certified or board eligible psychiatrist who provides appropriate supervision and oversight for all medical and treatment services for beneficiaries with behavioral health needs. A physician will supervise and coordinate all psychiatric and medical functions as indicated in the Treatment Plan that is required for beneficiaries receiving Adult Behavioral Health Services for Community Independence. Medical responsibility shall be vested in a physician licensed in Arkansas that signs the Treatment Plan of the beneficiary.~~

- ~~A. Beneficiaries receiving Adult Behavioral Health Services for Community Independence will receive those services through a Behavioral Health Agency, which is required to employ a Medical Director. A physician must review and sign the beneficiary's Treatment Plan, including any subsequent revisions. Medical responsibility will be vested in a physician licensed in Arkansas who signs the Treatment Plan of the beneficiary. If medical responsibility is not vested in a psychiatrist for a Behavioral Health Agency, then psychiatric consultation must be available, in accordance with DPSQA certification requirements.~~



- ~~B. Approval of all updated or revised Treatment Plans must be documented by the physician's dated signature on the revised document and should be completed in conjunction with the beneficiary's Independent Assessment.~~

**~~217.000 Prescription for Adult Behavioral Health Services for Community Independence 3-1-19~~**

~~Beneficiaries receiving Adult Behavioral Health Services for Community Independence must have a signed prescription for services by a psychiatrist or physician. Medicaid will not cover any Adult Behavioral Health Services for Community Independence without a current prescription signed by a psychiatrist or physician and eligibility determined by a standardized Independent Assessment. The signed Treatment Plan will serve as the prescription for beneficiaries that are eligible for Rehabilitative Level Services and Therapeutic Communities in Intensive Level Services.~~

~~Prescriptions shall be based on consideration of an evaluation of the enrolled beneficiary. The prescription of the services and subsequent renewals must be documented in the beneficiary's medical record.~~

~~Beneficiaries determined through an Independent Assessment to be eligible to receive Rehabilitative Level Services (Tier 2) or Intensive Level Services (Tier 3) do not require a Primary Care Physician (PCP referral).~~

**~~218.000 Authorization for Services 2-1-22~~**

~~All Adult Behavioral Health Services for Community Independence receiving Arkansas Medicaid healthcare benefits on a medical Spenddown basis are retrospectively reviewed for medical necessity.~~

~~**View or print the procedure codes requiring retrospective review for authorization and for ABHSCI services.**~~

**~~240.000 REIMBURSEMENT~~**

**~~240.100 Reimbursement 2-1-22~~**

~~Reimbursement is based on the lesser of the billed amount or the Title XIX (Medicaid) maximum allowable for each procedure.~~

~~Reimbursement is contingent upon eligibility of both the beneficiary and provider at the time the service is provided and upon accurate completeness of the claim filed for the service. The provider is responsible for verifying that the beneficiary is eligible for Arkansas Medicaid prior to rendering services.~~

~~A. Outpatient Services~~

~~—— Fifteen-Minute Units, unless otherwise stated~~

~~—— Adult Behavioral Health Services for Community Independence must be billed on a per unit basis as indicated in the service definition, as reflected in a daily total, per beneficiary, per service.~~

~~—— Time spent providing services for a single beneficiary may be accumulated during a single, 24-hour calendar day. Providers may accumulatively bill for a single date of service, per beneficiary, per Adult Behavioral Health Services for Community Independence service. Providers are not allowed to accumulatively bill for spanning dates of service.~~

- ~~All billing must reflect a daily total, per Adult Behavioral Health Services for Community Independence service, based on the established procedure codes. No rounding is allowed.~~
- ~~The sum of the days' time, in minutes, per service will determine how many units are allowed to be billed. That number must not be exceeded. The total of minutes per service must be compared to the following grid, which determines the number of units allowed.~~

<del>15 Minute Units</del>	<del>Timeframe</del>
<del>One (1) unit =</del>	<del>8-24 minutes</del>
<del>Two (2) units =</del>	<del>25-39 minutes</del>
<del>Three (3) units =</del>	<del>40-49 minutes</del>
<del>Four (4) units =</del>	<del>50-60 minutes</del>

