

North Carolina Medicaid Special Bulletin

*An Information Service of the Division of Medical
Assistance*

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Attention:

All Providers

**Piedmont Cardinal
Health Plan**

Providers are responsible for informing their billing agency of information in this bulletin.

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ANNOUNCEMENT

On April 1, 2005, the N.C. Medicaid program will implement a new service delivery system, called Piedmont Cardinal Health Plan (PCHP), in five counties – Cabarrus, Davidson, Rowan, Stanly, and Union – for Medicaid-covered behavioral health services and services for persons with developmental disabilities. The new program represents the collaborative efforts of the Division of Medical Assistance, (DMA); the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, (MH/DD/SA); Piedmont Behavioral Healthcare; and the Centers for Medicaid and Medicare Services.

PCHP is a prepaid managed care plan and will be administered by Piedmont Behavioral Healthcare, a public mental health, developmental disabilities, and substance abuse (MH/DD/SA) services organization. The PCHP will include all Medicaid-covered mental health and substance abuse services as well as the new Piedmont Innovations waiver program, which will replace the Community Alternatives Program for the Mentally Retarded/Developmentally Disabled (CAP/MR-DD) in the five-county area. PCHP will also include intermediate care facilities for the mentally retarded (ICF-MR) and psychiatric inpatient hospitalizations.

Introduction

PCHP will manage and pay for all Medicaid and other publicly funded MH/DD/SA services. Medicaid will make capitated payments to PCHP on a per-member, per-month basis. Medicaid will not pay individual providers of MH/DD/SA services on a fee-for-service basis in this five-county area. PCHP will be responsible for authorizing payments for services, processing and paying claims, and conducting utilization and quality management functions.

As a prepaid health plan, PCHP will recruit providers and develop and oversee a comprehensive MH/DD/SAS provider network that ensures access to care for all enrollees. PCHP will ensure quality of care, foster appropriate utilization, and enhance access to MH/DD/SA services for children and adults by arranging and coordinating all medically necessary MH/DD/SA services. The new plan will be comprised of clinicians and administrative staff. This staff will be augmented by private practitioners and institutional providers, contracted with the PCHP. These providers will be chosen on the basis of their ability to meet the potential needs of the recipient population. PCHP will be responsible for the cost-effective delivery of high quality care to recipients. PCHP will be at financial risk for delivering a defined MH/DD/SAS benefit.

Plan Participation

When this plan goes into effect, all Medicaid recipients in any of the eligibility categories listed below with residency in the five-county area, including recipients participating in other managed care programs, must obtain MH/DD/SA services from PCHP. Recipients participating in a managed care program will not require a referral authorization from their primary care physician to obtain services from PCHP. Except for emergency services, all providers must obtain approval/authorization from PCHP to qualify for reimbursement for MH/DD/SA services.

Some Medicaid recipients may reside and receive services outside of the five-county area but receive Medicaid from one of the five Piedmont counties. In these cases, PCHP will be responsible for authorizing and paying for services. Medicaid will not pay providers fee-for-service for any MH/DD/SA services for recipients whose residency, for Medicaid purposes, is one of the five Piedmont counties.

When recipients need services, they will be given a choice of providers most appropriate to meet the recipients' needs. The provider, a private practitioner or a contracted facility, will prepare a treatment plan to be approved by the clinical staff. Subsequently, the clinical staff will monitor and evaluate the progress of treatment toward agreed upon goals. Where treatment appears ineffective, clinical staff will redirect care to more effective resources. Coordinated emergency and crisis services will be provided as well as a range of other services such as day treatment and respite care. The treatment goal is to provide a variety of services that match the intensity of treatment with the severity of illness.

On April 1, 2005, all Medicaid recipients in the five Piedmont counties will be identified as a PCHP participant by an asterisk (*) beside their name on their Medicaid identification (MID) card. The MID card will indicate that “* = PCHP.” Recipients will also receive information about PCHP and the new Innovations waiver program. Recipients who are participating in the Innovations waiver program will have the indicator “CM” on their cards in addition to the “PCHP” indicator. Medicaid will not pay providers fee-for-service for MH/DD/SA services for recipients with the *PCHP indicator on their cards.

Medicaid Eligibility Groups

There are two types of service provided through PCHP that involve different Medicaid eligibility groups. The first type of service is the Innovations waiver, which replaces CAP-MR/DD in the Piedmont counties. To participate in Innovations, Medicaid recipients must be in one of the following eligibility groups. All age groups are covered.

