PART II

POLICIES AND PROCEDURES
For
Community Behavioral Health and Rehabilitation Services



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAID

July 1, 2024

Policy Revisions Record
Part II Policies and Procedures Manual for CBHRS Services
[2023]

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE	CITATION
			A=Added **D**=Deleted **M**=Modified	(Revision required by Regulation, Legislation, etc.)
1/01/2021	All	Date Change	M	
1/01/2021	All	Change from DXC to Gainwell Technologies	M	
1/1/2021	Rate and Modifier Changes pg. 22-25	DCH Revision to Rates for Services and Modifiers	M	
4/1/2021	All	Date Change	M	
4/1/2021	Appendix D	CMO Change	M	
4/1/2021	Pg. 16	Practitioner/ Provider Level Corresponding Levels from The DBHDD Manual	A	
7/1/2021	Appendix D	Georgia Families	M	
7/1/2021	All	Date Change	M	
10/1/2021	All	Date Change	M	
10/1/2021	Pg. 31	Rounding Rule	A	
4/1/2022	All	Date Change	M	
4/1/2024	All	Date Change	M	
4/17/2024	All	PBM update for Peach State	M	
7/01/2024	All	Date Change	M	

PART II - POLICIES AND PROCEDURES
FOR
COMMUNITY BEHAVIORAL HEALTH REHABILITATION SERVICES

CONTENTS

CHAPTER 600 SPECIAL CONDITIONS OF PARTICIPATION
Section 601 Definition of Services
Section 602 Enrollment
Rev Oct 2014
Section 603 Special Conditions of Participation
Section 604 Provider Certification

CHAPTER 700 SPECIAL ELIGIBILITY CONDITIONS

Rev. April 2013

CHAPTER 800 PRIOR APPROVAL

CHAPTER 900 SCOPE OF SERVICES
Section 901 Definition of Mental Health Center Services
Section 902 Covered Services
Section 903 Non-Covered Services
Section 904 Related Services
Section 905 Mental Health Center Pharmacy Reimbursement

CHAPTER 1000 BASIS FOR REIMBURSEMENT
Rev. April 2014
Section 1001 Rate Methodology

Section 1002 Policy for Ordering, Prescribing, or Referring (OPR)

APPENDIX A GAINWELL CONTACT INFORMATION

APPENDIX B MEDICAID CARD

Rev 1/1/ 2013

APPENDIX C PROCEDURE CODES AND RATES
Rev April 2014

APPENDIX D GEORGIA HEALTHY FAMILIES (GHF)

APPENDIX E AUDIT PROTOCOL
Rev July 2013

APPENDIX F MAINTENANCE OF RECORDS

Rev April 2014

Rev 04/2012

APPENDIX G PASRR PROCESS AND SPECIALIZED SERVICES

APPENDIX H NON-EMERGENCY TRANSPORTATION

APPENDIX I PEACHCARE FOR KIDS CO PAYMENTS

APPENDIX J ICD-10 OVERVIEW

Rev April 2014

(***INTENTIONALLY LEFT BLANK)***

REV July 2015

Rev April 2015

Rev April 2017

APPENDIX K CMS 1500 CLAIM FORM

APPENDIX L CROSSOVER CLAIM SUBMISSION AND RATES

Rev October 2017

APPENDIX M 2017 STATE PLAN AMENDMENT CODES

Rev Jan 2019

APPENDIX N 2019 CPT CODE UPDATE

APPENDIX O CBHRS TELEMEDICINE GUIDANCE

Rev April 2019

PART II - CHAPTER 600

SPECIAL CONDITIONS OF PARTICIPATION

601. Definition of Services

Community Behavioral Health Rehabilitation Services (CBHRS) are those services provided by outpatient mental health centers to persons of age 4 and above who are emotionally or mentally disturbed, drug or alcohol abusers.

602. Enrollment

Rev. Oct 2014

Enrollment is open to all providers who meet the conditions of participation in Part I Policies and Procedures for Medicaid/Peachcare for Kids (Part I) and meet the special conditions listed in Part II Policies and Procedures, Section 603.

1. To enroll, the applicant must complete the DBHDD Application and the Medicaid Provider Enrollment packet.

    a) The applicant must FIRST follow and complete the DBHDD established procedures for becoming a Provider of Behavioral Health Services. The procedure is found at the following website: www.dbhdd.georgia.gov.

    b) Upon completion of the DBHDD established procedures for becoming a Provider of Behavioral Health services, DBHDD will notify applicants that have met the requirements and that they have been recommended to DCH for enrollment as a Medicaid Provider. That notification will also include a specific directive to complete the online Facility Application or Additional Location Application for Medicaid Provider Enrollment.

Rev. Oct 2014

    c) ONLY applicants that have received this notification should go online and complete the Facility or Additional Location Application for Medicaid Provider Enrollment. ANY ONLINE APPLICATIONS FOR THE CBHRS PROGRAM SUBMITTED BY APPLICANTS WHO HAVE NOT COMPLETED THE DBHDD ESTABLISHED PROCEDURES AND HAVE NOT BEEN SPECIFICALLY DIRECTED TO SUBMIT WILL NOT BE PROCESSED.

Rev
Oct
2015

d) Instructions on how to complete the online application can be accessed as follows:

1. **Go to www.mmis.ga.gov**
2. **Click 'Provider Information'**
3. **Click 'Web Portal Training'**
4. **Scroll down to find the 'Online Enrollment for Behavioral Health COS 440 Providers – Step by Step'**
5. Applicants may also call (800) 766-4456 for assistance with completing the online application.

2. DBHDD recommends providers for approval or denial of enrollment to DCH. DCH requires a recommendation for approval from DBHDD for DCH approval of any Medicaid provider application. If the application is denied, DBHDD and DCH will notify the applicant of the reason for the denial. Applicants have the right to appeal an enrollment denial as indicated in Part I, Policies and Procedures for Medicaid/Peachcare for Kids Manual.

   NOTE: Applicants may not re-apply as a CMH provider for one (1) year after date of denial.

3. Gainwell Technologies reviews and sends an approval letter with a provider number and corresponding approved service name(s) to the provider.

4. Once approved by Gainwell Technologies, a Letter of Agreement or Provider Agreement from DBHDD is required for participation in this program.

5. Providers are responsible for notifying the DBHDD that they are approved to conduct business. The DBHDD grants approval to operate and has the provider sign a Letter of Agreement or Provider Agreement.

6. Loss of or failure to maintain a Letter of Agreement or Provider Agreement with DBHDD will result in termination of the provider's Medicaid enrollment.

603. Special Conditions of Participation

CBHRS agencies must:

A. Be determined eligible by the Department of Behavioral Health and Developmental Disabilities (DBHDD);

B. **For Providers approved prior to June 30, 2010:**

1. Be fully and appropriately nationally accredited, as defined by the DBHDD policy, or

2. Have applied to one of the national accrediting bodies identified in Section 604 below and be within the eighteen (18) month allowed time between the date of the DBHDD approval and the achievement of national accreditation.

For Providers approved after July 1, 2010:

1. Be fully and appropriately nationally accredited, as defined by the DBHDD policy, and

C. Meet the conditions established by DBHDD as contained in the DBHDD Provider Manual for the Department of Behavioral Health & Developmental Disabilities and the DBHDD contract specific to the provision of these services;

D. Maintain such records as are necessary to fully disclose the extent of services provided and to furnish DBHDD with information upon demand .

E. Provide accurate documentation of costs and agree to participate in cost studies as requested to determine reimbursement rates for services.

F. Develop a billing system to report to DCH to appropriately identify and bill all liable third parties (Part I Policy and Procedures, Section XXX).

604. Provider Certification

Each provider of CBHRS must be accredited and then approved as a provider by DBHDD in accordance with the procedures in this manual and as articulated in the **DBHDD** Provider Manual for the Department of Behavioral Health & Developmental Disabilities. The electronic version of this manual is located at http://dbhdd.georgia.gov/portal/site/DBHDD. The DBHDD's provider enrollment process requires that these organizations fully and appropriately comply with requirements and standards of one of the following national

accreditation entities: The Joint Commission on Accreditation for Healthcare Organizations (TJC), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc.(COA), and/or the Council on Quality Leadership (CQL).

All applications for Provider Enrollment must be sent directly to the DBHDD.

Categories of Applicants

Providers will find that they will fall into categories for application to this CBHRS.

Provider Category	Guidance
New Provider	• Please see **www.dbhdd.georgia.gov**, "Provider Enrollment" for specific instructions in completing application.
Current Provider requesting New Services at a currently established site	• Please see **www.dbhdd.georgia.gov**, "Provider Enrollment" for specific instructions in completing application
Current Provider requesting New Services at a new site	• Please see **www.dbhdd.georgia.gov**, "Provider Enrollment" for specific instructions in completing application
Current Provider requesting address change	• Memo to the Department of Community Health, Provider Enrollment, cc: to Maya Carter (Division of Medicaid) and Camille Richins (Department of BHDD), which articulates the site from which the agency is moving services and the site to which the agency is moving services. This memo must include an effective date.

PART II - CHAPTER 700

SPECIAL ELIGIBILITY CONDITIONS

In addition to the special conditions listed in Part I, the following requirements also must be met.

1. Services must be provided to Medicaid eligible members who are emotionally disturbed, mentally ill, or addicted to substances or are users of substances.

2. Members as a general practice may not receive services while a resident or an inmate of an institution (state hospital) or, jail.

3. An outpatient is a person who is receiving services/supports in accordance with behavioral health criteria as outlined in the State of Georgia DBHDD Provider Manual and is an identified Medicaid member.

NOTE: For specific instructions related to serving Nursing Home residents please refer to Appendix I for full description of PASRR.

PART II - CHAPTER 800

PRIOR APPROVAL

Prior Authorization is required for services in the CBHRS program. DCH and DBHDD use an external review organization for issuing prior authorization. Service limitations are contained in the DBHDD Provider Manual for Community Mental Health, Developmental Disabilities and Addictive Diseases. For each consumer deemed medically necessary, an initial amount of service is authorized. The provider may obtain authorization for additional segments/types of service by contacting the external review organization.

The Division of Medicaid reimburses providers only for services that are medically necessary, provided by approved providers of that specific service, and are provided in compliance with applicable policies and procedures.

Rev. April 2013

NOTE: The units indicated on a member's service plan should reflect an amount that is medically necessary *for that individual*. A member-specific number of units or a reasonable range of units must be determined for each member served. The number of units in a member's service plan should not automatically equal the maximum number of units available for the services/procedure codes in the prior authorization package unless absolutely and medically necessary.

PART II - CHAPTER 900

SCOPE OF SERVICES

901. Definition of Community Behavioral Health Services (CBHRS)

CBHRS are those services/supports provided by outpatient behavioral health agencies offering a comprehensive range of mental health services or specialty services that meet conditions of the Medicaid Program (Care Management Organizations who utilize this program may have varied specifications to this rule which will be specified in CMO-Provider Agreements and to which providers shall adhere).

Rev 01/08

902. Covered Services

A. Specific services or procedures covered by the Division are listed below. The service definitions recognized by the Division are contained in the DBHDD Provider Manual for Community Mental Health, Developmental Disabilities and Addictive Diseases All procedure codes billed to the Division must match the service definition and be titled and described in the progress notes of the client's record.

PLEASE SEE APPENDIX C FOR REIMBURSEMENT RATES.

B. To be reimbursed for services, providers must be approved by the DBHDD and enrolled by the Division of Medicaid for each applicable procedure.

Providers who want to enroll for new procedures should contact the:

Rev. 07/99

Department of DBHDD
2 Peachtree Street
22nd Floor
Atlanta, Georgia 30303
(404) 657-2144

Rev. 07/99

C. Services may be provided outside the clinic if the following conditions are met:

- services are not provided in public institutions or, free-standing psychiatric hospitals.

- the out-of-center service is clinically or programmatically necessary or will lead to member enhancement; and

903. Non-Covered Services

Rev. 10/01

A. Services provided to patients in intermediate care facilities, public institutions, or in free-standing psychiatric facilities (except services provided on the date of admission or date of discharge to PRTF) are non-covered services, except as described above for Health

Rev. 1/00

Check (EPSDT) eligible children, and adults excepting transition planning for those moving from institutions in accordance with service guidelines.

Rev. 10/01

B. Services which are not provided in compliance with the services and limitations described in this manual or the DBHDD Provider Manual for Community Mental Health, Developmental Disabilities and Addictive Diseases are not eligible for reimbursement.

904. Related Services

Rev. 10/01

Other direct, indirect services, administrative or support services (other than those defined herein) to members, charting or internal (within an agency) coordination, are included in rates developed for services listed in Sub-Section 902 above as prescribed in the Manual of Accounting and Reporting Specifications for CBHRS.

905. Mental Health Center Pharmacy Reimbursement

Pharmacies operating within CBHRS are exempt from the Division's policy regarding the reimbursement limitation of six (6) new prescriptions or refills per member per calendar month. All other policies and procedures which apply to all enrolled pharmacy providers also apply to those enrolled pharmacies operating within CBHRS.

PART II - CHAPTER 1000

BASIS FOR REIMBURSEMENT

1001. Rate Methodology

Rev. 10/01

Rates per procedure code are determined based on a cost accounting reporting methodology and information from time studies. Following review of cost reports by the Division of Medicaid and the Department of Behavioral Health & Developmental Disabilities, rates for existing procedures will be calculated from the median base year cost and the rates for new procedures will be based on estimated cost and utilization data. A single statewide reimbursement rate will be established for each procedure code.* Rate adjustments are made as deemed necessary by the Division. Reimbursement rates are based on the lower of actual reasonable costs or the limitations as set forth in federal regulations.

* The rates for each procedure code are listed in Appendix C.

Rev
April
2014

1002. General Claims Submission Policy for Ordering, Prescribing, or Referring (OPR) Providers

The Affordable Care Act (ACA) requires physicians and other eligible practitioners who order, prescribe and refer items or services for Medicaid beneficiaries to be enrolled in the Georgia Medicaid Program. As a result, CMS expanded the claim editing requirements in Section 1833(q) of the Social Security Act and the providers' definitions in sections 1861-r and 1842(b)(18)C. Therefore, claims for services that are ordered, prescribed, or referred must indicate who the ordering, prescribing, or referring (OPR) practitioner is. The department will utilize an enrolled OPR provider identification number for this purpose. Any OPR physicians or other eligible practitioners who are NOT already enrolled in Medicaid as participating (i.e., billing) providers must enroll separately as OPR Providers. The National Provider Identifier (NPI) of the OPR Provider must be included on the claim submitted by the participating, i.e., rendering, provider. If the NPI of the OPR Provider noted on the Georgia Medicaid claim is associated with a provider who is not enrolled in the Georgia Medicaid program, **the claim cannot be paid**.

Effective 4/1/2014, DCH will edit claims for the presence of an ordering, referring or prescribing provider as required by program policy. The edit will be informational until 6/1/2014. Effective 6/1/2014, the ordering, prescribing and referring information will become a mandatory field and claims that do not contain the information as required by policy will begin to deny.

For claims entered via the web:
Claims headers were updated to accept ordering or referring Provider ID and name for Dental and Institutional claims and the referring provider's name for Professional claims. The claim detail was updated to accept an ordering or referring provider ID and name. Utilize the "ordering" provider field for claims that require a prescribing physician.

For claims transmitted via EDI:
The 837 D, I, and P companion guides were updated to specifically point out the provider loops that capture the rendering, ordering, prescribing, referring and service facility provider information that is now used to transmit OPR information.