<del>60 minute Units</del>	<del>Timeframe</del>
<del>One (1) unit =</del>	<del>50-60 minutes</del>
<del>Two (2) units =</del>	<del>110-120 minutes</del>
<del>Three (3) units =</del>	<del>170-180 minutes</del>
<del>Four (4) units =</del>	<del>230-240 minutes</del>
<del>Five (5) units =</del>	<del>290-300 minutes</del>
<del>Six (6) units =</del>	<del>350-360 minutes</del>
<del>Seven (7) units =</del>	<del>410-420 minutes</del>
<del>Eight (8) units =</del>	<del>470-480 minutes</del>

<del>30 Minute Units</del>	<del>Timeframe</del>
<del>One (1) unit =</del>	<del>25-49 minutes</del>
<del>Two (2) units =</del>	<del>50-60 minutes</del>

- ~~In a single claim transaction, a provider may bill only for service time accumulated within a single day for a single beneficiary. There is no "carryover" of time from one day to another or from one beneficiary to another.~~
- ~~Documentation in the beneficiary's record must reflect exactly how the number of units is determined.~~
- ~~No more than four (4) units may be billed for a single hour per beneficiary or provider of the service.~~

**NOTE:** ~~For services provided by a Qualified Behavioral Health Provider (QBHP), the accumulated time for the Adult Behavioral Health Services for Community Independence program service, per date of service, is one total, regardless of the number of QBHPs seeing the beneficiary on that day. For example, two (2) QBHPs see the same beneficiary on the same date of service and provides Adult Life Skills Development. The first QBHP spends a total of 10 minutes with the beneficiary. Later in the day, another QBHP provides Adult Life Skills Development to the same beneficiary and spends a total of 15 minutes. A total of 25 minutes of Behavioral Assistance was provided,~~



~~which equals (two) 2 allowable units of service. Only one QBHP may be shown on the claim as the performing provider.~~

~~View or print the procedure codes for ABHSCI services.~~

~~241.000 Fee Schedule~~

~~3-1-19~~

~~Arkansas Medicaid provides fee schedules on the Arkansas Medicaid website. The fee schedule link is located at <https://medicaid.mmis.arkansas.gov/Provider/Docs/fees.aspx> under the provider manual section. The fees represent the fee-for-service reimbursement methodology.~~

~~Fee schedules do not address coverage limitations or special instructions applied by Arkansas Medicaid before final payment is determined.~~

~~Procedure codes and/or fee schedules do not guarantee payment, coverage or amount allowed. Information may be changed or updated at any time to correct a discrepancy and/or error. Arkansas Medicaid always reimburses the lesser of the amount billed or the Medicaid maximum.~~

**250.000 BILLING PROCEDURES**

~~251.000 Introduction to Billing~~

~~3-1-19~~

~~Adult Behavioral Health Services for Community Independence providers use the CMS-1500 form to bill the Arkansas Medicaid Program on paper for services provided to eligible Medicaid beneficiaries. Each claim may contain charges for only one beneficiary. View a CMS-1500 sample form.~~

~~Section III of this manual contains information about available options for electronic claim submission.~~

~~252.000 CMS-1500 Billing Procedures~~

~~252.100 Procedure Codes for Types of Covered Services~~

~~3-1-19~~

~~Adult Behavioral Health Services for Community Independence are billed on a per unit or per encounter basis as listed. All services must be provided by at least the minimum staff within the licensed or certified scope of practice to provide the service.~~

~~Benefits are separated by Level of Service.~~

~~Prior to reimbursement for Rehabilitative Level Services or Intensive Level Services, a standardized Independent Assessment will determine eligibility and need for Rehabilitative Level Services or Intensive Level Services. The standardized Independent Assessment will be performed by an independent entity as indicated in the Arkansas Medicaid Independent Assessment Manual.~~