- MAA – Medical Assistance to the Aged
- MAB – Medical Assistance to the Blind
- MAD – Medical Assistance to the Disabled
- IAS,HSF – Adoption Subsidy & Foster Care
- SAD – Special Assistance to the Disabled if living in an adult care facility

The second type of service is all Medicaid covered MH/DD/SA services with the exception of Innovations. Medicaid recipients must be in one of the following eligibility groups and age three or older to receive these services:

- AAF – Work First Family Assistance
- MAA – Medical Assistance to the Aged
- MAD – Medical Assistance to the Disabled
- MAF – Medical Assistance to Families with Dependent Children, including Breast and Cervical Cancer
- MIC-N – Medicaid for Infants and Children
- IAS-IV-E – Adoption Subsidy and Foster Care
- HSF – State Foster Home Fund
- SAA – Special Assistance for the Aged
- SAD – Special Assistance for the Disabled
- MPW – Medicaid for Pregnant Women
- MAB – Medical Assistance to the Blind
- MSB – Special Assistance to the Blind

Enrollment

This is a mandatory program. Enrollment will be automatic for individuals who are residents of Cabarrus, Davidson, Rowan, Stanly or Union counties for Medicaid eligibility purposes and are in one of the eligibility and associated age groups listed above. During recipient certifications or recertifications, caseworkers will inform eligible recipients and their families about PCHP and the enrollment process. Informational materials will also provide clear instructions on what to do if a question or problem arises.

Scope of Services

- Mental health services
- Developmental disabilities services
- Substance abuse services
- Inpatient psychiatric services
- Intermediate care facilities for the mentally retarded (ICF-MR)

Providers

Providers must have a contract with the PCHP. The PCHP will exclusively authorize and directly reimburse all of these services.

Provider Participation

Piedmont is expected to expand the number of providers and range of choices available to recipients. PCHP will contract with the providers who can best meet the needs of these groups in their catchment areas. All providers will be thoroughly qualified to provide the covered services. The providers will be credentialed and when required, supervised according to the standards of their discipline and the standards of the N.C. Division of MH/DD/SAS.

Provider education for this program will be provided by Piedmont relating to the process and provision of services and operations. This PCHP will be responsible for updating and providing information of any program changes.

Eligible Providers

- Licensed Psychiatrists
- Licensed Psychologists (doctorate level)
- Licensed Clinical Social Workers (LCSW) with a masters degree in social work from a school of social work accredited by the Council of Social Work Education
- Clinical Nurse Specialists (CNS) certified by the American Nurses Credentialing Center or the American Psychiatric Nurse Association as an advanced practice psychiatric clinical nurse specialist
- Nurse Practitioners approved to practice in North Carolina and certified by the American Nurses Credentialing Center as an advanced practice nurse practitioner and certified in psychiatric nursing
- Licensed Psychological Associates (LPA)
- Licensed Professional Counselors (LPC)

- Licensed Marriage and Family Therapists (LMFT)
- Certified Clinical Addictions Specialists (CCAS)
- Certified Clinical Supervisors (CCS)
- Public agencies DSS, schools, local health departments/LEA's
- Private not-for-profit agencies
- Private for-profit agencies
- General Hospitals
- Psychiatric Hospitals
- Providers of CAP MR/DD services

MH/DD/SAS Services

Payment for the following services will be included in the per-member, per-month Medicaid capitated payment to Piedmont. **DMA will not reimburse individual providers fee-for-service for the following services.**

Covered CPT Codes

CPT Procedure Codes	CPT Code Descriptions
90801	Psychiatric Interview
90802	Interactive Interview
90804	Insight Oriented 20-30 minutes
90805	with Medical E/M services
90806	Insight Oriented 45-50 minutes
90807	with Medical E/M services
90808	Insight Oriented 75-80 minutes
90809	With Medical E/M services
90810	Interactive 20-30 minutes
90811	with Medical E/M services
90812	Interactive 45-50 minutes
90813	With Medical E/M services
90814	Interactive 75-80 minutes
90815	With Medical E/M services
90816	Insight Oriented 20-30 minutes
90817	With Medical E/M services

Covered CPT Codes, continued

CPT Procedure Code	CPT Code Description
90818	Insight Oriented 45-50 minutes
90819	With Medical E/M services
90821	Insight Oriented 75-80 minutes
90822	With Medical E/M services
90823	Interactive 20-30 minutes
90824	With medical E/M services
90826	Interactive 45-50 minutes
90827	With Medical E/M services
90828	Interactive 75-80 minutes
90829	With Medical E/M services
90846	Without the patient present
90847	With patient present
90849	Multifamily group therapy
90853	Other Group
90857	Interactive Group
90862	Medication Check-Individual
96100	Psychological, per hour
96105	Assessment of Aphasia, hour
96110	Developmental; testing, limited
96111	Developmental; extended
96115	Neurobehavioral status, per hour
96117	Neuropsychological, per hour

Covered HCPCS Codes

HCPCS Procedure Code	HCPCS Code Description
H0001	Alcohol and /or drug assessment
H0004	Behavioral health counseling
H0004 HR	Denotes family therapy with client
H0004 HS	Denotes family therapy without client present
H0004 HQ	Denotes any other groups
H0005	Alcohol and /or drug group counseling
H0015	Alcohol and/or drug services
H0020	Alcohol and/or drug services; methadone administration
H0031	Mental health assessment, non-physician
H2017	Psychosocial rehabilitation
H0040	Assertive community treatment
H2020	Level II therapeutic behavioral services