The following resources are available for more information:

- Access the department's DCH-i newsletter and FAQs at http://dch.georgia.gov/publications

- Search to see if a provider is enrolled at https://www.mmis.georgia.gov/portal/default.aspx

Click on Provider Enrollment/Provider Contract Status. Enter Provider ID or NPI and provider's last name.

- Access a provider listing at https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Notices/tabId/53/Default.aspx

Click on Georgia Medicaid FFS Provider Listing or OPR Only Provider Listing

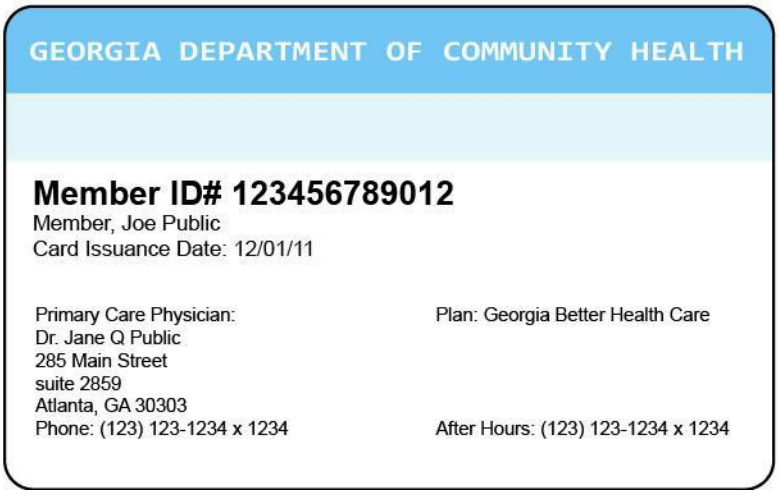
APPENDIX A
GAINWELL TECHNOLOGIES CONTACT INFORMATION

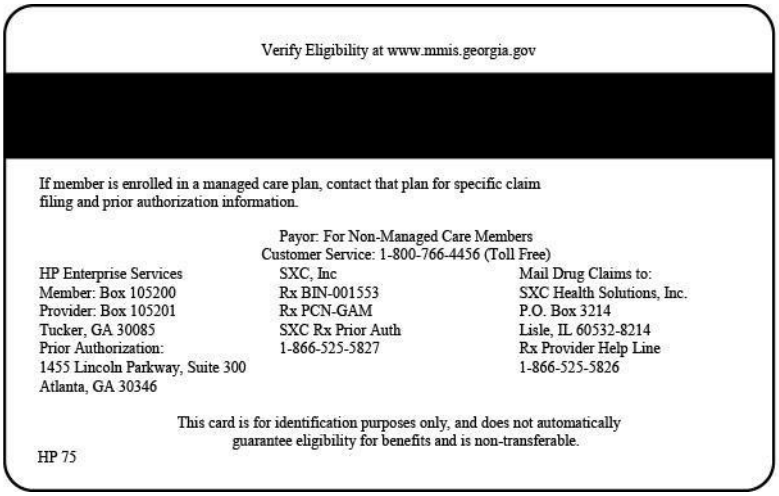
The most current and accurate contact information for Gainwell Technologies can be found at the following link:

https://www.mmis.georgia.gov/portal/PubAccess.Contact%20Information/Links/tabId/45/Default.aspx

APPENDIX B

MEDICAID MEMBER IDENTIFICATION CARD SAMPLE





Rev April 2014

Appendix C
Procedure Code and Rate Table

Service Description	PROC CODE	MOD 1	MOD 2	MOD 3	MOD 4	MODIFIER DESCRIPTION(S)	Rate	MAX UNITS	Unit =
Beh Health Assmt & Service Plan Development	H0031	U2	U6			Practitioner Level 2, In-Clinic	$38.97	24	15 min
Beh Health Assmt & Service Plan Development	H0031	U3	U6			Practitioner Level 3, In-Clinic	$30.01	24	15 min
Beh Health Assmt & Service Plan Development	H0031	U4	U6			Practitioner Level 4, In-Clinic	$20.30	24	15 min
Beh Health Assmt & Service Plan Development	H0031	U5	U6			Practitioner Level 5, In-Clinic	$15.13	24	15 min
Beh Health Assmt & Service Plan Development	H0031	U2	U7			Practitioner Level 2, Out-of-Clinic	$46.76	24	15 min
Beh Health Assmt & Service Plan Development	H0031	U3	U7			Practitioner Level 3, Out-of-Clinic	$36.68	24	15 min
Beh Health Assmt & Service Plan Development	H0031	U4	U7			Practitioner Level 4, Out-of-Clinic	$24.36	24	15 min
Beh Health Assmt & Service Plan Development	H0031	U5	U7			Practitioner Level 5, Out-of-Clinic	$18.15	24	15 min
Beh Health Assmt & Service Plan Development	H0032	U2	U6			Practitioner Level 2, In-Clinic	$38.97	24	15 min
Beh Health Assmt & Service Plan Development	H0032	U3	U6			Practitioner Level 3, In-Clinic	$30.01	24	15 min
Beh Health Assmt & Service Plan Development	H0032	U4	U6			Practitioner Level 4, In-Clinic	$20.30	24	15 min
Beh Health Assmt & Service Plan Development	H0032	U5	U6			Practitioner Level 5, In-Clinic	$15.13	24	15 min
Beh Health Assmt & Service Plan Development	H0032	U2	U7			Practitioner Level 2, Out-of-Clinic	$46.76	24	15 min
Beh Health Assmt & Service Plan Development	H0032	U3	U7			Practitioner Level 3, Out-of-Clinic	$36.68	24	15 min
Beh Health Assmt & Service Plan Development	H0032	U4	U7			Practitioner Level 4, Out-of-Clinic	$24.36	24	15 min
Beh Health Assmt & Service Plan Development	H0032	U5	U7			Practitioner Level 5, Out-of-Clinic	$18.15	24	15 min

A

Psychological Testing	~~96101~~	~~U2~~	~~U6~~			Practitioner Level 2, In-Clinic	**Terminated by CMS effective 12/31/2018.** **See Appendix N for crosswalk to 2019 replacement codes**		
Psychological Testing	~~96101~~	~~U2~~	~~U7~~			Practitioner Level 2, Out-of-Clinic			
Psychological Testing	~~96102~~	~~U3~~	~~U6~~			Practitioner Level 3, In-Clinic			
Psychological Testing	~~96102~~	~~U3~~	~~U7~~			Practitioner Level 3, Out-of-Clinic			
Psychological Testing	~~96102~~	~~U4~~	~~U6~~			Practitioner Level 4, In-Clinic			
Psychological Testing	~~96102~~	~~U4~~	~~U7~~			Practitioner Level 4, Out-of-Clinic			
Diagnostic Assessment	90791	U2	U6			Practitioner Level 2, In-Clinic	$116.9	2	1 encounter
Diagnostic Assessment	90791	U3	U6			Practitioner Level 3, In-Clinic	$90.03	2	1 encounter
Diagnostic Assessment	90791	U2	U7			Practitioner Level 2, Out-of-Clinic	$140.28	2	1 encounter
Diagnostic Assessment	90791	U3	U7			Practitioner Level 3, Out-of-Clinic	$110.04	2	1 encounter
Diagnostic Assessment	90791	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	$116.9	2	1 encounter
Diagnostic Assessment	90791	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	$90.03	2	1 encounter
Diagnostic Assessment	90792	U1	U6			Practitioner Level 1, In-Clinic	$174.63	2	1 encounter
Diagnostic Assessment	90792	U2	U6			Practitioner Level 2, In-Clinic	$116.9	2	1 encounter
Diagnostic Assessment	90792	U1	U7			Practitioner Level 1, Out-of-Clinic	$222.26	2	1 encounter
Diagnostic Assessment	90792	U2	U7			Practitioner Level 2, Out-of-Clinic	$140.28	2	1 encounter
Diagnostic Assessment	90792	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	$174.63	2	1 encounter

Diagnostic Assessment	90792	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	$116.9	2	1 encounter
Interactive Complexity	90785						$0.00	4	1 encounter
Interactive Complexity	90785	TG				Complex/High Level of Care	$0.00	4	1 encounter
Crisis Intervention	H2011	U1	U6			Practitioner Level 1, In-Clinic	$58.21	48	15 min
Crisis Intervention	H2011	U2	U6			Practitioner Level 2, In-Clinic	$38.97	48	15 min
Crisis Intervention	H2011	U3	U6			Practitioner Level 3, In-Clinic	$30.01	48	15 min
Crisis Intervention	H2011	U4	U6			Practitioner Level 4, In-Clinic	$20.30	48	15 min
Crisis Intervention	H2011	U5	U6			Practitioner Level 5, In-Clinic	$15.13	48	15 min
Crisis Intervention	H2011	U1	U7			Practitioner Level 1, Out-of-Clinic	$74.09	48	15 min
Crisis Intervention	H2011	U2	U7			Practitioner Level 2, Out-of-Clinic	$46.76	48	15 min
Crisis Intervention	H2011	U3	U7			Practitioner Level 3, Out-of-Clinic	$36.68	48	15 min
Crisis Intervention	H2011	U4	U7			Practitioner Level 4, Out-of-Clinic	$24.36	48	15 min
Crisis Intervention	H2011	U5	U7			Practitioner Level 5, Out-of-Clinic	$18.15	48	15 min
Crisis Intervention	90839	U1	U6			Practitioner Level 1, In-Clinic	$232.84	16	1 encounter
Crisis Intervention	90839	U2	U6			Practitioner Level 2, In-Clinic	$155.88	16	1 encounter
Crisis Intervention	90839	U3	U6			Practitioner Level 3, In-Clinic	$120.04	16	1 encounter

C

Crisis Intervention	90839	U1	U7			Practitioner Level 1, Out-of-Clinic	$296.36	16	1 encounter
Crisis Intervention	90839	U2	U7			Practitioner Level 2, Out-of-Clinic	$187.04	16	1 encounter
Crisis Intervention	90839	U3	U7			Practitioner Level 3, Out-of-Clinic	$146.72	16	1 encounter
Crisis Intervention	90840	U1	U6			Practitioner Level 1, In-Clinic	$116.42	16	1 encounter
Crisis Intervention	90840	U2	U6			Practitioner Level 2, In-Clinic	$77.94	16	1 encounter
Crisis Intervention	90840	U3	U6			Practitioner Level 3, In-Clinic	$60.02	16	1 encounter
Crisis Intervention	90840	U1	U7			Practitioner Level 1, Out-of-Clinic	$148.18	16	1 encounter
Crisis Intervention	90840	U2	U7			Practitioner Level 2, Out-of-Clinic	$93.52	16	1 encounter
Crisis Intervention	90840	U3	U7			Practitioner Level 3, Out-of-Clinic	$73.36	16	1 encounter
~~Psychiatric Treatment (E&M - New Pt - 10 min)~~	~~99201~~	~~U1~~	~~U6~~			~~Practitioner Level 1, In-Clinic~~	~~$38.81~~	~~1~~	~~1 encounter~~
~~Psychiatric Treatment (E&M - New Pt - 10 min)~~	~~99201~~	~~U2~~	~~U6~~			~~Practitioner Level 2, Out-of-Clinic~~	~~$25.98~~	~~1~~	~~1 encounter~~
~~Psychiatric Treatment (E&M - New Pt - 10 min)~~	~~99201~~	~~U1~~	~~U7~~			~~Practitioner Level 1, Out-of-Clinic~~	~~$49.39~~	~~1~~	~~1 encounter~~
~~Psychiatric Treatment (E&M - New Pt - 10 min)~~	~~99201~~	~~U2~~	~~U7~~			~~Practitioner Level 2, Out-of-Clinic~~	~~$31.17~~	~~1~~	~~1 encounter~~
~~Psychiatric Treatment (E&M - New Pt - 10 min)~~	~~99201~~	~~GT~~	~~U1~~			~~Via interactive a/v telecom systems, Practitioner Level 1~~	~~$38.81~~	~~1~~	~~1 encounter~~
~~Psychiatric Treatment (E&M - New Pt - 10 min)~~	~~99201~~	~~GT~~	~~U2~~			~~Via interactive a/v telecom systems, Practitioner Level 2~~	~~$25.98~~	~~1~~	~~1 encounter~~
Psychiatric Treatment (E&M - New Pt - 20 min)	99202	GT	U1			Practitioner Level 1, In-Clinic	$97.00	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 20 min)	99202	GT	U2			Practitioner Level 2, Out-of-Clinic	$64.95	1	1 encounter

D

Psychiatric Treatment (E&M - New Pt - 20 min)	99202	U1	U7			Practitioner Level 1, Out-of-Clinic	$123.50	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 20 min)	99202	U2	U7			Practitioner Level 2, Out-of-Clinic	$77.95	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 20 min)	99202	U1	U6			Via interactive a/v telecom systems, Practitioner Level 1	$97.00	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 20 min)	99202	U2	U6			Via interactive a/v telecom systems, Practitioner Level 2	$64.95	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 30 min)	99203	GT	U1			Practitioner Level 1, In-Clinic	$155.20	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 30 min)	99203	GT	U2			Practitioner Level 2, Out-of-Clinic	$103.92	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 30 min)	99203	U1	U7			Practitioner Level 1, Out-of-Clinic	$197.60	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 30 min)	99203	U2	U7			Practitioner Level 2, Out-of-Clinic	$124.72	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 30 min)	99203	U1	U6			Via interactive a/v telecom systems, Practitioner Level 1	$155.20	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 30 min)	99203	U2	U6			Via interactive a/v telecom systems, Practitioner Level 2	$103.92	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 45 min)	99204	GT	U1			Practitioner Level 1, In-Clinic	$213.40	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 45 min)	99204	GT	U2			Practitioner Level 2, Out-of-Clinic	$142.89	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 45 min)	99204	U1	U7			Practitioner Level 1, Out-of-Clinic	$271.70	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 45 min)	99204	U2	U7			Practitioner Level 2, Out-of-Clinic	$171.49	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 45 min)	99204	U1	U6			Via interactive a/v telecom systems, Practitioner Level 1	$213.40	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 45 min)	99204	U2	U6			Via interactive a/v telecom systems, Practitioner Level 2	$142.89	1	1 encounter

Psychiatric Treatment (E&M - New Pt - 60 min)	99205	GT	U1			Practitioner Level 1, In-Clinic	$271.60	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 60 min)	99205	GT	U2			Practitioner Level 1, Out-of-Clinic	$181.86	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 60 min)	99205	U1	U7			Practitioner Level 1, Out-of-Clinic	$345.80	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 60 min)	99205	U2	U7			Practitioner Level 2, Out-of-Clinic	$218.26	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 60 min)	99205	U1	U6			Via interactive a/v telecom systems, Practitioner Level 1	$271.60	1	1 encounter
Psychiatric Treatment (E&M - New Pt - 60 min)	99205	U2	U6			Via interactive a/v telecom systems, Practitioner Level 2	$181.86	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 5 min)	99211	GT	U1			Practitioner Level 1, In-Clinic	$19.40	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 5 min)	99211	GT	U2			Practitioner Level 1, Out-of-Clinic	$12.99	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 5 min)	99211	U1	U7			Practitioner Level 1, Out-of-Clinic	$24.70	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 5 min)	99211	U2	U7			Practitioner Level 2, Out-of-Clinic	$15.59	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 5 min)	99211	U1	U6			Via interactive a/v telecom systems, Practitioner Level 1	$19.40	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 5 min)	99211	U2	U6			Via interactive a/v telecom systems, Practitioner Level 2	$12.99	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 10 min)	99212	GT	U1			Practitioner Level 1, In-Clinic	$58.20	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 10 min)	99212	GT	U2			Practitioner Level 1, Out-of-Clinic	$38.97	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 10 min)	99212	U1	U7			Practitioner Level 1, Out-of-Clinic	$74.10	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 10 min)	99212	U2	U7			Practitioner Level 2, Out-of-Clinic	$46.77	1	1 encounter