~~253.000 Rehabilitative Level Services~~

~~253.001 Partial Hospitalization~~

~~2-1-22~~

<del>CPT®/HCPCS PROCEDURE CODE</del>	<del>PROCEDURE CODE DESCRIPTION</del>
<del><u>View or print the procedure codes for ABHSCI services.</u></del>	<del>Mental health partial hospitalization treatment, less than 24 hours</del>
<del>SERVICE DESCRIPTION</del>	<del>MINIMUM DOCUMENTATION REQUIREMENTS</del>

Partial Hospitalization is an intensive nonresidential, therapeutic treatment program. It can be used as an alternative to and/or a step-down service from inpatient residential treatment or to stabilize a deteriorating condition and avert hospitalization. The program provides clinical treatment services in a stable environment on a level equal to an inpatient program, but on a less than 24-hour basis. The environment at this level of treatment is highly structured and should maintain a staff-to-patient ratio of 1:5 to ensure necessary therapeutic services and professional monitoring, control, and protection. This service shall include at a minimum intake, individual therapy, group therapy, and psychoeducation. Partial Hospitalization shall be at a minimum (5) five hours per day, of which 90 minutes must be a documented service provided by a Mental Health Professional. If a beneficiary receives other services during the week but also receives Partial Hospitalization, the beneficiary must receive, at a minimum, 20 documented hours of services on no less than (4) four days in that week.	<ul style="list-style-type: none"><li>Start and stop times of actual program participation by beneficiary</li><li>Place of service</li><li>Diagnosis and pertinent interval history</li><li>Brief mental status and observations</li><li>Rationale for and treatment used that must coincide with the master treatment plan</li><li>Beneficiary's response to the treatment must include current progress or lack of progress toward symptom reduction and attainment of goals</li><li>Rationale for continued Partial Hospitalization Services, including necessary changes to diagnosis, master treatment plan or medication(s) and plans to transition to less restrictive services</li><li>All services provided must be clearly documented in the medical record</li><li>Staff signature/credentials</li></ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>Partial hospitalization may include drug testing, medical care other than detoxification and other appropriate services depending on the needs of the individual.</p> <p>The medical record must indicate the services provided during Partial Hospitalization.</p>	Per Diem	<p>DAILY MAXIMUM THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF DAYS THAT MAY BE BILLED (extension of benefits can be requested): 40</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Adults—Ages 18 and Above	A provider may not bill for any other services on the same date of service.	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	Rehabilitative	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
Partial Hospitalization must be provided in a facility that is certified by the Division of Behavioral Health Services as a Partial Hospitalization provider	11, 49, 52, 53	
EXAMPLE ACTIVITIES		
Care provided to a client who is not ill enough to need admission to facility but who has need of more intensive care in the therapeutic setting than can be provided in the community. This service shall include at a minimum intake, individual and group therapy, and psychosocial education. Partial hospitalization may include drug testing, medical care other than detoxification and other appropriate services depending on the needs of the individual.		

