KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

Certified Community Behavioral Health Centers (CCBHC)

Provider – Billing /Technical Discussion

10/18/2021

Agenda

- CCBHC – Project information
- Provider - New PT
- Provider Enrollment
- Rendering vs Performing Provider
- Reimbursement
- Billing
- Covered Services
- Edits / Audits

CCBHC Project

Section 223 of the Protecting Access to Medicare Act of 2014 outlines the creation of a demonstration program to implement Certified Community Behavior Health Clinics (CCBHC) and assess their effectiveness

In August 2020, Kentucky and Michigan were selected as part of a two state expansion to the demonstration as a result of the passage of the Cares Act

Demonstration Period: 1/1/2022 – 12/31/2023

Provider

- New Provider type "**16**" effective **1/1/2022**
- Four CMHC providers will be participating:
  - ☆ *Seven Counties Service, Inc*
  - ☆ *NorthKey, Inc*
  - ☆ *Pathways, Inc*
  - ☆ *New Vista, Inc*
- Providers will still submit CMHC (PT 30) claims for some service locations using taxonomy

  261QM0801X
- Taxonomy for these CCBHC (PT 16) claims :

  261QC1500X

Provider Enrollment

- CCBHC providers will begin enrollment process after 12/1/2021
- As part of enrollment CCBHC providers will need to link rendering providers to their entity

Rendering Provider

- Rendering Provider required for all CCBHC claims
- Rendering Provider must be an Individual enrolled in KY MPPA
- Rendering Provider Name, NPI and Taxonomy must be included in Loop 2310B
- Loop 2420A must be submitted if the Service Line Rendering Provider is different then Loop 2310B

Performing Provider

- Individuals may perform a covered service under direction or supervision of a licensed provider. These individuals have been assigned a Provider Modifier.
- If the Performing Provider is NOT an enrolled provider in KY MPPA and does not have an NPI, then
  - **Provider modifier** must be submitted on the service line
  - **ALSO** the "billing supervisor" should be reported as the Rendering Provider Name, NPI and Taxonomy on the claim and submitted in **Loop 2310B (claim level) or Loop 2420A (service line level)** as appropriate

Performing / Not Enrolled

Modifiers	Description	Acronym
U4	Applied Behavior Analyst	ABA
U6	Certified Alcohol and Drug Counselor	CADC
U4	Clinical Social Worker	CSW
UC	Community Support Associate	CSA
HM	Less than Bachelor degree	
U4	Licensed Clinical Alcohol and Drug Counselors Associate	LCADCA
U4	Licensed Marriage and Family Therapist Associate	LMFTA
U8	Licensed Professional Art Therapist Associate	LPATA
U4	Licensed Professional Counseling Associate	LPCA
U5	Mental Health Associate	MHA
U7	Peer Support Specialist	PSS
UD	Pregnant Woman Case Manager- **Not in the CCBHC**	
HN	**Professional Equivalent -Not in the CCBHC**	PE
U2	Psychiatric RN	PN
TD	Registered Nurse	RN

Rendering / Enrolled – SUBMIT NPI

Modifiers	Description	Acronym	Prov Type
HO	Licensed Professional Art Therapist	LPAT	62
HO	Licensed Behavior Analyst	LBA	63
AM	Doctor of Medicine	MD	64
AM	Doctor of Osteopathic Medicine	DO	64
U3	Psychiatric Resident		64
AF	Psychiatrist	MD / DO	64
HO	Licensed Clinical Alcohol and Drug Counselors	LCADC	67
SA	Advanced Practice Registered Nurse	APRN	78
GN	Speech Therapy	SP	79
HO	Licensed Professional Clinical Counselor	LPCC	81
AJ	Licensed Clinical Social Worker	LCSW	82
HO	Licensed Marriage and Family Therapist	LMFT	83
U8	LPP	LPP	84
GP	Physical Therapy	PT	87
GO	Occupational Therapy	OT	88
AH	Psychologist		89
U1	Physician's Assistant	PA	95

Reimbursement

- Fee-for-Service claims will pay using PPS
- Managed Care claims are not required to pay PPS
- Medicare Crossover and MCO encounters will be eligible for supplemental (WRAP) payment
- CCBHC will have the ability to view encounters in KYHealthNet
  - ICN Regions
    - 20 Electronic claim with no attachments
    - 75 Original encounter (paid or denied)
    - 76 Adjusted encounter
    - 77 Voided encounter
    - 85 Supplemental (WRAP) Payment claim
    - 86 Supplemental Adjustment
    - 87 Supplemental Void

Billing

- All claims must have HCPCS code **T1040** as the first service line with a billed amount greater than zero $0.00
  - *CAN ONLY BE BILLED **ONCE PER DAY** PER MEMBER*
  - *T1040 is a zero dollar charge that triggers a wrap*
- All other service lines must have **Q2** modifier
- Professional claims format only, claim type B or M – 837P

Covered Services

- In addition to the T1040 code, providers must bill at least one code CPT or HCPCS code from the covered services list.
- Covered services list will include column with "excluded" provider modifiers when a service is not allowed for this performing provider.
  - Example: 99408 can not be billed using modifier U7 because a PSS would not perform that service
- Covered services will include rendering provider types for a service
  - Example: 99395 code would require a Provider type 64, 78 or 95

Edits / Audits

- One claim per day, per member, per provider – current edit 5017
- Only one T1040 service allowed per day HCPCS
- CPT or HCPCS from covered services list not on the claim
- Procedure code is not on covered services list for rendering provider or provider modifier

Edit / Audits cont'd

- CMHC not allowed: CMHC (PT 30) claim will fail if T1040 or Q2 modifier present. - Provider not allowed to bill this procedure (check taxonomy code for CCBHC taxonomy)
- Edit 4028 – CLIA
- Edit 3346 –

Place of service

POS	Description
02	Telehealth
03	School
04	Homeless Shelter
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
33	Custodial Care Facility
49	Independent Clinic
57	Non-residential Substance AbuseTreatment Facility

Other Information

- NDC codes are required on Fee-for-Service claims
- Each CCBHC will be assigned a different per diem rate for PPS

Question

- How are claims by date of service handled if one service is denied and others are paid resulting in a daily visit with one denied service and one paid service? Will PPS be applied?
  - FFS CLAIMS: If any service lines deny the entire claims will be denied. Provider will need correct the service line and resubmit all lines
  - PPS will be applied to clean / corrected claims
  - If services are missed the original claim will need to be voided and a new original claims submitted

Questions

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