F

Psychiatric Treatment (E&M - Estab Pt - 10 min)	99212	U1	U6			Via interactive a/v telecom systems, Practitioner Level 1	$58.20	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 10 min)	99212	U2	U6			Via interactive a/v telecom systems, Practitioner Level 2	$38.97	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 15 min)	99213	GT	U1			Practitioner Level 1, In-Clinic	$97.00	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 15 min)	99213	GT	U2			Practitioner Level 1, Out-of-Clinic	$64.94	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 15 min)	99213	U1	U7			Practitioner Level 1, Out-of-Clinic	$123.50	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 15 min)	99213	U2	U7			Practitioner Level 2, Out-of-Clinic	$77.95	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 15 min)	99213	U1	U6			Via interactive a/v telecom systems, Practitioner Level 1	$97.00	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 15 min)	99213	U2	U6			Via interactive a/v telecom systems, Practitioner Level 2	$64.95	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 25 min)	99214	GT	U1			Practitioner Level 1, In-Clinic	$135.80	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 25 min)	99214	GT	U2			Practitioner Level 1, Out-of-Clinic	$90.93	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 25 min)	99214	U1	U7			Practitioner Level 1, Out-of-Clinic	$172.90	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 25 min)	99214	U2	U7			Practitioner Level 2, Out-of-Clinic	$109.13	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 25 min)	99214	U1	U6			Via interactive a/v telecom systems, Practitioner Level 1	$135.80	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 25 min)	99214	U2	U6			Via interactive a/v telecom systems, Practitioner Level 2	$90.93	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 40 min)	99215	GT	U1			Practitioner Level 1, In-Clinic	$194.00	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 40 min)	99215	GT	U2			Practitioner Level 1, Out-of-Clinic	$129.90	1	1 encounter

G

Psychiatric Treatment (E&M - Estab Pt - 40 min)	99215	U1	U7			Practitioner Level 1, Out-of-Clinic	$247.00	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 40 min)	99215	U2	U7			Practitioner Level 2, Out-of-Clinic	$155.90	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 40 min)	99215	U1	U6			Via interactive a/v telecom systems, Practitioner Level 1	$194.00	1	1 encounter
Psychiatric Treatment (E&M - Estab Pt - 40 min)	99215	U2	U6			Via interactive a/v telecom systems, Practitioner Level 2	$129.90	1	1 encounter
Psychiatric Treatment - Ind Psychotherapy w E&M (+30 min add-on)	90833	U1	U6			Practitioner Level 1, In-Clinic	$97.02	1	1 encounter
Psychiatric Treatment - Ind Psychotherapy w E&M (+30 min add-on)	90833	U2	U6			Practitioner Level 1, Out-of-Clinic	$64.95	1	1 encounter
Psychiatric Treatment - Ind Psychotherapy w E&M (+30 min add-on)	90833	U1	U7			Practitioner Level 1, Out-of-Clinic	$123.48	1	1 encounter
Psychiatric Treatment - Ind Psychotherapy w E&M (+30 min add-on)	90833	U2	U7			Practitioner Level 2, Out-of-Clinic	$77.93	1	1 encounter
Psychiatric Treatment - Ind Psychotherapy w E&M (+30 min add-on)	90833	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	$97.02	1	1 encounter
Psychiatric Treatment - Ind Psychotherapy w E&M (+30 min add-on)	90833	GT	U2			Via interactive a/v telecom systems,Practitioner Level 2	$64.95	1	encounter
Psychiatric Treatment - Ind Psychotherapy w E&M (+45 min add-on)	90836	U1	U6			Practitioner Level 1, In-Clinic	$174.63	1	1 encounter
Psychiatric Treatment - Ind Psychotherapy w E&M (+45 min add-on)	90836	U2	U6			Practitioner Level 1, Out-of-Clinic	$116.90	1	1 encounter
Psychiatric Treatment - Ind Psychotherapy w E&M (+45 min add-on)	90836	U1	U7			Practitioner Level 1, Out-of-Clinic	$222.26	1	1 encounter

H

Psychiatric Treatment - Ind Psychotherapy w E&M (+45 min add-on)	90836	U2	U7			Practitioner Level 2, Out-of-Clinic	$140.28	1	1 encounter
Psychiatric Treatment - Ind Psychotherapy w E&M (+45 min add-on)	90836	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	$174.63	1	1 encounter
Psychiatric Treatment - Ind Psychotherapy w E&M (+45 min add-on)	90836	GT	U2			Via interactive a/v telecom systems,Practitioner Level 2	$116.90	?1	1 encounter
Nursing Services	T1001	U2	U6			Practitioner Level 2, In-Clinic	$38.97	16	15 min
Nursing Services	T1001	U3	U6			Practitioner Level 3, In-Clinic	$30.01	16	15 min
Nursing Services	T1001	U4	U6			Practitioner Level 4, In-Clinic	$20.30	16	15 min
Nursing Services	T1001	U2	U7			Practitioner Level 2, Out-of-Clinic	$46.76	16	15 min
Nursing Services	T1001	U3	U7			Practitioner Level 3, Out-of-Clinic	$36.68	16	15 min
Nursing Services	T1001	U4	U7			Practitioner Level 4, Out-of-Clinic	$24.36	16	15 min
Nursing Services	T1002	U2	U6			Practitioner Level 2, In-Clinic	$38.97	16	15 min
Nursing Services	T1002	U3	U6			Practitioner Level 3, In-Clinic	$30.01	16	15 min
Nursing Services	T1002	U2	U7			Practitioner Level 2, Out-of-Clinic	$46.76	16	15 min
Nursing Services	T1002	U3	U7			Practitioner Level 3, Out-of-Clinic	$36.68	16	15 min
Nursing Services	T1003	U4	U6			Practitioner Level 4, In-Clinic	$20.30	16	15 min
Nursing Services	T1003	U4	U7			Practitioner Level 4, Out-of-Clinic	$24.36	16	15 min
Nursing Services	~~96150~~	~~U2~~	~~U6~~			~~Practitioner Level 2,~~	~~$38.97~~	~~16~~	~~15 min~~
Nursing Services	~~96150~~	~~U3~~	~~U6~~			~~Practitioner Level 3,~~	~~$30.01~~	~~16~~	~~15 min~~

I

Nursing Services	~~96150~~	~~U4~~	~~U6~~			~~Practitioner Level 4,~~	~~$20.30~~	~~16~~	~~15 min~~
Nursing Services	~~96150~~	~~U2~~	~~U7~~			~~Practitioner Level 2,~~	~~$46.76~~	~~16~~	~~15 min~~
Nursing Services	~~96150~~	~~U3~~	~~U7~~			~~Practitioner Level 3,~~	~~$36.68~~	~~16~~	~~15 min~~
Nursing Services	~~96150~~	~~U4~~	~~U7~~			~~Practitioner Level 4,~~	~~$24.36~~	~~16~~	~~15 min~~
Nursing Services	~~96151~~	~~U2~~	~~U6~~			~~Practitioner Level 2,~~	~~$38.97~~	~~16~~	~~15 min~~
Nursing Services	~~96151~~	~~U3~~	~~U6~~			~~Practitioner Level 3,~~	~~$30.01~~	~~16~~	~~15 min~~
Nursing Services	~~96151~~	~~U4~~	~~U6~~			~~Practitioner Level 4,~~	~~$20.30~~	~~16~~	~~15 min~~
Nursing Services	~~96151~~	~~U2~~	~~U7~~			~~Practitioner Level 2,~~	~~$46.76~~	~~16~~	~~15 min~~
Nursing Services	~~96151~~	~~U3~~	~~U7~~			~~Practitioner Level 3,~~	~~$36.68~~	~~16~~	~~15 min~~
Nursing Services	~~96151~~	~~U4~~	~~U7~~			~~Practitioner Level 4,~~	~~$24.36~~	~~16~~	~~15 min~~
Nursing Services	**96156**	**U4**	**U6**			**Practitioner Level 4,**	**20.30**	**1**	**encounter**
Nursing Services	**96156**	**U4**	**U7**			**Practitioner Level 4,**	**24.36**	**1**	**encounter**
Nursing Services	**96156**	**U3**	**U6**			**Practitioner Level 3,**	**30.01**	**1**	**encounter**
Nursing Services	**96156**	**U3**	**U7**			**Practitioner Level 3,**	**36.68**	**1**	**encounter**
Nursing Services	**96156**	**U2**	**U6**			**Practitioner Level 2,**	**38.97**	**1**	**encounter**
Nursing Services	**96156**	**U2**	**U7**			**Practitioner Level 2,**	**46.76**	**1**	**encounter**
Medication Administration	H2010	U2	U6			Practitioner Level 2, In-Clinic	$33.40	1	Per Contact
Medication Administration	H2010	U3	U6			Practitioner Level 3, In-Clinic	$25.39	1	Per Contact
Medication Administration	H2010	U4	U6			Practitioner Level 4, In-Clinic	$17.40	1	Per Contact

J

Medication Administration	96372	U4	U6			Practitioner Level 4, In-Clinic	$17.40	1	Per Contact
Medication Administration	96372	U2	U7			Practitioner Level 2, Out-of-Clinic	$42.51	1	Per Contact
Medication Administration	96372	U3	U7			Practitioner Level 3, Out-of-Clinic	$33.01	1	Per Contact
Medication Administration	96372	U4	U7			Practitioner Level 4, Out-of-Clinic	$22.14	1	Per Contact
Community Support Individual	H2015	U4	U6			Practitioner Level 4, In-Clinic	$20.30	48	15 min
Community Support Individual	H2015	U5	U6			Practitioner Level 5, In-Clinic	$15.13	48	15 min
Community Support Individual	H2015	U4	U7			Practitioner Level 4, Out-of-Clinic	$24.36	48	15 min
Community Support Individual	H2015	U5	U7			Practitioner Level 5, Out-of-Clinic	$18.15	48	15 min
Community Support Individual	H2015	UK	U4	U6		Collateral Contact, Practitioner Level 4, In-Clinic	$20.30	48	15 min
Community Support Individual	H2015	UK	U5	U6		Collateral Contact, Practitioner Level 5, In-Clinic	$15.13	48	15 min
Community Support Individual	H2015	UK	U4	U7		Collateral Contact, Practitioner Level 4, Out-of-Clinic	$24.36	48	15 min
Community Support Individual	H2015	UK	U5	U7		Collateral Contact, Practitioner Level 5, Out-of-Clinic	$18.15	48	15 min
Psychosocial Rehabilitation - Individual (PSR-I)	H2017	HE	U4	U6		Mental Health Program, Practitioner Level 4, In-Clinic	$20.30	48	15 min
Psychosocial Rehabilitation - Individual (PSR-I)	H2017	HE	U5	U6		Mental Health Program, Practitioner Level 5, In-Clinic	$15.13	48	15 min
Psychosocial Rehabilitation - Individual (PSR-I)	H2017	HE	U4	U7		Mental Health Program, Practitioner Level 4, Out-of-Clinic	$24.36	48	15 min

Psychosocial Rehabilitation - Individual (PSR-I)	H2017	HE	U5	U7		Mental Health Program, Practitioner Level 5, Out-of-Clinic	$18.15	48	15 min
Addictive Disease Support Services	H2015	HF	U4	U6		Substance Abuse Program, Practitioner Level 4, In-Clinic	$20.30	48	15 min
Addictive Disease Support Services	H2015	HF	U5	U6		Substance Abuse Program, Practitioner Level 5, In-Clinic	$15.13	48	15 min
Addictive Disease Support Services	H2015	HF	U4	U7		Substance Abuse Program, Practitioner Level 4, Out-of-Clinic	$24.36	48	15 min
Addictive Disease Support Services	H2015	HF	U5	U7		Substance Abuse Program, Practitioner Level 5, Out-of-Clinic	$18.15	48	15 min
Addictive Disease Support Services	H2015	HF	UK	U4	U6	Substance Abuse Program, Collateral Contact, Practitioner Level 4, In-Clinic	$20.30	48	15 min
Addictive Disease Support Services	H2015	HF	UK	U5	U6	Substance Abuse Program, Collateral Contact, Practitioner Level 5, In-Clinic	$15.13	48	15 min
Addictive Disease Support Services	H2015	HF	UK	U4	U7	Substance Abuse Program, Collateral Contact, Practitioner Level 4, Out-of-Clinic	$24.36	48	15 min
Addictive Disease Support Services	H2015	HF	UK	U5	U7	Substance Abuse Program, Collateral Contact, Practitioner Level 5, Out-of-Clinic	$18.15	48	15 min
Individual Outpatient Services (≈ 30 min)	90832	U2	U6			Practitioner Level 2, In-Clinic	$64.95	2	1 encounter
Individual Outpatient Services (≈ 30 min)	90832	U3	U6			Practitioner Level 3, In-Clinic	$50.02	2	1 encounter

L

Individual Outpatient Services (≈ 30 min)	90832	U4	U6			Practitioner Level 4, In-Clinic	$33.83	2	1 encounter
Individual Outpatient Services (≈ 30 min)	90832	U5	U6			Practitioner Level 5, In-Clinic	$25.21	2	1 encounter
Individual Outpatient Services (≈ 30 min)	90832	U2	U7			Practitioner Level 2, Out-of-Clinic	$77.93	2	1 encounter
Individual Outpatient Services (≈ 30 min)	90832	U3	U7			Practitioner Level 3, Out-of-Clinic	$61.13	2	1 encounter
Individual Outpatient Services (≈ 30 min)	90832	U4	U7			Practitioner Level 4, Out-of-Clinic	$40.59	2	1 encounter
Individual Outpatient Services (≈ 30 min)	90832	U5	U7			Practitioner Level 5, Out-of-Clinic	$30.25	2	1 encounter
Individual Outpatient Services (≈ 45 min)	90834	U2	U6			Practitioner Level 2, In-Clinic	$116.9	2	1 encounter
Individual Outpatient Services (≈ 45 min)	90834	U3	U6			Practitioner Level 3, In-Clinic	$90.03	2	1 encounter
Individual Outpatient Services (≈ 45 min)	90834	U4	U6			Practitioner Level 4, In-Clinic	$60.89	2	1 encounter
Individual Outpatient Services (≈ 45 min)	90834	U5	U6			Practitioner Level 5, In-Clinic	$45.38	2	1 encounter
Individual Outpatient Services (≈ 45 min)	90834	U2	U7			Practitioner Level 2, Out-of-Clinic	$140.28	2	1 encounter
Individual Outpatient Services (≈ 45 min)	90834	U3	U7			Practitioner Level 3, Out-of-Clinic	$110.04	2	1 encounter
Individual Outpatient Services	90834	U4	U7			Practitioner Level 4, Out-of-Clinic	$73.07	2	1 encounter