**253.002 — Adult Rehabilitative Day Service****2-1-22**

<b>CPT®/HCPCS PROCEDURE CODE</b>	<b>PROCEDURE CODE DESCRIPTION</b>
QBHP Bachelors or RN QBHP Non-Degreed <a href="#">View or print the procedure codes for ABHSCI services.</a>	Psychosocial rehabilitation services
<b>SERVICE DESCRIPTION</b>	<b>MINIMUM DOCUMENTATION REQUIREMENTS</b>
<p>A continuum of care provided to recovering individuals living in the community based on their level of need. This service includes educating and assisting the individual with accessing supports and services needed. The service assists the recovering individual to direct their resources and support systems. Activities include training to assist the person to learn, retain, or improve specific job skills, and to successfully adapt and adjust to a particular work environment. This service includes training and assistance to live in and maintain a household of their choosing in the community. In addition, transitional services to assist individuals adjust after receiving a higher level of care. The goal of this service is to promote and maintain community integration.</p> <p>An array of face-to-face rehabilitative day activities providing a preplanned and structured group program for identified beneficiaries that aimed at long-term recovery and maximization of self-sufficiency, as distinguished from the symptom-stabilization function of acute day treatment. These rehabilitative day activities are person- and family-centered, recovery-based, culturally competent, provide needed accommodation for any disability and must have measurable outcomes. These activities assist the beneficiary with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their chronic mental illness. The intent of these services is to restore the fullest possible integration of the beneficiary as an active and productive member of his/her family, social and work community and/or culture with the least amount of ongoing professional intervention. Skills addressed may include: emotional skills, such as coping with stress, anxiety or anger; behavioral skills, such as proper use of medications, appropriate social interactions and managing overt expression of symptoms like delusions or hallucinations; daily living and self-care skills, such as personal care and hygiene, money management and daily structure/use of</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Names and relationship to the beneficiary of all persons involved</li> <li>• Start and stop times of actual encounter</li> <li>• Place of Service (When 99 is used, specific location and rationale for location must be included)</li> <li>• Client diagnosis necessitating service</li> <li>• Document how treatment used address goals and objectives from the master treatment plan</li> <li>• Information gained from contact and how it relates to master treatment plan objectives</li> <li>• Impact of information received/given on the beneficiary's treatment</li> <li>• Any changes indicated for the master treatment plan which must be documented and communicated to the supervising MHP for consideration</li> <li>• Plan for next contact, if any</li> <li>• Staff signature/credentials/date of signature</li> </ul>

<del>time; cognitive skills, such as problem solving, understanding illness and symptoms and reframing; community integration skills and any similar skills required to implement a beneficiary's master treatment plan.</del>		
NOTES	UNIT	BENEFIT LIMITS
<del>Staff to Client Ratio — 1:15 ratio maximum with the provision that client ratio must be reduced when necessary to accommodate significant issues related to acuity, developmental status and clinical needs.</del>	<del>60 minutes</del>	<del>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested):  6 units  QUARTERLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested):  90 units</del>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<del>Adult — Ages 18 and Above</del>		
ALLOWED MODE(S) OF DELIVERY	TIER	
<del>Face-to-face</del>	<del>Rehabilitative</del>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<del> <ul style="list-style-type: none"> <li>Qualified Behavioral Health Provider — Bachelors</li> <li>Qualified Behavioral Health Provider — Non-Degreed</li> <li>Registered Nurse</li> </ul> </del>	<del>04, 11, 12, 13, 14, 22, 23, 31, 32, 33, 49, 50, 52, 53, 57, 71, 72, 99</del>	

253.003 — Supportive Employment

2-1-22

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<u><a href="#">View or print the procedure codes for ABHSCI services.</a></u>	Supportive Employment
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<del>Supportive Employment is designed to help beneficiaries acquire and keep meaningful jobs in a competitive job market. The service actively facilitates job acquisition by sending staff to accompany beneficiaries on interviews and providing ongoing support and/or on-the-job training once the beneficiary is employed. This service replaces traditional vocational approaches that provide intermediate work experiences (prevocational work units, transitional employment, or sheltered workshops), which tend to isolate beneficiaries</del>	<del> <ul style="list-style-type: none"> <li>Date of Service</li> <li>Names and relationship to the beneficiary of all persons involved</li> <li>Start and stop times of actual encounter with beneficiary</li> <li>Place of Service (If 99 is used, specific location and rationale for location must be included)</li> <li>Client diagnosis necessitating intervention</li> </ul> </del>

