

Effective 11/1/2011

The inclusion of a rate on this table does not guarantee that a service is covered. Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Coverage Policies on the DMA Web site.

SERVICE CODE with MODIFIERS	MH/DD/SA ENHANCED BENEFITS SERVICE DESCRIPTION	BILLING UNIT	RATE FOR SERVICE
H0019	Behavioral Health long term residential (HRI Level III - 4 Beds or Less)	per diem	\$ 231.33
H0019	Behavioral Health long term residential (HRI Level III - 5 Beds or More)	per diem	\$ 188.49
H0019	Behavioral Health long term residential (HRI Level IV)	per diem	\$ 313.61

Special Billing Instructions H0019 MH State Services			4/3/06 Rate
H0019	Behavioral Health long term residential (HRI Level III - 4 Beds or Less)	/day	193.62
H0019	Behavioral Health long term residential (HRI Level III - 5 Beds or More)	/day	193.62
H0019	Behavioral Health long term residential (HRI Level IV)	/day	193.62
<p>* - due to HIPAA constraints which require all of the above services be covered under a single code, and IPRS system limitations all of the above services are being set at the lowest rate as the default rate. Area Programs/LMEs are responsible for submitting provider-specific rate requests equal to the equivalent Medicaid service for Level III-4 beds or less (\$231.33) and Level IV (\$313.61)</p>			