M

(≈ 45 min)									
Individual Outpatient Services (≈ 45 min)	90834	U5	U7			Practitioner Level 5, Out-of-Clinic	$54.46	2	1 encounter
Individual Outpatient Services (≈ 60 min)	90837	U2	U6			Practitioner Level 2, In-Clinic	$155.87	2	1 encounter
Individual Outpatient Services (≈ 60 min)	90837	U3	U6			Practitioner Level 3, In-Clinic	120.04	2	1 encounter
Individual Outpatient Services (≈ 60 min)	90837	U4	U6			Practitioner Level 4, In-Clinic	$81.18	2	1 encounter
Individual Outpatient Services (≈ 60 min)	90837	U5	U6			Practitioner Level 5, In-Clinic	$60.51	2	1 encounter
Individual Outpatient Services (≈ 60 min)	90837	U2	U7			Practitioner Level 2, Out-of-Clinic	$187.04	2	1 encounter
Individual Outpatient Services (≈ 60 min)	90837	U3	U7			Practitioner Level 3, Out-of-Clinic	$146.71	2	1 encounter
Individual Outpatient Services (≈ 60 min)	90837	U4	U7			Practitioner Level 4, Out-of-Clinic	$97.42	2	1 encounter
Individual Outpatient Services (≈ 60 min)	90837	U5	U7			Practitioner Level 5, Out-of-Clinic	$72.61	2	1 encounter
Group Outpatient Services	H0004	HQ	U2	U6		Group Setting, Practitioner Level 2, In-Clinic	$8.50	20	15 min
Group Outpatient Services	H0004	HQ	U3	U6		Group Setting, Practitioner Level 3, In-Clinic	$6.60	20	15 min

N

Group Outpatient Services	H0004	HQ	U4	U6		Group Setting, Practitioner Level 4, In-Clinic	$4.43	20	15 min
Group Outpatient Services	H0004	HQ	U5	U6		Group Setting, Practitioner Level 5, In-Clinic	$3.30	20	15 min
Group Outpatient Services	H0004	HQ	U2	U7		Group Setting, Practitioner Level 2, Out-of-Clinic	$10.39	20	15 min
Group Outpatient Services	H0004	HQ	U3	U7		Group Setting, Practitioner Level 3, Out-of-Clinic	$8.25	20	15 min
Group Outpatient Services	H0004	HQ	U4	U7		Group Setting, Practitioner Level 4, Out-of-Clinic	$5.41	20	15 min
Group Outpatient Services	H0004	HQ	U5	U7		Group Setting, Practitioner Level 5, Out-of-Clinic	$4.03	20	15 min
Group Outpatient Services	H0004	HQ	HR	U2	U6	Group Setting (multi-family group), With Client Present, Practitioner Level 2, In-Clinic	$8.50	20	15 min
Group Outpatient Services	H0004	HQ	HR	U3	U6	Group Setting (multi-family group), With Client Present, Practitioner Level 3, In-Clinic	$6.60	20	15 min
Group Outpatient Services	H0004	HQ	HR	U4	U6	Group Setting (multi-family group), With Client Present, Practitioner Level 4, In-Clinic	$4.43	20	15 min
Group Outpatient Services	H0004	HQ	HR	U5	U6	Group Setting (multi-family group), With Client Present, Practitioner Level 5, In-Clinic	$3.30	20	15 min

Group Outpatient Services	H0004	HQ	HR	U2	U7	Group Setting (multi-family group), With Client Present, Practitioner Level 2, Out-of-Clinic	$10.39	20	15 min
Group Outpatient Services	H0004	HQ	HR	U3	U7	Group Setting (multi-family group), With Client Present, Practitioner Level 3, Out-of-Clinic	$8.25	20	15 min
Group Outpatient Services	H0004	HQ	HR	U4	U7	Group Setting (multi-family group), With Client Present, Practitioner Level 4, Out-of-Clinic	$5.41	20	15 min
Group Outpatient Services	H0004	HQ	HR	U5	U7	Group Setting (multi-family group), With Client Present, Practitioner Level 5, Out-of-Clinic	$4.03	20	15 min
Group Outpatient Services	H0004	HQ	HS	U2	U6	Group Setting (multi-family group), Without Client Present, Practitioner Level 2, In-Clinic	$8.50	20	15 min
Group Outpatient Services	H0004	HQ	HS	U3	U6	Group Setting (multi-family group), Without Client Present, Practitioner Level 3, In-Clinic	$6.60	20	15 min
Group Outpatient Services	H0004	HQ	HS	U4	U6	Group Setting (multi-family group), Without Client Present, Practitioner Level 4, In-Clinic	$4.43	20	15 min

P

Group Outpatient Services	H0004	HQ	HS	U5	U6	Group Setting (multi-family group), Without Client Present, Practitioner Level 5, In-Clinic	$3.30	20	15 min
Group Outpatient Services	H0004	HQ	HS	U2	U7	Group Setting (multi-family group), Without Client Present, Practitioner Level 2, Out-of-Clinic	$10.39	20	15 min
Group Outpatient Services	H0004	HQ	HS	U3	U7	Group Setting (multi-family group), Without Client Present, Practitioner Level 3, Out-of-Clinic	$8.25	20	15 min
Group Outpatient Services	H0004	HQ	HS	U4	U7	Group Setting (multi-family group), Without Client Present, Practitioner Level 4, Out-of-Clinic	$5.41	20	15 min
Group Outpatient Services	H0004	HQ	HS	U5	U7	Group Setting (multi-family group), Without Client Present, Practitioner Level 5, Out-of-Clinic	$4.03	20	15 min
Group Outpatient Services	90853	U2	U6			Practitioner Level 2, In-Clinic	$8.50	20	15 min
Group Outpatient Services	90853	U3	U6			Practitioner Level 3, In-Clinic	$6.60	20	15 min
Group Outpatient Services	90853	U4	U6			Practitioner Level 4, In-Clinic	$4.43	20	15 min
Group Outpatient Services	90853	U5	U6			Practitioner Level 5, In-Clinic	$3.30	20	15 min
Group Outpatient Services	90853	U2	U7			Practitioner Level 2, Out-of-Clinic	$10.39	20	15 min
Group Outpatient Services	90853	U3	U7			Practitioner Level 3, Out-of-Clinic	$8.25	20	15 min
Group Outpatient Services	90853	U4	U7			Practitioner Level 4, Out-of-Clinic	$5.41	20	15 min

Group Outpatient Services	90853	U5	U7			Practitioner Level 5, Out-of-Clinic	$4.03	20	15 min
Group Outpatient Services	H2014	HQ	U4	U6		Group Setting, Practitioner Level 4, In-Clinic	$4.43	20	15 min
Group Outpatient Services	H2014	HQ	U5	U6		Group Setting, Practitioner Level 5, In-Clinic	$3.30	20	15 min
Group Outpatient Services	H2014	HQ	U4	U7		Group Setting, Practitioner Level 4, Out-of-Clinic	$5.41	20	15 min
Group Outpatient Services	H2014	HQ	U5	U7		Group Setting, Practitioner Level 5, Out-of-Clinic	$4.03	20	15 min
Group Outpatient Services	H2014	HQ	HR	U4	U6	Group Setting (multi-family group), With Client Present, Practitioner Level 4, In-Clinic	$4.43	20	15 min
Group Outpatient Services	H2014	HQ	HR	U5	U6	Group Setting (multi-family group), With Client Present, Practitioner Level 5, In-Clinic	$3.30	20	15 min
Group Outpatient Services	H2014	HQ	HR	U4	U7	Group Setting (multi-family group), With Client Present, Practitioner Level 4, Out-of-Clinic	$5.41	20	15 min
Group Outpatient Services	H2014	HQ	HR	U5	U7	Group Setting (multi-family group), With Client Present, Practitioner Level 5, Out-of-Clinic	$4.03	20	15 min
Group Outpatient Services	H2014	HQ	HS	U4	U6	Group Setting (multi-family group), Without Client Present, Practitioner Level 4, In-Clinic	$4.43	20	15 min

R

Group Outpatient Services	H2014	HQ	HS	U5	U6	Group Setting (multi-family group), Without Client Present, Practitioner Level 5, In-Clinic	$3.30	20	15 min
Group Outpatient Services	H2014	HQ	HS	U4	U7	Group Setting (multi-family group), Without Client Present, Practitioner Level 4, Out-of-Clinic	$5.41	20	15 min
Group Outpatient Services	H2014	HQ	HS	U5	U7	Group Setting (multi-family group), Without Client Present, Practitioner Level 5, Out-of-Clinic	$4.03	20	15 min
Family Outpatient Services	H0004	HR	U2	U6		With client present, Practitioner Level 2, In-Clinic	$38.97	16	15 min
Family Outpatient Services	H0004	HR	U3	U6		With client present, Practitioner Level 3, In-Clinic	$30.01	16	15 min
Family Outpatient Services	H0004	HR	U4	U6		With client present, Practitioner Level 4, In-Clinic	$20.30	16	15 min
Family Outpatient Services	H0004	HR	U5	U6		With client present, Practitioner Level 5, In-Clinic	$15.13	16	15 min
Family Outpatient Services	H0004	HR	U2	U7		With client present, Practitioner Level 2, Out-of-Clinic	$46.76	16	15 min
Family Outpatient Services	H0004	HR	U3	U7		With client present, Practitioner Level 3, Out-of-Clinic	$36.68	16	15 min
Family Outpatient Services	H0004	HR	U4	U7		With client present, Practitioner Level 4, Out-of-Clinic	$24.36	16	15 min
Family Outpatient Services	H0004	HR	U5	U7		With client present, Practitioner Level 5, Out-of-Clinic	$18.15	16	15 min

S

Family Outpatient Services	H0004	HS	U2	U6		Without client present, Practitioner Level 2, In-Clinic	$38.97	16	15 min
Family Outpatient Services	H0004	HS	U3	U6		Without client present, Practitioner Level 3, In-Clinic	$30.01	16	15 min
Family Outpatient Services	H0004	HS	U4	U6		Without client present, Practitioner Level 4, In-Clinic	$20.30	16	15 min
Family Outpatient Services	H0004	HS	U5	U6		Without client present, Practitioner Level 5, In-Clinic	$15.13	16	15 min
Family Outpatient Services	H0004	HS	U2	U7		Without client present, Practitioner Level 2, Out-of-Clinic	$46.76	16	15 min
Family Outpatient Services	H0004	HS	U3	U7		Without client present, Practitioner Level 3, Out-of-Clinic	$36.68	16	15 min
Family Outpatient Services	H0004	HS	U4	U7		Without client present, Practitioner Level 4, Out-of-Clinic	$24.36	16	15 min
Family Outpatient Services	H0004	HS	U5	U7		Without client present, Practitioner Level 5, Out-of-Clinic	$18.15	16	15 min
Family Outpatient Services	90846	U2	U6			Practitioner Level 2, In-Clinic	$38.97	16	15 min
Family Outpatient Services	90846	U3	U6			Practitioner Level 3, In-Clinic	$30.01	16	15 min
Family Outpatient Services	90846	U4	U6			Practitioner Level 4, In-Clinic	$20.30	16	15 min
Family Outpatient Services	90846	U5	U6			Practitioner Level 5, In-Clinic	$15.13	16	15 min
Family Outpatient Services	90846	U2	U7			Practitioner Level 2, Out-of-Clinic	$46.76	16	15 min
Family Outpatient Services	90846	U3	U7			Practitioner Level 3, Out-of-Clinic	$36.68	16	15 min
Family Outpatient Services	90846	U4	U7			Practitioner Level 4, Out-of-Clinic	$24.36	16	15 min
Family Outpatient Services	90846	U5	U7			Practitioner Level 5, Out-of-Clinic	$18.15	16	15 min

T

Family Outpatient Services	90847	U2	U6			Practitioner Level 2, In-Clinic	$38.97	16	15 min
Family Outpatient Services	90847	U3	U6			Practitioner Level 3, In-Clinic	$30.01	16	15 min
Family Outpatient Services	90847	U4	U6			Practitioner Level 4, In-Clinic	$20.30	16	15 min
Family Outpatient Services	90847	U5	U6			Practitioner Level 5, In-Clinic	$15.13	16	15 min
Family Outpatient Services	90847	U2	U7			Practitioner Level 2, Out-of-Clinic	$46.76	16	15 min
Family Outpatient Services	90847	U3	U7			Practitioner Level 3, Out-of-Clinic	$36.68	16	15 min
Family Outpatient Services	90847	U4	U7			Practitioner Level 4, Out-of-Clinic	$24.36	16	15 min
Family Outpatient Services	90847	U5	U7			Practitioner Level 5, Out-of-Clinic	$18.15	16	15 min
Family Outpatient Services	H2014	HR	U4	U6		With client present, Practitioner Level 4, In-Clinic	$20.30	16	15 min
Family Outpatient Services	H2014	HR	U5	U6		With client present, Practitioner Level 5, In-Clinic	$15.13	16	15 min
Family Outpatient Services	H2014	HR	U4	U7		With client present, Practitioner Level 4, Out-of-Clinic	$24.36	16	15 min
Family Outpatient Services	H2014	HR	U5	U7		With client present, Practitioner Level 5, Out-of-Clinic	$18.15	16	15 min
Family Outpatient Services	H2014	HS	U4	U6		Without client present, Practitioner Level 4, In-Clinic	$20.30	16	15 min
Family Outpatient Services	H2014	HS	U5	U6		Without client present, Practitioner Level 5, In-Clinic	$15.13	16	15 min
Family Outpatient Services	H2014	HS	U4	U7		Without client present, Practitioner Level 4, Out-of-Clinic	$24.36	16	15 min
Family Outpatient Services	H2014	HS	U5	U7		Without client present, Practitioner Level 5, Out-of-Clinic	$18.15	16	15 min

U

Peer Supports (Group)	H0038	HQ	U4	U6		Group Setting, Practitioner Level 4, In-Clinic	$17.72	5	1 hour
Peer Supports (Group)	H0038	HQ	U5	U6		Group Setting, Practitioner Level 5, In-Clinic	$13.20	5	1 hour
Peer Supports (Group)	H0038	HQ	U4	U7		Group Setting, Practitioner Level 4, Out-of-Clinic	$21.64	5	1 hour
Peer Supports (Group)	H0038	HQ	U5	U7		Group Setting, Practitioner Level 5, Out-of-Clinic	$16.12	5	1 hour
Peer Supports (AD Group)	H0038	HF	HQ	U4	U6	Substance Abuse Program, Group Setting, Practitioner Level 4, In-Clinic	$17.72	5	1 hour
Peer Supports (AD Group)	H0038	HF	HQ	U5	U6	Substance Abuse Program, Group Setting, Practitioner Level 5, In-Clinic	$13.20	5	1 hour
Peer Supports (AD Group)	H0038	HF	HQ	U4	U7	Substance Abuse Program, Group Setting, Practitioner Level 4, Out-of-Clinic	$21.64	5	1 hour
Peer Supports (AD Group)	H0038	HF	HQ	U5	U7	Substance Abuse Program, Group Setting, Practitioner Level 5, Out-of-Clinic	$16.12	5	1 hour
Peer Supports (Individual)	H0038	U4	U6			Practitioner Level 4, In-Clinic	$20.30	48	15 min
Peer Supports (Individual)	H0038	U5	U6			Practitioner Level 5, In-Clinic	$15.13	48	15 min
Peer Supports (Individual)	H0038	U4	U7			Practitioner Level 4, Out-of-Clinic	$24.36	48	15 min
Peer Supports (Individual)	H0038	U5	U7			Practitioner Level 5, Out-of-Clinic	$18.15	48	15 min
Peer Supports (AD Individual)	H0038	HF	U4	U6		Substance Abuse Program, Practitioner Level 4, In-Clinic	$20.30	48	15 min