<del>from mainstream society.</del> Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home.	<ul style="list-style-type: none"> <li><del>Document how interventions used address goals and objectives from the master treatment plan</del></li> <li><del>Impact of information received/given on the beneficiary's treatment</del></li> <li><del>Any changes indicated for the master treatment plan which must be documented and communicated to the supervising MHP for consideration</del></li> <li><del>Plan for next contact, if any</del></li> <li><del>Staff signature/credentials/date of signature</del></li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
	60 Minutes	QUARTERLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 60
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Adults—Ages 18 and Above	A provider can bill up to 60 units per quarter (Quarters are defined as January–March, April–June, July–September, October–December) prior to an extension of benefits.  A provider cannot bill any H2017 code on the same date of service.	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	Rehabilitative	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li><del>Qualified Behavioral Health Provider—Bachelors</del></li> <li><del>Qualified Behavioral Health Provider—Non-Degreed</del></li> <li><del>Registered Nurse</del></li> </ul>	04, 11, 12, 16, 49, 53, 57, 99	

253.004 ~~Supportive Housing~~

2-1-22

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<u><del>View or print the procedure codes for ABHSCI services.</del></u>	Supportive Housing
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<b>Supportive Housing</b> is designed to ensure that beneficiaries have a choice of permanent, safe, and affordable housing. An emphasis is placed on the development and strengthening of natural supports in the community. This service assists beneficiaries in locating, selecting, and sustaining housing, including transitional	<ul style="list-style-type: none"> <li><del>Date of Service</del></li> <li><del>Names and relationship to the beneficiary of all persons involved</del></li> <li><del>Start and stop times of actual encounter with beneficiary</del></li> </ul>

<p>housing and chemical free living; provides opportunities for involvement in community life; and facilitates the individual's recovery journey.</p> <p>Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home. Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system.</p>	<ul style="list-style-type: none"><li>Place of Service (If 99 is used, specific location and rationale for location must be included)</li><li>Client diagnosis necessitating intervention</li><li>Document how interventions used address goals and objectives from the master treatment plan</li><li>Impact of information received/given on the beneficiary's treatment</li><li>Any changes indicated for the master treatment plan which must be documented and communicated to the supervising MHP for consideration</li><li>Plan for next contact, if any</li><li>Staff signature/credentials/date of signature</li></ul>	
NOTES	UNIT	BENEFIT LIMITS
	60 Minutes	QUARTERLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 60
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Adults—Ages 18 and Above	<p>A provider can bill up to 60 units per quarter (Quarters are defined as January-March, April-June, July-September, October-December) prior to an extension of benefits.</p> <p>A provider cannot bill any H2017 code on the same date of service.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	Rehabilitative	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"><li>Qualified Behavioral Health Provider—Bachelors</li><li>Qualified Behavioral Health Provider—Non-Degreed</li><li>Registered Nurse</li></ul>	04, 11, 12, 16, 49, 53, 57, 99	

253.005—Adult Life Skills Development

2-1-22

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
QBHP Bachelors or RN QBHP Non-degreed <u><a href="#">View or print the procedure codes for ABHSCI services.</a></u>	Comprehensive community support services

SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS	
<p><b>Life Skills Development</b> services are designed to assist beneficiaries in acquiring the skills needed to support an independent lifestyle and promote an improved sense of self-worth. Life skills training is designed to assist in setting and achieving goals, learning independent living skills, demonstrate accountability, and making goal-directed decisions related to independent living (i.e., educational/vocational training, employment, resource and medication management, self-care, household maintenance, health, wellness and nutrition).</p> <p>Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home. Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system.</p>		<ul style="list-style-type: none"> <li>• <del>Date of Service</del></li> <li>• <del>Names and relationship to the beneficiary of all persons involved</del></li> <li>• <del>Start and stop times of actual encounter with beneficiary</del></li> <li>• <del>Place of Service (If 99 is used, specific location and rationale for location must be included)</del></li> <li>• <del>Client diagnosis necessitating intervention</del></li> <li>• <del>Document how interventions used address goals and objectives from the master treatment plan</del></li> <li>• <del>Impact of information received/given on the beneficiary's treatment</del></li> <li>• <del>Any changes indicated for the master treatment plan which must be documented and communicated to the supervising MHP for consideration</del></li> <li>• <del>Plan for next contact, if any</del></li> <li>• <del>Staff signature/credentials/date of signature</del></li> </ul>	
NOTES	UNIT	BENEFIT LIMITS	
	15 Minutes	<p><del>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 8</del></p> <p><del>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 292</del></p>	
APPLICABLE POPULATIONS		SPECIAL BILLING INSTRUCTIONS	
Adults — Ages 18 and Above			
ALLOWED MODE(S) OF DELIVERY		TIER	
Face-to-face		Rehabilitative	
ALLOWABLE PERFORMING PROVIDERS		PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>• <del>Qualified Behavioral Health Provider — Bachelors</del></li> <li>• <del>Qualified Behavioral Health Provider — Non-Degreed</del></li> <li>• <del>Registered Nurse</del></li> </ul>		04, 11, 12, 16, 49, 53, 57, 99	