Covered HCPCS Codes, continued

HCPCS Procedure Code	HCPCS Code Description
H0036	Community psychiatric supportive tx.
H0036 TL	Denotes Early Intervention
H0036 HI	Integrated mental health/mental retardation/developmental disabilities program
H0036 HM	Less than bachelor’s degree level (use for a paraprofessional)
H0036 HQ	Group Setting
H0036 U1	Group service by a paraprofessional
H2012	Behavioral health day treatment
H2012 HA	Denotes Child
H2012 HB	Denotes Adult
H0035	Mental health Partial Hospitalization tx. Less than 24 hours
H0035 HA	Denotes Child
H0035 HB	Denotes Adult
S9485	Crisis intervention mental health services
H0046	Mental health service, not otherwise specified
S5145	Foster care therapeutic child
H0019	Level III-IV behavioral health; long term residential (non-medical, non-acute)
T1017 HI	Targeted case management
T1017 HE	Mental Health Case Management

Covered Revenue Codes

Revenue Codes	Revenue Code Description
RC 100	Inpatient and ICF-MR
RC 100RC 902	Milieu Therapy
RC 903	Play Therapy
RC 905	IOP psychiatric
RC 906	IOP SA
RC 907	Day Treatment
RC 912	Partial Hospital less intensive
RC 913	Partial Hospital intensive
RC 183	Therapeutic leave for the residential facilities and ICF-MR.

Covered Mental Health Inpatient DRG Codes
DRGs 424 through 437
DRGs 521 through 523

CAP-MR/DD Services

The Innovations waiver will replace CAP-MR/DD in the Piedmont catchment area. Payment for these services will be included in the per-member, per-month Medicaid capitated payment to Piedmont. **DMA will not reimburse individual providers fee-for-service for the following services.**

Covered HCPCS Codes

HCPCS Procedure Code	HCPCS Code Description
H0045	Respite care services/not in the home
H2011	Crisis intervention service
H2015	Home & Community Supports
H2015 HQ	Home & Community Supports service group
H2016	Comprehensive community support service, Level I
H2016 HI	Comprehensive community support services , Level IV
H2025	Ongoing support to maintain employment
H2025 HQ	Ongoing supports to maintain employment, group
S5102	Day care services, adult
S5110	Home care training, family
S5120	Chore services
S5125	Attendant care services
S5150	Unskilled respite care, not hospice
S5150 HQ	Unskilled respite care, not hospice-group
S5161	Emergency response system, service fee, per month
S5165	Home modifications
T1005 TD	Respite care services - RN
T1005 TE	Respite care services - LPN
T1013	Sign language or oral interpreter services
T1999	Miscellaneous therapeutic items & supplies, retail purchases, NOC
T2001	Non-emergency transportation, patient attendant/escort
T2014	Habilitation, prevocational, waiver
T2020	Day habilitation, waiver, per diem
T2021	Day habilitation, waiver, per 15 minutes
T2021 HQ	Day habilitation, waiver, group, per 15 minutes
T2022	Case management, per month
T2025	Waiver services, not otherwise specified
T2027	Specialized childcare, waiver
T2028	Specialized supply, not otherwise specified, waiver
T2039	Vehicle modifications, per service
V5336	Repair/Modification of Augmentative Communication system or device

SAMPLE OF CARD

THIS DOCUMENT CONTAINS FLUORESCENT FIBERS, FLUORESCENT ARTIFICIAL WATERMARK AND IS PRINTED ON CHEMICAL REACTIVE PAPER

04-01-05 to 04-30-05

P.O. Box 111
Any City, NC
Zip=12345

CASE ID 10847667
CASEHEAD Jane Recipient

Eligible Members

Jane Recipient

123-45-6789K

MEDICAID IDENTIFICATION CARD

* = PCHP

VALID

N.C. DEPT. OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE

CAP	COUNTY CASE NO	ISSUANCE	PROGRAM	CLASS	FROM	THRU
	123456	05090 R	AAF	N	04-01-05	04-30-05

RECIPIENT ID	ELIGIBLE FOR MEDICAID	INS NO	BIRTHDATE	SEX
123-45-6789K	* Jane Recipient	1	12-17-73	F

INS NO	NAME CODE	POLICY NUMBER	TYPE
1	091	Y23684219	00

APR 2005 AAF11 10847667 101
456 That Street
That City, NC 45678

RRECIPIENT (Signature) *Jane Recipient* (Not valid unless signed)

MISUSE MAY RESULT IN FRAUD PROSECUTION

Note: At this time, the final contract remains under review by the North Carolina Attorney General's office.



Mark T. Benton, Interim Director
Division of Medical Assistance
Department of Health and Human Services



Cheryll Collier
Executive Director
EDS