V

Peer Supports (AD Individual)	H0038	HF	U5	U6		Substance Abuse Program, Practitioner Level 5, In-Clinic	$15.13	48	15 min
Peer Supports (AD Individual)	H0038	HF	U4	U7		Substance Abuse Program, Practitioner Level 4, Out-of-Clinic	$24.36	48	15 min
Peer Supports (AD Individual)	H0038	HF	U5	U7		Substance Abuse Program, Practitioner Level 5, Out-of-Clinic	$18.15	48	15 min
Peer Support Whole Health & Wellness	H0025	U3	U6			Practitioner Level 3, In-Clinic	$30.01	6	15 min
Peer Support Whole Health & Wellness	H0025	U3	U7			Practitioner Level 3, Out-of-Clinic	$36.68	6	15 min
Peer Support Whole Health & Wellness	H0025	U4	U6			Practitioner Level 4, In-Clinic	$20.30	6	15 min
Peer Support Whole Health & Wellness	H0025	U4	U7			Practitioner Level 4, Out-of-Clinic	$24.36	6	15 min
Peer Support Whole Health & Wellness	H0025	U5	U6			Practitioner Level 5, In-Clinic	$15.13	6	15 min
Peer Support Whole Health & Wellness	H0025	U5	U7			Practitioner Level 5, Out-of-Clinic	$18.15	6	15 min
Task Oriented Rehabilitation Services	H2025	U4	U7			Practitioner Level 4, Out-of-Clinic	$24.36	8	15 min
Task Oriented Rehabilitation Services	H2025	U5	U7			Practitioner Level 5, Out-of-Clinic	$18.15	8	15 min
Community Living Supports I Formerly Community Living Supports 1	H0019	TG				Complex/High Level of Care	$99.23	1	1 day
Formerly Community Living Supports 1									
Community Residential Rehabilitation II	H0019	TF				Intermediate Level of Care	$64.13	1	1 day

W

Formerly Community Living Supports II									
Community Living Supports III Formerly Community Living Supports III	H0019						$46.43	1	1 day
Formerly Community Living Supports III									
Community Living Supports IV Formerly Community Living Supports IV	H2021	UA				In Individual's Own Home	$13.96	10	15 min
Formerly Community Living Supports IV									
Assertive Community Treatment	H0039	U1	U6			Practitioner Level 1, In-Clinic	$32.46	60	15 min
Assertive Community Treatment	H0039	U2	U6			Practitioner Level 2, In-Clinic	$32.46	60	15 min
Assertive Community Treatment	H0039	U3	U6			Practitioner Level 3, In-Clinic	$32.46	60	15 min
Assertive Community Treatment	H0039	U4	U6			Practitioner Level 4, In-Clinic	$32.46	60	15 min
Assertive Community Treatment	H0039	U5	U6			Practitioner Level 5, In-Clinic	$32.46	60	15 min
Assertive Community Treatment	H0039	U1	U7			Practitioner Level 1, Out-of-Clinic	$32.46	60	15 min
Assertive Community Treatment	H0039	U2	U7			Practitioner Level 2, Out-of-Clinic	$32.46	60	15 min
Assertive Community Treatment	H0039	U3	U7			Practitioner Level 3, Out-of-Clinic	$32.46	60	15 min
Assertive Community Treatment	H0039	U4	U7			Practitioner Level 4, Out-of-Clinic	$32.46	60	15 min
Assertive Community Treatment	H0039	U5	U7			Practitioner Level 5, Out-of-Clinic	$32.46	60	15 min
Assertive Community Treatment	H0039	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	$32.46	60	15 min

X

Assertive Community Treatment	H0039	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	$32.46	60	15 min
Assertive Community Treatment	H0039	HQ	U3	U6		Group Setting, Practitioner Level 3, In-Clinic	$6.60	20	15 min
Assertive Community Treatment	H0039	HQ	U4	U6		Group Setting, Practitioner Level 4,In-Clinic	$4.43	20	15 min
Assertive Community Treatment	H0039	HQ	U5	U6		Group Setting, Practitioner Level 5, In-Clinic	$3.30	20	15 min
Assertive Community Treatment	H0039	HT				Multidisciplinary team	$0.00	20	15 min
Intensive Family Intervention	H0036	U3	U6			Practitioner Level 3, In-Clinic	$30.01	48	15 min
Intensive Family Intervention	H0036	U4	U6			Practitioner Level 4, In-Clinic	$22.14	48	15 min
Intensive Family Intervention	H0036	U5	U6			Practitioner Level 5, In-Clinic	$16.50	48	15 min
Intensive Family Intervention	H0036	U3	U7			Practitioner Level 3, Out-of-Clinic	$41.26	48	15 min
Intensive Family Intervention	H0036	U4	U7			Practitioner Level 4, Out-of-Clinic	$27.06	48	15 min
Intensive Family Intervention	H0036	U5	U7			Practitioner Level 5, Out-of-Clinic	$20.17	48	15 min
Community Support Team	H0039	TN	U3	U6		Practitioner Level 3, In-Clinic	$30.01	60	15 min
Community Support Team	H0039	TN	U4	U6		Practitioner Level 4, In-Clinic	$20.30	60	15 min
Community Support Team	H0039	TN	U5	U6		Practitioner Level 5, In-Clinic	$15.13	60	15 min
Community Support Team	H0039	TN	U3	U7		Practitioner Level 3, Out-of-Clinic	$36.68	60	15 min
Community Support Team	H0039	TN	U4	U7		Practitioner Level 4, Out-of-Clinic	$24.36	60	15 min
Community Support Team	H0039	TN	U5	U7		Practitioner Level 5, Out-of-Clinic	$18.15	60	15 min

Y

Psychosocial Rehabilitation - Group (PSR-G)	H2017	HQ	U4	U6		Practitioner Level 4, In-Clinic	$17.72	5	1 hour
Psychosocial Rehabilitation - Group (PSR-G)	H2017	HQ	U5	U6		Practitioner Level 5, In-Clinic	$13.20	5	1 hour
Psychosocial Rehabilitation - Group (PSR-G)	H2017	HQ	U4	U7		Practitioner Level 4, Out-of-Clinic	$21.64	5	1 hour
Psychosocial Rehabilitation - Group (PSR-G)	H2017	HQ	U5	U7		Practitioner Level 5, Out-of-Clinic	$16.12	5	1 hour
Opioid Maintenance	H0020	U2	U6			Practitioner Level 2, In-Clinic	$33.40	1	Per Contact
Opioid Maintenance	H0020	U3	U6			Practitioner Level 3, In-Clinic	$25.39	1	Per Contact
Opioid Maintenance	H0020	U4	U6			Practitioner Level 4, In-Clinic	$17.40	1	Per Contact
Ambulatory Detox	H0014	U2	U6			Practitioner Level 2, In-Clinic	$38.97	32	15 min
Ambulatory Detox	H0014	U3	U6			Practitioner Level 3, In-Clinic	$30.01	32	15 min
Ambulatory Detox	H0014	U4	U6			Practitioner Level 4, In-Clinic	$20.30	32	15 min
Intensive Case Management	T1016	HK	U4	U6		High Risk Population, Practitioner Level 4, In-Clinic	$20.30	24	
Intensive Case Management	T1016	HK	U5	U6		High Risk Population, Practitioner Level 5, In-Clinic	$15.13	24	15 min
Intensive Case Management	T1016	HK	U4	U7		High Risk Population, Practitioner Level 4, Out-of-Clinic	$24.36	24	15 min

Z

Intensive Case Management	T1016	HK	U5	U7		High Risk Population Practitioner Level 5 Out of Clinic	$18.15	24	15 min
Intensive Case Management	T1016	HK	UK	U4	U6	High Risk Population Collateral Contact Practitioner Level 4 In Clinic	$20.30	24	15 min
Intensive Case Management	T1016	HK	UK	U5	U6	High Risk Population Collateral Contact Practitioner Level 5 In Clinic	$15.13	24	15 min
Intensive Case Management	T1016	HK	UK	U4	U7	High Risk Population Collateral Contact Practitioner Level 4 Out of Clinic	$24.36	24	15 min
Intensive Case Management	T1016	HK	UK	U5	U7	High Risk Population Collateral Contact Practitioner Level 5 Out of Clinic	$18.15	24	15 min
Case Management Services	T1016	U4	U6			Practioner Level 4 In Clinic	$20.30	24	15 min
Case Management Services	T1016	U5	U6			Practitioner Level 5 In Clinic	$15.13	24	15 min
Case Management Services	T1016	U4	U7			Practitioner Level 4 Out of Clinic	$24.36	24	15 min
Case Management Services	T1016	U5	U7			Practitioner Level 5 Out of Clinic	$18.15	24	15 min
Case Management Services	T1016	UK	U4	U6		Collateral Contact Practitioner Level 4 In Clinic	$20.30	24	15 min
Case Management Services	T1016	UK	U5	U6		Collateral Contact Practitioner Level 5 In Clinic	$15.13	24	15 min
Case Management Services	T1016	UK	U4	U7		Collateral Contact Practitioner Level 4 Out of Clinic	**$24.63**	24	15 min
Case Management Services	T1016	UK	U5	U7		Collateral Contact Practitioner Level 5 Out of Clinic	**$18.15**	24	min

Practitioner/ Provider Level Corresponding Levels from The DBHDD Manual

GT = Via Interactive audio and video telecommunication systems
HA = Child/Adolescent Program
HE = Mental Health Program
HF = Substance Abuse Program
HK = High Risk Population
HQ = Group Setting
HR = Family/Couple with client present
HS = Family/Couple without client present
HT = Multidisciplinary team
TF = Intermediate Level of Care
TG = Complex/High Level of Care
TN = Rural Service Area
TS = Follow up
U1 = Practitioner Level 1
U2 = Practitioner Level 2
U3 = Practitioner Level 3
U4 = Practitioner Level 4
U5 = Practitioner Level 5
U6 = In-Clinic
U7 = Out-of-Clinic
UK = Collateral Contact
UA - In Individual's Own Home

Intentionally left blank

APPENDIX D
Georgia Healthy Families (GHF)

Georgia Families (GF) is a statewide program designed to deliver health care services to members of Medicaid, PeachCare for Kids®, and Planning for Healthy Babies® (P4HB) recipients. The program is a partnership between the Department of Community Health (DCH) and private care management organizations (CMOs). By providing a choice of health plans, Georgia Families allows members to select a health care plan that fits their needs.

It is important to note that GF is a full-risk program; this means that the three CMOs licensed in Georgia to participate in GF are responsible and accept full financial risk for providing and authorizing covered services. This also means a greater focus on case and disease management with an emphasis on preventative care to improve individual health outcomes.

The Three licensed CMOs:

Amerigroup Community Care 800-249-0442 www.myamerigroup.com	CareSource 888-901-0014 www.caresource.com
Peach State Health Plan 866-874-0633 www.pshpgeorgia.com	

Children, parent/caretaker with children, pregnant women and women with breast or cervical cancer on Medicaid, as well as children enrolled in PeachCare for Kids® are eligible to participate in Georgia Families. Additionally, Planning for Healthy Babies® (P4HB) recipients receive services through Georgia Families® (GF). Children in foster care are enrolled in Georgia Families 360

Eligibility Categories for Georgia Families:

Included Populations	**Excluded Populations**
PeachCare for Kids®	**Aged, Blind and Disabled**
Parent/Caretaker with Children	**Nursing home**
Children under 19	**Long-term care (Waivers, SOURCE)**
Women's Health Medicaid (WHM)	**Federally Recognized Indian Tribe**
Transitional Medicaid	**Georgia Pediatric Program (GAPP)**
Refugees	**Hospice**
Planning for Healthy Babies	**Children's Medical Services program**
Resource Mothers Outreach	**Medicare Eligible**
Newborns	**Supplemental Security Income (SSI) Medicaid**
	Medically Needy

Georgia Families

Georgia Families® (GF) is a statewide program designed to deliver health care services to members of Medicaid, PeachCare for Kids®, and Planning for Healthy Babies® (P4HB) recipients. The program is a partnership between the Department of Community Health (DCH) and private care management organizations (CMOs). By providing a choice of health plans, Georgia Families allows members to select a health care plan that fits their needs.

It is important to note that GF is a full-risk program; this means that the three CMOs licensed in Georgia to participate in GF are responsible and accept full financial risk for providing and authorizing covered services. This also means a greater focus on case and disease management with an emphasis on preventative care to improve individual health outcomes.

The three licensed CMOs:

Amerigroup Community Care 1-800-454-3730 www.amerigroup.com	Peach State Health Plan 866-874-0633 www.pshpgeorgia.com	CareSource 1-855-202-1058 www.caresource.com

Children, parent/caretaker with children, pregnant women and women with breast or cervical cancer on Medicaid, as well as children enrolled in PeachCare for Kids® are eligible to participate in Georgia Families. Additionally, Planning for Healthy Babies® (P4HB) recipients receive services through Georgia Families® (GF). Children in foster care or receiving adoption assistance and certain youths committed to juvenile justice are enrolled in Georgia Families 360°.

Eligibility Categories for Georgia Families:

Included Populations	Excluded Populations
Parent/Caretaker with Children	Aged, Blind and Disabled
Transitional Medicaid	Nursing home
Pregnant Women (Right from the Start Medicaid – RSM)	Long-term care (Waivers, SOURCE)
Children (Right from the Start Medicaid – RSM)	Federally Recognized Indian Tribe
Children (newborn)	Georgia Pediatric Program (GAPP)
Women Eligible Due to Breast and Cervical Cancer	Hospice
PeachCare for Kids®	Children's Medical Services program
Parent/Caretaker with Children	Medicare Eligible
Children under 19	Supplemental Security Income (SSI) Medicaid
Women's Health Medicaid (WHM)	Medically Needy
Refugees	Recipients enrolled under group health plans
Planning for Healthy Babies®	Individuals enrolled in a Community Based Alternatives for Youths (CBAY)
Resource Mothers Outreach	

Medicaid and PeachCare for Kids® members will continue to be eligible for the same services they receive through traditional Medicaid and state Value Added Benefits. Members will not have to pay more than they paid for Medicaid co-payments or PeachCare for Kids® premiums. With a focus on health and wellness, the CMOs will provide members with health education and prevention programs giving them the tools needed to live healthier

lives. Providers participating in Georgia Families will have the added assistance of the CMOs to educate members about accessing care, referrals to specialists, member benefits, and health and wellness education. **All three CMOs are State-wide.**

The Department of Community Health has contracted with three CMOs to provide these services:

- Amerigroup Community Care
- CareSource
- Peach State Health Plan

Members can contact Georgia Families for assistance to determine which program best fits their family's needs. If members do not select a plan, Georgia Families will select a health plan for them.

Members can visit the Georgia Families Web site at www.georgia-families.com or call 1-800-GA-ENROLL (1-888-423-6765) to speak to a representative who can give them information about the CMOs and the health care providers.