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
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<a href="#">View or print the procedure codes for ABHSCI services.</a>		Self-help/peer services, per 15 minutes
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Peer Support is a consumer centered service provided by individuals (ages 18 and older) who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues. Peer support is a service to work with beneficiaries to provide education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach fullest potential. Specialists will assist with navigation of multiple systems (housing, supportive employment, supplemental benefits, building/rebuilding natural supports, etc.) which impact beneficiaries' functional ability. Services are provided on an individual or group basis, and in either the beneficiary's home or community environment.	<ul style="list-style-type: none"><li>• Date of Service</li><li>• Names and relationship to the beneficiary of all persons involved</li><li>• Start and stop times of actual contact</li><li>• Place of Service (When 99 is used, specific location and rationale for location must be included)</li><li>• Client diagnosis necessitating service</li><li>• Document how treatment used address goals and objectives from the master treatment plan</li><li>• Information gained from contact and how it relates to master treatment plan objectives</li><li>• Impact of information received/given on the beneficiary's treatment</li><li>• Any changes indicated for the master treatment plan which must be documented and communicated to the supervising MHP for consideration</li><li>• Plan for next contact, if any</li><li>• Staff signature/credentials/date of signature</li></ul>	
NOTES	UNIT	BENEFIT LIMITS
	15 minutes	YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 120
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Adults—Ages 18 and Above	Provider can only bill for 120 units (combined between H0038 and H0038, U8) per SFY	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	Rehabilitative	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"><li>• Certified Peer Support Specialist</li><li>• Certified Youth Support Specialist</li></ul>	03, 04, 11, 12, 13, 14, 15, 16, 22, 23, 31, 32, 33, 34, 49, 50, 52, 53, 57, 71, 72, 99	
EXAMPLE ACTIVITIES		
Peer support may include assisting their peers in articulating their goals for recovery, learning and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience, and supporting them in advocating for themselves to obtain effective services.		

253.007 Treatment Plan

2-1-22

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
<a href="#">View or print the procedure codes for ABHSCI services.</a>	Treatment Plan	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Treatment Plan is a plan developed in cooperation with the beneficiary (or parent or guardian if under 18) to deliver specific mental health services to restore, improve, or stabilize the beneficiary's mental health condition. The Plan must be based on individualized service needs as identified in the completed Mental Health Diagnosis, independent assessment, and independent care plan. The Plan must include goals for the medically necessary treatment of identified problems, symptoms and mental health conditions. The Plan must identify individuals or treatment teams responsible for treatment, specific treatment modalities prescribed for the beneficiary, and time limitations for services. The plan must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and demonstrate cultural competence.</p>	<ul style="list-style-type: none"> <li>• <del>Date of Service (date plan is developed)</del></li> <li>• <del>Start and stop times for development of plan</del></li> <li>• <del>Place of service</del></li> <li>• <del>Diagnosis</del></li> <li>• <del>Beneficiary's strengths and needs</del></li> <li>• <del>Treatment goal(s) developed in cooperation with and as stated by beneficiary that are related specifically to the beneficiary's strengths and needs</del></li> <li>• <del>Measurable objectives</del></li> <li>• <del>Treatment modalities — The specific services that will be used to meet the measurable objectives</del></li> <li>• <del>Projected schedule for service delivery, including amount, scope, and duration</del></li> <li>• <del>Credentials of staff who will be providing the services</del></li> <li>• <del>Discharge criteria</del></li> <li>• <del>Signature/credentials of staff drafting the document and primary staff who will be delivering or supervising the delivery of the specific services/ date of signature(s)</del></li> <li>• <del>Beneficiary's signature (or signature of parent, guardian, or custodian of beneficiaries under the age of 18)/ date of signature</del></li> <li>• <del>Physician's signature indicating medical necessity/date of signature</del></li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>This service may be billed when the beneficiary is determined to be eligible for services. Revisions to the Treatment Plan for Adult Behavioral Health Services for Community Independence must occur at least annually, in conjunction with the results from the Independent Assessment. Reimbursement for Treatment Plan revisions more frequently than once per year is not allowed unless there is a documented clinical change in circumstance of the beneficiary or if a beneficiary is re-assessed by the Independent Assessment vendor which</p>	30 minutes	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 2</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 4</p>