The following categories of eligibility are included and excluded under Georgia Families:

Included Categories of Eligibility (COE):

COE	DESCRIPTION
104	LIM – Adult
105	LIM – Child
118	LIM – 1st Yr Trans Med Ast Adult
119	LIM – 1st Yr Trans Med Ast Child
122	CS Adult 4 Month Extended
123	CS Child 4 Month Extended
135	Newborn Child
170	RSM Pregnant Women
171	RSM Child
180	P4HB Inter Pregnancy Care
181	P4HB Family Planning Only
182	P4HB ROMC - LIM
183	P4HB ROMC - ABD
194	RSM Expansion Pregnant Women
195	RSM Expansion Child < 1 Yr
196	RSM Expn Child w/DOB < = 10/1/83
197	RSM Preg Women Income < 185 FPL
245	Women's Health Medicaid
471	RSM Child
506	Refugee (DMP) – Adult
507	Refugee (DMP) – Child
508	Post Ref Extended Med – Adult
509	Post Ref Extended Med – Child
510	Refugee MAO – Adult
511	Refugee MAO – Child
571	Refugee RSM - Child
595	Refugee RSM Exp. Child < 1
596	Refugee RSM Exp Child DOB </= 10/01/83
790	Peachcare < 150% FPL

791	Peachcare 150 – 200% FPL
792	Peachcare 201 – 235% FPL
793	Peachcare > 235% FPL
835	Newborn
836	Newborn (DFACS)
871	RSM (DHACS)
876	RSM Pregnant Women (DHACS)
894	RSM Exp Pregnant Women (DHACS)
895	RSM Exp Child < 1 (DHACS)
897	RSM Pregnant Women Income > 185% FPL (DHACS)
898	RSM Child < 1 Mother has Aid = 897 (DHACS)
918	LIM Adult
919	LIM Child
920	Refugee Adult
921	Refugee Child

Excluded Categories of Eligibility (COE):

COE	DESCRIPTION
124	Standard Filing Unit – Adult
125	Standard Filing Unit – Child
131	Child Welfare Foster Care
132	State Funded Adoption Assistance
147	Family Medically Needy Spend down
148	Pregnant Women Medical Needy Spend down
172	RSM 150% Expansion
180	Interconceptional Waiver
210	Nursing Home – Aged
211	Nursing Home – Blind
212	Nursing Home – Disabled
215	30 Day Hospital – Aged
216	30 Day Hospital – Blind
217	30 Day Hospital – Disabled
218	Protected Med/1972 Cola - Aged
219	Protected Med/1972 Cola – Blind
220	Protected Med/1972 Cola - Disabled
221	Disabled Widower 1984 Cola - Aged
222	Disabled Widower 1984 Cola – Blind
223	Disabled Widower 1984 Cola – Disabled
224	Pickle - Aged
225	Pickle – Blind
226	Pickle – Disabled
227	Disabled Adult Child - Aged
227	Disabled Adult Child - Aged
229	Disabled Adult Child – Disabled
230	Disabled Widower Aged 50-59 – Aged
231	Disabled Widower Age 50-59 – Blind
232	Disabled Widower Age 50-59 – Disabled

233	Widower Age 60-64 – Aged
234	Widower Age 60-64 – Blind
235	Widower Age 60-64 – Disabled
236	3 Mo. Prior Medicaid – Aged
237	3 Mo. Prior Medicaid – Blind
238	3 Mo. Prior Medicaid – Disabled
239	Abd Med. Needy Defacto – Aged
240	Abd Med. Needy Defacto – Blind
241	Abd Med. Needy Defacto – Disabled
242	Abd Med Spend down – Aged
243	Abd Med Spend down – Blind
244	Abd Med Spend down – Disabled
246	Ticket to Work
247	Disabled Child – 1996
250	Deeming Waiver
251	Independent Waiver
252	Mental Retardation Waiver
253	Laurens Co. Waiver
254	HIV Waiver
255	Cystic Fibrosis Waiver
259	Community Care Waiver
280	Hospice – Aged
281	Hospice – Blind
282	Hospice – Disabled
283	LTC Med. Needy Defacto – Aged
284	LTC Med. Needy Defacto –Blind
285	LTC Med. Needy Defacto – Disabled
286	LTC Med. Needy Spend down – Aged
287	LTC Med. Needy Spend down – Blind
288	LTC Med. Needy Spend down – Disabled
289	Institutional Hospice – Aged
290	Institutional Hospice – Blind
291	Institutional Hospice – Disabled
301	SSI – Aged
302	SSI – Blind
303	SSI – Disabled
304	SSI Appeal – Aged
305	SSI Appeal – Blind
306	SSI Appeal – Disabled
307	SSI Work Continuance – Aged
309	SSI Work Continuance – Disabled
308	SSI Work Continuance – Blind
315	SSI Zebley Child
321	SSI E02 Month – Aged
322	SSI E02 Month – Blind
323	SSI E02 Month – Disabled
387	SSI Trans. Medicaid – Aged
388	SSI Trans. Medicaid – Blind

389	SSI Trans. Medicaid – Disabled
410	Nursing Home – Aged
411	Nursing Home – Blind
412	Nursing Home – Disabled
424	Pickle – Aged
425	Pickle – Blind
426	Pickle – Disabled
427	Disabled Adult Child – Aged
428	Disabled Adult Child – Blind
429	Disabled Adult Child – Disabled
445	N07 Child
446	Widower – Aged
447	Widower – Blind
448	Widower – Disabled
460	Qualified Medicare Beneficiary
466	Spec. Low Inc. Medicare Beneficiary
575	Refugee Med. Needy Spend down
660	Qualified Medicare Beneficiary
661	Spec. Low Income Medicare Beneficiary
662	Q11 Beneficiary
663	Q12 Beneficiary
664	Qua. Working Disabled Individual
815	Aged Inmate
817	Disabled Inmate
870	Emergency Alien – Adult
873	Emergency Alien – Child
874	Pregnant Adult Inmate
915	Aged MAO
916	Blind MAO
917	Disabled MAO
983	Aged Medically Needy
984	Blind Medically Needy
985	Disabled Medically Needy

HEALTH CARE PROVIDERS

For information regarding the participating health plans (enrollment, rates, and procedures), please call the numbers listed below.

Prior to providing services, you should contact the member's health plan to verify eligibility, PCP assignment and covered benefits. You should also contact the health plan to check prior authorizations and submit claims.

Amerigroup Community Care	**CareSource**	**Peach State Health Plan**

800-454-3730 (general information) www.amerigroup.com	1-855-202-1058 www.careSource.com/Georgia Medicaid	866-874-0633 (general information) 866-874-0633 (claims) 800-704-1483 (medical management) www.pshpgeorgia.com

Registering immunizations with GRITS:

If you are a Vaccine for Children (VFC) provider, please continue to use the GRITS (Georgia Immunization Registry) system for all children, including those in Medicaid and PeachCare for Kids®, fee-for-service, and managed care.

Important tips for the provider to know/do when a member comes in:

Understanding the process for verifying eligibility is now more important than ever. You will need to determine if the patient is eligible for Medicaid/PeachCare for Kids® benefits and if they are enrolled in a Georgia Families health plan. Each plan sets its own medical management and referral processes. Members will have a new identification card and primary care provider assignment.

You may also contact GAINWELL TECHNOLOGIES at 1-800-766-4456 (statewide) or www.mmis.georgia.gov for information on a member's health plan.

Use of the Medicaid Management Information System (MMIS) web portal:

The call center and web portal will be able to provide you information about a member's Medicaid eligibility and health plan enrollment. GAINWELL TECHNOLOGIES will **not** be able to assist you with benefits, claims processing or prior approvals for members assigned to a Georgia Families health plan. You will need to contact the member's plan directly for this information.

Participating in a Georgia Families' health plan:

Each health plan will assign provider numbers, which will be different from the provider's Medicaid provider number and the numbers assigned by other health plans.

Billing the health plans for services provided:

For members who are in Georgia Families, you should file claims with the member's health plan.

If a claim is submitted to GAINWELL TECHNOLOGIES in error:

GAINWELL TECHNOLOGIES will deny the claim with a specific denial code. Prior to receiving this denial, you may go ahead and submit the claim to the member's health plan.

Credentialing

Effective August 1, 2015, Georgia's Department of Community Health (DCH) implemented a NCQA certified Centralized Credentialing Verification Process utilizing a Credentialing Verification Organization (CVO). This functionality has been added to the Georgia Medicaid Management Information System (GAMMIS) website (www.MMIS.georgia.gov) and has streamlined the time frame that it takes for a provider to be fully credentialed.

Credentialing and recredentialing services are provided for Medicaid providers enrolled in Georgia Families and/or the Georgia Families 360° program.

This streamlined process results in administrative simplification thereby preventing inconsistencies, as well as the need for a provider to be credentialed or recredentialed multiple times.

The CVO's one-source application process:

- Saves time
- Increases efficiency
- Eliminates duplication of data needed for multiple CMOs
- Shortens the time period for providers to receive credentialing and recredentialing decisions

The CVO will perform primary source verification, check federal and state databases, obtain information from Medicare's Provider Enrollment Chain Ownership System (PECOS), check required medical malpractice insurance, confirm Drug Enforcement Agency (DEA) numbers, etc. A Credentialing Committee will render a decision regarding the provider's credentialing status. Applications that contain all required credentialing and recredentialing materials at the time of submission will receive a decision within 45 calendar days. Incomplete applications that do not contain all required credentialing documents will be returned to the provider with a request to supplement all missing materials. Incomplete applications may result in a delayed credentialing or recredentialing decision. The credentialing decision is provided to the CMOs.

GAINWELL TECHNOLOGIES provider reps will provide training and assistance as needed. Providers may contact GAINWELL TECHNOLOGIES for assistance with credentialing and recredentialing by dialing 1-800-766-4456.

Assignment of separate provider numbers by all of the health plans:

Each health plan will assign provider numbers, which will be different from the provider's Medicaid provider number and the numbers assigned by other health plans.

Billing the health plans for services provided:

For members who are in Georgia Families, you should file claims with the member's health plan.

If a claim is submitted to GAINWELL TECHNOLOGIES in error:

GAINWELL TECHNOLOGIES will deny the claim with a specific denial code. Prior to receiving this denial, you may go ahead and submit the claim to the member's health plan.

Receiving payment:

Claims should be submitted to the member's health plan. Each health plan has its own claims processing, and you should consult the health plan about their payment procedures.

Health plans payment of clean claims:

Each health plan (and subcontractors) has its own claims processing and payment cycles. The claims processing and payment timeframes are as follows:

Amerigroup Community Care	CareSource	Peach State Health Plan
Amerigroup runs claims cycles twice each week (on Monday and Thursday) for **clean** claims that have been adjudicated. Monday Claims run: Checks mailed on Tuesday. Providers enrolled in ERA/EFT receive the ACH on Thursday. Thursday Claims run: Checks mailed on Wednesday. Providers enrolled in ERA/EFT receive the ACH on Tuesday. **Dental:** Checks are mailed weekly on Thursday for **clean** claims. **Vision**: Checks are mailed weekly on Wednesday for **clean** claims (beginning June 7th) **Pharmacy**: Checks are mailed to pharmacies weekly on Friday (except when a holiday falls on Friday, then mailed the next business day)	CareSource runs claims cycles twice each week on Saturdays and Tuesdays for clean claims that have been adjudicated. Pharmacy: Payment cycles for pharmacies is weekly on Wednesdays.	Peach State has two weekly claims payment cycles per week that produces payments for **clean** claims to providers on Monday and Wednesday. For further information, please refer to the Peach State website, or the Peach State provider manual.

How often can a patient change his/her PCP?

Amerigroup Community Care	CareSource	Peach State Health Plan
Anytime	Members can change their PCP one (1) time per month. However, members can change their PCP at any time under extenuating circumstances such as: • Member requests to be assigned to a family member's PCP • PCP does not provide the covered services a member seeks due to moral or religious objections • PCP moves, retires, etc.	Within the first 90 days of a member's enrollment, he/she can change PCP monthly. If the member has been with the plan for 90 days or longer, the member can change PCPs once every six months. There are a few exclusions that apply and would warrant an immediate PCP change.

Once the patient requests a PCP change, how long it takes for the new PCP to be assigned:

Amerigroup Community Care	CareSource	Peach State Health Plan
Next business day	PCP selections are updated in CareSource's systems daily.	PCP changes made before the 24th day of the month and are effective for the current month. PCP changes made after the 24th day of the month are effective for the first of the following month.

PHARMACY

Georgia Families does provide pharmacy benefits to members. Check with the member's health plan about who to call to find out more about enrolling to provide pharmacy benefits, including information about their plans reimbursement rates, specific benefits that are available, including prior approval requirements.

To request information about contracting with the health plans, you can call the CMOs provider enrollment services.

Amerigroup Community Care	CareSource	Peach State Health Plan
800-454-3730 https://providers.amerigroup.com/pages/ga-2012.aspx	844-441-8024 https://cvs.az1.qualtrics.com/jfe/form/SV_cvyY0ohqT2VXYod	866-874-0633 www.pshpgeorgia.com

All providers must be enrolled as a Medicaid provider to be eligible to contract with a health plan to provide services to Georgia Families members.

The CMO Pharmacy Benefit Managers (PBM) and the Bin Numbers, Processor Control Numbers and Group Numbers are:

Health Plan	PBM	BIN #	PCN #	GROUP #	Helpdesk
Amerigroup Community Care	IngenioRx	020107	HL	WKJA	1-833-235-2031
CareSource	Express Scripts (ESI)	003858	MA	RXINN01	1-800-416-3630
Peach State Health Plan	Express Scripts (ESI)	003858	MA	2EFA	1-833-750-4403

If a patient does not have an identification card:

Providers can check the enrollment status of Medicaid and PeachCare for Kids® members through GAINWELL TECHNOLOGIES by calling 1-800-766-4456 or going to the web portal at www.mmis.georgia.gov. GAINWELL TECHNOLOGIES will let you know if the member is eligible for services and the health plan, they are enrolled in. You can contact the member's health plan to get the member's identification number.

Use of the member's Medicaid or PeachCare for Kids® identification number to file a pharmacy claim:

Amerigroup Community Care	CareSource	Peach State Health Plan
No, you will need the member's health plan ID number	Yes, you may also use the health plan ID number.	Yes

Health plans preferred drug list, prior authorization criteria, benefit design, and reimbursement rates:

Each health plan sets their own procedures, including preferred drug list, prior authorization criteria, benefit design, and reimbursement rates.

Will Medicaid cover prescriptions for members that the health plans do not?

No, Medicaid will not provide a "wrap-around" benefit for medications not covered or approved by the health plan. Each health plan will set its own processes for determining medical necessity and appeals.

Who to call to request a PA:

Amerigroup Community Care	CareSource	Peach State Health Plan
1 (800) 454-3730	1 (855) 202-1058 1 (866) 930-0019 (fax)	1 (866) 399-0929

APPENDIX E
AUDIT PROTOCOL

DCH Policy: Response to Audits Performed by DBHDD via the External Review Organization

The Department of Community Health (DCH) and its partner, the Department of Behavioral Health and Developmental Disabilities (DBHDD), are invested in compliance and adherence to standards for the Medicaid CBHRS. To this end, these Departments contract with an External Review Organization (ERO), a Utilization Review Accreditation Commission (URAC) accredited organization, to conduct compliance and quality audits of participating behavioral health providers.

Audit Procedures:
Audits provide the Departments with detailed analysis regarding core components of compliance and quality of service delivery within the Medicaid Rehabilitation Option. Audit and scoring procedures are outlined in the ERO policy and supporting documents found at http://www.georgiacollaborative.com/providers/prv-quality.html

Notification of Audit Results:
Results of provider audits are simultaneously distributed to DCH, DBHDD, and the audited provider by the ERO.

Adverse Actions
In addition to any action imposed by DBHDD, DCH and/or the DCH Program Integrity Unit (PIU) will make a determination regarding the necessity of any adverse action as defined in Part I, Policies and Procedures for Medicaid/PeachCare for Kids Manual, chapter 400 (hereinafter "Part I"). Any adverse action taken by DCH may be appealed in accordance with Part I.

Procedures:
I. Procedures for critical issues found in audits:

1. Audits that reveal the following critical issues will be immediately referred to the DCH PIU:
    a. Suspicion of fraud;
    b. Suspicion of Member endangerment.
2. Audits that reveal the following issues may result in a recommendation for an adverse action as defined in Part I:
    a. Unlicensed staff providing services that require the skill of a licensed practitioner;
    b. 30% or more of records reviewed having no diagnosis by a practitioner authorized by Georgia law to assign a diagnosis; Any single component of the audit remains below 70% for 3 consecutive audit cycles or total average score below 70% for 3 consecutive audit cycles.

II. Procedures for findings of unjustified claims:

All findings of unjustified claims found during the ERO audit are included in the audit findings and additional information is forwarded to DCH PIU upon request. The DCH PIU will make a determination regarding the necessity of any adverse action as defined in Part I.

III. DBHDD Procedures in response to audit scores below 70%:

1. **One** score above 50% and below 70%:
   Within 10 business days of the audit summary being posted by the ERO, DBHDD will submit a "yellow flag" notice to DBHDD Regional Office, DCH Policy Section, and PIU via email notification.

2. **Two** consecutive scores above 50% and below 70%:
   a. Within 10 business days of the audit summary being posted by the ERO, DBHDD will submit a "red flag" notice to the DBHDD Regional Office, DCH Policy Section, and PIU via email notification; and
   b. DBHDD may recommend a course of action to DCH. Recommendations may include:
      i. Prepayment Review managed by DCH;
      ii. Suspension of new members being allowed to access services through the provider agency;
      iii. Suspension or Termination of the provider enrollment number for DHBDD services in accordance with Part I; and/or
      iv. Any other recommended course of action determined appropriate.

3. **Three** consecutive scores above 50% and below 70%:
   a. Within 10 business days of the audit summary being posted by the ERO, DBHDD will submit an urgent notice to the DBHDD Regional Office, DCH Policy Section, and PIU via email notification; and
   b. DBHDD may recommend a course of action to DCH. Recommendations may include:
      i. Prepayment Review managed by DCH;
      ii. Suspension of new members being allowed to access services through the provider agency;
      iii. Suspension or Termination of the provider enrollment number for DHBDD services in accordance with Part I; and/or
      iv. Any other recommended course of action determined appropriate.

4. **Any** audit score of 50% or below:
   a. Within 10 business days of the audit summary being posted by the ERO, DBHDD will submit an urgent notice to the DBHDD Regional Office, DCH
   Policy Section and PIU via email notification; and

b. DBHDD may recommend a course of action to DCH. This recommendation may include:
    i. Prepayment Review managed by DCH;
    ii. Suspension of new members being allowed to access services through the provider agency;
    iii. Suspension or Termination of the provider enrollment number for DHBDD services in accordance with Part I; and/or
    iv. Any other recommended course of action determined appropriate.

IV. DCH Procedures in response to audit findings and/or program integrity concerns:

a. The DCH will communicate as necessary with DBHDD via regular and/or ad hoc meetings or otherwise to review audit findings, consider the recommendations of DBHDD, and determine whether to take action. Such action may include:
    i. Prepayment Review managed by DCH;
    ii. Suspension of new members being allowed to access services through the provider agency;
    iii. Suspension or Termination of the provider enrollment number for DHBDD services in accordance with Part I; and/or
    iv. Any other recommended course of action determined appropriate.

b. The DCH reserves the right to pursue adverse action for cause, including termination, in accordance with the Part I and/or Part II Policy and Procedures Manual(s) independent of DBHDD recommendations or ERO audit findings.

APPENDIX F
MAINTENANCE OF RECORDS

Rev 07/09

Maintain such written records for Medicaid/PeachCare for Kids members as necessary to disclose fully the extent of services provided and the medical necessity for the provision of such services, for a minimum of five (5) years after the date of service.

Providers should ensure that member records are forwarded to a member's new provider during a change of ownership, voluntary or involuntary termination, transfer of a member to a new provider or any other action that requires the review of member records to determine course of treatment.

Member records must, at a minimum, reflect the date of service, member name and medical history, the service provided, the diagnosis and the prescribed drugs or treatment ordered, and the signature of the treating provider. **The Department will accept secure electronic signatures as defined in the Definitions section of this Manual**

Rev
04/2012

APPENDIX G

PASRR PROCESS AND SPECIALIZED SERVICES

All nursing facilities (NFs) must be in compliance with Federal Regulations 42CFR483.100-138, Subpart C the Preadmission Screening and Resident Review (PASRR) function. Applicants and residents with suspected serious mental illness (SMI) and intellectual disability/related condition (ID/RC) are required to be evaluated by Department of Behavioral Health and Developmental Disabilities (DBHDD) regardless of the pay source, prior to admission into the facility or due to a resident's change in condition. DBHDD will evaluate the applicant or resident to determine:

1. There is a diagnosis of SMI and/or ID/RC
2. The individual requires the level of care appropriately provided by a nursing facility
3. The individual requires specialized services for the determined diagnoses

Specialized Services (SS) are services provided by the NFs in combination with other service providers to implement an individualized plan of care (POC). The POC is developed to contribute to the prevention of regression or loss of current functional status through treatment to stabilize and/or restore the level of functioning that preceded any acute episode for the resident. The POC is also directed toward the acquisition of behaviors necessary for the resident to function with as much independence as possible.

Information regarding "Dual Eligible" (Medicaid and Medicare) member's access to Community Mental Health Services:

- Those residents with dual eligibility in the Medicare and Medicaid programs will receive mental health care reimbursed through the Medicare program, with Medicaid as the payor of last resort.

- Though not available in all areas of the State, Medicare-funded mental health services are currently provided to nursing home residents via telemedicine, face-to-face visits by providers in the nursing home, and nursing home resident visits to psychiatric/mental health clinics/offices for those individuals able to travel outside the nursing facility

Rev.
04/12

NOTE: Though 440 codes allow for Medicaid members to have a variety of mental health professionals serve members in nursing facilities, please note that Medicare has more stringent requirements regarding these professionals to serve the Medicare eligible members in nursing facilities. (Please review the approved practitioner levels listed later in this appendix.) When Nursing Facilities refer/coordinate Specialized Services for the PASRR approved resident, Nursing Facility staff should communicate to the Community Behavioral Health Service Provider (CBHSP), the DCH enrolled MH provider that the member is either dual eligible or Medicare only.

NOTE: The listing of Community Behavioral Health Service Providers are listed at the end of this appendix.

PREADMISSION SCREENING (PAS)

Rev. 01/13

The PAS process begins with a Level I Assessment (DMA-613). The Division's Medical Management Contractor (MMC) evaluates the DMA-613 and Level I and refers applicants requiring a Level II assessment (i.e., those who are suspected of or diagnosed with SMI, ID/RC) to the DBHDD PASRR contractor. The Level II assessment is a comprehensive medical, psychosocial and functional assessment. There are two (2) Level II instruments used by DBHDD for both SMI and ID/RC for PASRR determinations: (a) the record review for all assessments; and (b) the Face-to-Face assessment for applicants or residents when the record review is insufficient to make a conclusive determination.

DBHDD may apply categorical determinations for the PAS based on certain diagnoses, levels of severity of illness, or need for a particular service that indicate that admission to a NF is warranted. DBHDD may also determine provisional admissions, with time limits, pending further assessment due to delirium, for emergency protective services placement not more than 7 days, or for respite. (Longer stays would require a Level II Resident Review).

A PAS is required prior to the initial entry into the nursing facility and for current residents who present a behavioral health change or status change as identified by the MDS 3.0 A1500. The PAS as identified by the MDS 3.0 status change is a Residential Review (RR). A PAS is also required for re-entry of a resident that has a "break in service" due to discharge of resident out of the system to home and then seeks to return to a nursing facility.

Individuals discharged from a hospital directly to a nursing facility for a stay of less than 30 days for treatment of a condition for which they were hospitalized, will not require a PAS, provided the attending physician certified ***before the admission*** that the admission is for an anticipated stay of not more than thirty (30) days and treatment continues for the same acute care diagnosis. No PAS will be required for readmission to a nursing facility within one (1) year of a previous Level II for an individual or for an individual transferred to an acute care hospital for treatment, with the exception of mental health stabilization. A PAS is required for re-admission of individuals who meet any one of the following criteria regardless of date for previous Level II:

- Is diagnosed with a new SMI condition
- Is transferred to an acute care hospital for SMI treatment.
- Any Hospitalization over one year in length.

The PAS provides information that the nursing facility staff can use in performing the Resident Assessment and in patient care planning. A PAS may serve as a starting point for the initial mental health assessment and/or treatment plan for the resident after admission to a nursing facility.

PASRR ASSESSORS (Level II)

- Level II screening is triggered by a diagnosis or suspicion of SMI/ID/RC on the Level I and is performed by the DBHDD contractor.
- Assessors complete Level II assessments on any individual referred with a confirmed or suspected SMI/ID/RC diagnosis for first time admissions or for residents (RR) with

identified SMI or ID, who demonstrates a significant change in physical or psychological status (the Status Change Assessment as identified by the MDS 3.0).

- Assessors make initial contact with the hospital or nursing facility staff for the patient's record for clinical review (a record review).

- If a determination can be made from the clinical review that the patient does not have a serious MI or ID/DD, then NF approval may be given dependent on the record review.

- Categorical determinations permit the Assessors to omit the full Level II Evaluation in certain circumstances that are time-limited or where need is clear.

- If the record review finds that the patients does have MI or ID/DD, then an on-site Face-to-Face evaluation must be made.

- Assessors contact the individual listed on the intake referral form (PAS assessments) or a nursing facility staff member to schedule a convenient time to conduct the Face-to-Face assessment.

- Assessments are completed during regular/customary working hours (excluding official State holidays and weekends). Assessments may be conducted outside normal business hours only for the convenience of the facility, applicant or resident, or the resident's family.

- The assessor arrives at the hospital or nursing facility with appropriate identification which includes a letter of introduction from DBHDD contractor identifying the assessor as an agent of DBHDD.

- Nursing facility or hospital staff will make available copies of the most recent physical examination performed or signed by a physician, the most recent care plan and any other pertinent information.

LEVEL II ASSESSMENT

In order to complete the Level II assessment, the assessor will need access to the individual's medical record and will need copies of pertinent medical data. The assessor is responsible for conducting a face-to-face interview with the individual within five (5) days of Level II request. The assessor should meet with the facility staff who is knowledgeable of the individual, as well as available family members (if permission is obtained from the resident or legal guardian).

Federal law requires each Level II assessment to include a physical examination signed by a physician. If a physician does not conduct the physical examination, a physician must review and concur with the findings presented in a previous examination's documentation. In order to

fulfill this requirement, the assessor will need a copy of the resident's most recent physical examination performed and/or signed by a physician.

The Level II assessment will determine and report the following:

1) the individual's diagnoses

2) whether the individual meets criteria for a nursing facility level of care;
3) whether the individual requires specialized services

If the individual needs SMI or ID/RC services, treatment recommendations will be included. The Level 2 assessor will make every attempt to discuss the findings with the requesting entity, usually the hospital or nursing facility.
The DBHDD contractor will send a Summary of Findings, including the determinations made to the nursing facility and the member. A Prior-Authorization (PA)number is generated and issued out to the admitting nursing facility. The nursing facility must ensure that the PA number is documented in the appropriate section 9A or 9B on the DMA-6. The DMA-6 and the Summary of Findings should be placed in the front of the resident's file so that the PA number and medical data are available to review by surveyors from the Department's, Healthcare Facilities Regulation Division (HFR) (formerly known as the Office of Regulatory Service) and other professionals.

Additionally, all Level 2 findings are used in development of the resident's plan of care. The nursing facility must request a copy of an individual's Summary of Findings from DBHDD contractor once an individual has been admitted to the facility.

Contact information for the Level II assessment staff:

Rev. 07/15

Phone: 1-855-606-2725

Website: www.GeorgiaCollaborative.com

The DBHDD contractor is required to notify applicants and residents both verbally and in writing, of the outcome of the assessment and interpret the assessment findings. Verbal notification is made by phone to applicants and residents or their legal representatives. A written notice is mailed to applicants and residents or their legal representatives, as well as to the individual's primary care physician and hospital (if applicable).

TRANSFERS

When a resident transfers from one nursing facility to another, there is specific information that must be communicated to the new facility by the current facility to ensure coordination and continuity of care for the resident receiving Specialized Services as approved through PASRR. In addition, documentation by the nursing facility staff is required for all referrals to community mental health service providers. Community Behavioral Health (CBH) Service Provider Agency name and date of referral including follow up on the status of the referral is required. The following documentation should follow the resident/member to the new facility:

- DMA-613
- DMA-6 – with Prior-Authorization number as assigned by GMCF or Beacon Health Options for new facility to share with CBH provider to coordinate specialized services and Medicaid facility reimbursement

Rev. 07/15

- Resident's Diagnosis
- Beacon Health Options' Evaluation/Summary of Findings
- CBH notes and information regarding resident's SMI information (Acquired from copy in NH chart):
    - Symptom's behaviors or skill deficits
    - Treatment Plan and Objective
    - Interventions
    - On-going progress toward the objectives
    - Termination or discharge summary

OUT-OF-STATE APPLICANT/RESIDENT

PASRR assessors will coordinate all out-of-state assessments. For any individual residing in another state who desires nursing facility placement in Georgia, the PASRR process remains the same. Level 2 assessors will arrange for the PASRR office in the applicant's state of residence to complete a PASRR screening. The Level II assessment will be forwarded to DBHDD for determination. The PA number will be issued using the same process as in state resident admissions and documented in the appropriate section 9A or 9B on the DMA-6.

DENIALS, ALTERNATIVE PLACEMENTS AND APPEALS

Applicants have the right to appeal PASRR Level II findings. A letter of denial will be issued by the Level 2 assessor to individuals who do not meet criteria for a nursing facility level of care. Residents will not be discharged based on a PASRR denial until a discharge notice is issued by the Division of Medical Assistance. Residents or their family members will be advised of their appeal rights in the denial letter. Alternative placements for residents requiring discharge will be

coordinated with DBHDD in accordance with federal regulations.

1. Any applicant requesting an appeal must do so in writing within 10 working days following the receipt of the Medical History Assessment/Summary of Findings. The appeal must detail the rationale for the 'ineligible' decision. If additional documentation needs to be sent, the provider may fax or mail this information. The appeal should be addressed to:

   PASRR Project Director
   Beacon Health Options
   Phone: 1-855-606-2725
   Website: www.GeorgiaCollaborative.com

Rev. 07/15

2. The PASRR Project Director, Medical Director, or the designee will review the appeal, review the evaluator's Summary of Findings, and interview the appropriate Level II Healthcare Evaluator. A response will be sent to the applicant within 5 business days of receipt of the PASRR Level II appeal. The response will include:

   a. A determination to uphold or overturn the decision

   b. If overturned, what steps will be taken to correct the decision

   c. If upheld, the rationale to maintain the decision

3. The applicant may request an appeal through DBHDD. Upon receipt of the second written appeal notification, Beacon Health Options will contact DBHDD. The DBHDD designee may request additional information from either party if deemed necessary. The DBHDD designee has 5 business days to make a determination and respond in writing to the applicant and to Beacon Health Options.