results in a change of Tier. It is the responsibility of the primary mental health professional to insure that all individuals working with the client have a clear understanding and work toward the goals and objectives stated on the treatment plan.		
<b>APPLICABLE POPULATIONS</b>	<b>SPECIAL BILLING INSTRUCTIONS</b>	
Adults—Ages 18 and Above	Must be reviewed annually	
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>	
Face-to-face	Rehabilitative	
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>	
<ul style="list-style-type: none"> <li>Independently Licensed Clinicians—Master's/Doctoral</li> <li>Non-independently Licensed Clinicians—Master's/Doctoral</li> <li>Advanced Practice Nurse</li> <li>Physician</li> </ul>	03, 04, 11, 12, 14, 33, 49, 50, 53, 57, 71, 72	

**253.008 Aftercare Recovery Services****2-1-22**

<b>CPT®/HCPCS PROCEDURE CODE</b>	<b>PROCEDURE CODE DESCRIPTION</b>
QBHP Bachelors or RN QBHP Non-Degreed <u><a href="#">View or print the procedure codes for ABHSCI services.</a></u>	Psychosocial rehabilitation services, per 15 minutes
<b>SERVICE DESCRIPTION</b>	<b>MINIMUM DOCUMENTATION REQUIREMENTS</b>
A continuum of care provided to recovering individuals living in the community based on their level of need. This service includes educating and assisting the individual with accessing supports and services needed. The service assists the recovering individual to direct their resources and support systems. Activities include training to assist the person to learn, retain, or improve specific job skills, and to successfully adapt and adjust to a particular work environment. This service includes training and assistance to live in and maintain a household of their choosing in the community. In addition, transitional services to assist individuals adjust after receiving a higher level of care. The goal of this service is to promote and maintain community integration.	<ul style="list-style-type: none"> <li>Date of Service</li> <li>Names and relationship to the beneficiary of all persons involved</li> <li>Start and stop times of actual encounter</li> <li>Place of Service (When 99 is used, specific location and rationale for location must be included)</li> <li>Client diagnosis necessitating service</li> <li>Document how treatment used address goals and objectives from the master treatment plan</li> <li>Information gained from contact and how it relates to master treatment plan objectives</li> <li>Impact of information received/given on the beneficiary's treatment</li> </ul>

	<ul style="list-style-type: none"> <li>Any changes indicated for the master treatment plan which must be documented and communicated to the supervising MHP for consideration</li> <li>Plan for next contact, if any</li> <li>Staff signature/credentials/Date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
	15 minutes	YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 292
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Adults—Ages 18 and Above		
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	2	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>Qualified Behavioral Health Provider—Bachelors</li> <li>Qualified Behavioral Health Provider—Non-Degreed</li> </ul>	03, 04, 11, 12, 13, 14, 15, 16, 22, 23, 31, 32, 33, 34, 49, 50, 52, 53, 57, 71, 72, 99	

**254.000 Intensive Level Services****3-1-19**

Eligibility for intensive level services is determined by the Intensive Level Services standardized Independent Assessment.

Prior to reimbursement for any intensive level service, a beneficiary must be deemed Tier III by the Behavioral Health Independent Assessment.

Eligibility for entry into a residential setting requires adherence to appropriate Medicaid rules regarding that residential setting. Eligibility for Therapeutic Communities requires that an Individualized Treatment Plan be developed for the beneficiary.

**254.001 Therapeutic Communities****2-1-22**

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
Level 1 Level 2 <u><a href="#">View or print the procedure codes for ABHSCI services.</a></u>	Behavioral health; long-term residential (nonmedical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem.
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Therapeutic Communities are highly structured residential environments or continuums of care in which the primary goals are the treatment of behavioral health needs and the fostering of personal growth leading to personal	<ul style="list-style-type: none"> <li>Date of Service</li> <li>Names and relationship to the beneficiary of all persons involved</li> <li>Place of Service</li> </ul>

<p>accountability. Services address the broad range of needs identified by the person served. Therapeutic Communities employs community-imposed consequences and earned privileges as part of the recovery and growth process. In addition to daily seminars, group counseling, and individual activities, the persons served are assigned responsibilities within the therapeutic community setting. Participants and staff members act as facilitators, emphasizing personal responsibility for one's own life and self-improvement. The service emphasizes the integration of an individual within his or her community, and progress is measured within the context of that community's expectation.</p>	<ul style="list-style-type: none"> <li>Document how interventions used address goals and objectives from the master treatment plan</li> <li>Information gained from contact and how it relates to master treatment plan objectives</li> <li>Impact of information received/given on the beneficiary's treatment</li> <li>Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>Therapeutic Communities Level will be determined by the following:</p> <ul style="list-style-type: none"> <li>Functionality based upon the Independent Assessment Score</li> <li>Outpatient Treatment History and Response</li> <li>Medication</li> <li>Compliance with Medication/Treatment</li> </ul> <p>Eligibility for this service is determined by the Intensive Level Services standardized Independent Assessment.</p> <p>Prior to reimbursement for Therapeutic Communities in Intensive Level Services, a beneficiary must be eligible for Rehabilitative Level Services as determined by the standardized Independent Assessment. The beneficiary must then also be determined by an Intensive Level Services Independent Assessment to be eligible for Therapeutic Communities.</p>	Per Diem	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 4</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>180</p> <p>185</p> <p><u><a href="#">View or print the procedure codes for ABHSCI services.</a></u></p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Adults—Ages 18 and Above	A provider cannot bill any other services on the same date of service.	
	PROGRAM SERVICE CATEGORY	
	Intensive	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	N/A	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
Therapeutic Communities must be provided in a facility that is certified by the Division of Behavioral Health Services as a Therapeutic Communities provider	14, 21, 51, 55	

~~255.000 — Place of Service Codes~~~~3-1-19~~~~Electronic and paper claims now require the same national place of service codes.~~

<del>Place of Service</del>	<del>POS Codes</del>
<del>Homeless Shelter</del>	<del>04</del>
<del>Office (Behavioral Health Agency Facility Service Site)</del>	<del>11</del>
<del>Patient's Home</del>	<del>12</del>
<del>Assisted Living Facility</del>	<del>13</del>
<del>Group Home</del>	<del>14</del>
<del>Mobile Unit</del>	<del>15</del>
<del>Temporary Lodging</del>	<del>16</del>
<del>Inpatient Hospital</del>	<del>21</del>
<del>Custodial Care Facility</del>	<del>33</del>
<del>Independent Clinic</del>	<del>49</del>
<del>Federally Qualified Health Center</del>	<del>50</del>
<del>Psychiatric Facility — Partial Hospitalization</del>	<del>52</del>
<del>Community Mental Health Center</del>	<del>53</del>
<del>Non-Residential Substance Abuse Treatment Facility</del>	<del>57</del>
<del>Public Health Clinic</del>	<del>71</del>
<del>Rural Health Clinic</del>	<del>72</del>
<del>Other</del>	<del>99</del>