NURSING FACILITY SPECIALIZED SERVICES

Effective July 1, 2009, the Department has approved Community Behavioral Health Service Providers (CBHS) to provide specialized services to residents in the PASRR SMI and dually diagnosed (SMI and ID/RC) population; services which are beyond those services typically provided in a nursing home. Nursing facilities are required to maintain the most recent copies of the Level II assessment and the Summary of Findings for all residents in the PASRR population residing in the facility.
Once resident is admitted to the nursing facility, nursing home staff will contact enrolled community mental health service providers to arrange an assessment or treatment plan development and collaboratively determine the need for ongoing mental health services.
The CBHS Providers will be responsible for providing specialized services to Medicaid recipients that are above and beyond those services typically provided in a nursing facility. The NF is responsible for scheduling appointments and ensuring member's presence at each

appointment, as well as obtaining or providing services of a lesser intensity than specialized services to appropriate non-Medicaid and Medicaid residents. Refer to section on "dually" eligible recipients on page H-4 of this appendix.
The NF and CBHS providers will communicate to arrange for the provision of specialized services to residents either in the nursing facility, via telemedicine, or at the Community Behavioral Health location. The service location will be determined by the condition of the resident, ability to travel to the nearest clinic, and evaluation of both nursing facility and mental health staff regarding the most appropriate service delivery venue for the individual resident. If the nursing home resident can be assessed and treated in the outpatient clinic, NET transportation can be used to facilitate this visit. Those residents whose interest is best served by receiving mental health services in the nursing facility or in a nearby telemedicine site can receive services in either of those locations, with the practitioner using out-of-clinic or telemedicine procedure codes.
The CBHS provider documents the specific services provided to residents in the nursing facility chart to include the individual's treatment plan, progress, and goals. The CBHS provider consults with NF staff regarding the resident's behaviors, progress in the treatment plan, and outcomes to ensure continuity of care and to involve nursing facility staff in the behavioral intervention plan.

FOR RESIDENT'S REQUIRING ID/RC CARE:

Effective July 1, 2009, Medicaid Certified Nursing Facilities must contact the appropriate Region through DBHDD to communicate when a new resident with a diagnosis of ID/RC enters the nursing facility. With the consent of the member, the nursing facility contacts the appropriate Region Board and specifically the Intake and Evaluation (I & E) manager to notify of the member's presence (See end of this appendix after Community Behavioral Health listing for the Regional Board contact information). The I & E Manager will then communicate with the member and the nursing facility to schedule an assessment to determine eligibility for the appropriate waiver program and per the member's choice assist with the individual's placement on the waiting list for services should the member choose community placement.
Effective July 1, 2009, when a nursing home resident covered under PASRR experiences a behavioral health crisis, the nursing facility team plays a critical role in contacting the **Crisis and Access Line** (G-CAL) at **1-800-715-4225** for crisis assistance which may include assessment and management of the situation to achieve stabilization of the resident. G-CAL is staffed and can be accessed 24 hours a day for urgent and immediate crisis intervention for PASRR identified residents. In the event that hospitalization is required, the G-CAL clinical team will evaluate and assist in the hospitalization process to ensure an effective flow of information to the receiving facility.
A behavioral health crisis is defined as an event, behavior, situation or vocalization by a covered resident that is primarily non-medical in nature, but that involves potential danger to the resident, peers or staff. The crisis can be reported by any staff of the nursing home.
Examples of crisis where G-CAL should be contacted include, but are not limited to:

- Suicidal statements and/or actions of a high risk in intent or lethality.
- Homicidal statements and/or actions of a high risk in intent or lethality.
- Acute psychosis rendering the resident unsafe to self or others.

- Disorganization from mental illness resulting in a resident unable to control their actions.
- Acute and potentially life threatening deterioration in the residents medical condition as a result of mental illness (such as paranoia causing non-compliance with required medical interventions and medications, or refusal to eat causing medical decline from depression or psychosis).
- Potentially dangerous, threatening, violent, self-harming, destructive, or suicidal behavior which has been evaluated by a qualified NF staff who feels that emergent hospitalization is necessary for psychiatric reasons.
- Violence, either impulsive or premeditated.
- Strange, bizarre, or unusual behaviors and symptoms that have not been previously evaluated or treated.

Effective July 1, 2009, the following procedure is to be used when a resident does not want to be seen by a particular SMI or ID/RC professional:

1. Upon written or verbal notification from a resident or the resident's responsible party that the resident does not want to be seen by a particular SMI or ID/RC professional, the nursing facility staff must document the request in the medical record at the nursing facility and assist the member with locating either a new provider or a new professional with the current provider.

2. The request as written by the resident or documented by nursing facility staff must be placed in the resident's medical record and be retained until the resident withdraws/rescinds the request.

3. The nursing home must notify the CBHS provider by phone of the resident's request within 24 hours and then begin to work with the member to assist in locating a new professional.

4. The CBHS provider must comply with all such requests from residents.

DOCUMENTATION:
Documenting for the PASRR qualified member receiving Specialized Services must include documentation located with the nursing facility provider as well as with the Community Mental Health provider.

Practitioner Type

Level 1:	Physician, Psychiatrist
Level 2:	Psychologist, Physician's Assistant, Nurse Practitioner, Clinical Nurse Specialist, Pharmacist
Level 3:	Registered Nurse, Licensed Dietician, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)

Level 4:	Licensed Practical Nurse (LPN); Licensed Associate Professional Counselor (LAPC); Licensed Master's Social Worker (LMSW); Licensed Associate Marriage and Family Therapist (LAMFT); Certified/Registered Addictions Counselors (e.g. CAC-I/II, CADC, CCADC, GCADC, MAC), Certified Peer Specialists, Trained Paraprofessionals and Certified Psychosocial Rehabilitation Professionals (CPRP) with Bachelor's degrees or higher in the social sciences/helping professions
Level 5:	Trained Paraprofessionals, Certified/Registered Addiction Counselors (CAC-I, RADT), Certified Peer Specialists, Certified Psychosocial Rehabilitation Professionals, and Qualified Medication Aides with at least a high school diploma/equivalent

PROCEDURE CODES:

KEY: Code Modifiers Used:

GT = Via interactive audio and video telecommunication systems
U1 = Practitioner Level 1 (see below for description of all practitioner levels)
U2 = Practitioner Level 2
U3 = Practitioner Level 3
U4 = Practitioner Level 4
U6 = In-Clinic
U7 = Out-of-Clinic

For all procedures noted on the next page, practitioners must hold the license appropriate to the activity.

(New Section) Rounding Rules

To provide the most accurate and fair methodology for billing for services rendered. The state utilizes the following ***Rounding Rules*** as it relates to those services provided in 15-minute increments. Providers should review this table when determining how many units will be billed following rendering of services. Documentation with actual time spent rendering services will be reflected in the member's service notes.

Units Number of Minutes 15 Minute Units

1 unit: ≥ 8 minutes through 22 minutes
2 units: ≥ 23 minutes through 37 minutes
3 units: ≥ 38 minutes through 52 minutes
4 units: ≥ 53 minutes through 67 minutes
5 units: ≥ 68 minutes through 82 minutes
6 units: ≥ 83 minutes through 97 minutes
7 units: ≥ 98 minutes through 112 minutes
8 units: ≥ 113 minutes through 127 minutes

Units Number of Minutes (1) One Hour Units

1 unit ≥ 30 minutes through 60 minutes

Left blank intentionally

The following procedure codes may be used for service delivery and claims billing for specialized behavioral health services provided to nursing home residents: (Daily/Annual Max units are effective 4/1/2013)

Description	Procedure Code	Modifier	Service Group	Max Daily Units	Max Month Units	Max Year Units
Psychiatric Diagnostic Assessment (session) Or Via Telemedicine *Report with 90785 for interactive complexity when appropriate*	90791, 90792 (Formerly 90801, 90802) 90791, 90792	U2 U6, U2 U7 U3U6, U3U7 (Encounter) GT U1, GT U2, GTU3	10103	1 *Encounter*	1	12
Mental Health Assessment (15 min unit)	H0031	U2 U6, U2 U7 U3 U6, U3 U7 U4 U6, U4 U7	10101	10	10	80
Mental Health Service Plan (15 min unit)	H0032	U2 U6, U2 U7 U3 U6, U3 U7 U4 U6, U4 U7			4	
Individual Outpatient Therapy (**30 min unit**) *Report with 90785 for interactive complexity when appropriate*	90832 (Formerly 90804)	U2 U6, U2 U7 U3 U6, U3 U7 U4 U6, U4 U7 U5 U6, U5 U7	10160	1	10	52
Family Outpatient Therapy (15 min unit)	90846, 90847	U2 U6, U2 U7 U3 U6, U3 U7 U4 U6, U4 U7	10180	8	10	192
Crisis Intervention ***(Encounter)***	H2011	U1 U6, U1 U7 U2 U6, U2 U7 U3 U6, U3 U7 U4 U6, U4 U7	10110	10	20	144
	90839	U1 U6, U1 U7 U2 U6, U2 U7 U3 U6, U3 U7		1	1	
	90840			8	8	

Description	Procedure Code	Modifier	Service Group	Max Daily Units	Max Month Units	Max Year Units
Psychiatric Treatment Therapy with Evaluation and Management (session)	Appropriate Evaluation and Management Code – See below (Formerly 90805)	U1 U6, U1 U7 U2 U6, U2 U7	10120	2	2	24
						see above
Psychiatric Treatment/Pharmacological Management (session) Or Via Telemedicine *Report with add-on code for psychotherapy time*	Appropriate Evaluation and Management Code-see below (Formerly 90862)	U1 U6, U1 U7 U2 U6, U2 U7 GT U1, GT U2	see above	see above	see above	
Evaluation and Management Codes						
E&M (New Pt - 10 min)	99201	U1 U6, U2 U6 U1 U7, U2 U7 GT U1, GT U2	10120	1	2	24
E&M (New Pt - 20 min)	99202					
E&M (New Pt - 30 min)	99203					
E&M (New Pt - 45 min)	99204					
E&M (New Pt - 60 min)	99205					
E&M (Estab Pt - 5 min)	99211					
E&M (Estab Pt - 10 min)	99212					
E&M (Estab Pt - 10 min)	99212					

Description	Procedure Code	Modifier	Service Group	Max Daily Units	Max Month Units	Max Year Units
E&M (Estab Pt - 15 min)	99213					
E&M (Estab Pt - 15 min)	99213					
E&M (Estab Pt - 25 min)	99214					
E&M (Estab Pt - 40 min)	99215					
E&M - 30 minute add-on code	90833	U1 U6, U2 U6 U1 U7, U2 U7		1	--	
Interactive Complexity Codes (billed at $0)						
Interactive Complexity	90785	With or without TG	10104	4	--	76
Interactive Complexity						

*Note: The maximum units noted here are claims limits on units. The units on the prior authorization may differ slightly due to information system limitations.

MI/ID/DD PASRR Level II Determination Codes

Code	OBRA Status	Explanation
1.0	**PAS Approval** SNF Approval, Serious Mental Illness, No Specialized Services	-Individual has a serious mental illness; -Is appropriate for SNF level of care; -**Does NOT need specialized services** for SMI; -SNF to provide routine MI services of lesser intensity. (i.e. Basic Mental Health Services).
1.1	**PAS Approval** SNF Approval, Serious Mental Illness, Specialized Services	-Individual has a serious mental illness -Is appropriate for SNF level of care; -**NEEDS specialized services** for SMI**;** (i.e. A continuous and aggressive individualized plan of care that is developed and supervised by an interdisciplinary team, prescribes specific therapies and activities by trained personnel to treat acute episodes of serious mental illness, and is directed towards outcomes that increase functional level and reduce the need for specialized services and institutionalization).
1.2	**PAS Approval** SNF Approval, No Serious Mental Illness	-Individual does not have a serious mental illness; -Is appropriate for SNF level of care.
2.0	**PAS Non-Approval** SNF Non-Approval, Serious Mental Illness, Community with Specialized Services	-Individual has a serious mental illness; -Is NOT appropriate for SNF level of care and should be considered for alternative community setting; -**NEEDS specialized services** for SMI in alternative community setting.
2.1	**PAS Non-Approval** SNF Non-Approval, Serious Mental Illness, Inpatient Psychiatric Hospital	-Individual has a serious mental illness; -Is NOT appropriate for SNF level of care and should be considered for psychiatric hospitalization since Applicant's needs are such that they may only be met in an inpatient setting.
2.2	**PAS Non-Approval** SNF Non-Approval, No Serious Mental Illness	-Individual does not have a serious mental illness; -Is NOT appropriate for SNF level of care.
3.0	**PAS Approval** SNF Approval, Developmental	-Individual is ID/DD;

Code	OBRA Status	Explanation
	Disability, No Specialized Services	-Is appropriate for SNF level of care; -**Does NOT need Specialized Services** for ID/DD; -SNF to provide routine ID/DD services for individuals who require services of a lesser intensity (Basic ID/DD Services).
3.1	**PAS Approval** SNF Approval, Developmental Disability, Specialized Services	-Individual is ID/DD; -Is appropriate for SNF level of care; -**NEEDS Specialized Services** for ID/DD (i.e. a demonstration of severe maladaptive behaviors that place the person or others in jeopardy to health and safety, the presence of other skill deficits or specialized training needs that necessitate the availability of trained ID personnel, 24 hours per day, to teach the person functional skills).
3.2	**PAS Approval** SNF Approved, No Developmental Disability	-Individual is not ID/DD; -Is appropriate for SNF level of care.
4.0	**PAS Non-Approval** SNF Non-Approval, Development Disability, Community with Specialized Services	-Individual is ID/DD; -Is NOT appropriate for SNF level of care and should be considered for alternative community setting; -**NEEDS specialized services** for ID/DD in alternative community setting.
4.1	**PAS Non-Approval** SNF Non-Approval, Developmental Disability, ICF/IID	-Individual is ID/DD; -Is NOT appropriate for SNF level of care and should be considered for ICF/IID since Applicant's needs are such that they can be met only in an ICF/IID. (Please see Intermediate Care Facility (ICF/IID) Level Of Care Criteria).
4.2	**PAS Non-Approval** SNF Non-approval, No Developmental Disability	-Individual is not ID/DD; -Is NOT appropriate for SNF level of care.

PASRR Specialized Services Provider Listing – Revised Oct 2015

Rev Oct 2015

Agency Name	Address	Phone	Counties Served	Region
Malinda Graham & Associates, Inc.	1518 Airport Road Hinesville, Ga. 31313	912-559-5536 Fax: 614-388-3712	Bryan, Bulloch Camden,, Chandler, Emanuel, Evans, Glynn, Laurens, Liberty, Long, McIntosh, Montgomery, Tattnall, Toombs, Montgomery, Wayne	**(South/SW)**
AKC Healthcare	1180 McKendree Church Road Suite 207 Lawrenceville Georgia 30043	770-676-6741 Cell: 770-337-2037	Statewide	**Multiple Regions**
CareNow Services, LLC	401 Bombay Lane, Roswell GA 30076	770-664-1920 Fax: 866-373-5426	Statewide	**Multiple Regions**
United Psychology Center DBA Unite Behavioral Health Solutions	2900 Chamblee Tucker Road, Suite 16, Atlanta Georgia 30341	770-939-1288 Fax: 866-545-8645		**Multiple Regions**
Psych On Site of Georgia	1765 Temple Avenue, Atlanta GA 30337-2736	713-528-2328 Fax: 713-533-1408	Statewide	**Multiple Regions**

NOTE: Providers of the PASRR Specialized Services program are required to submit accurate and current contact information to DCH. Any discrepancies or changes in contact information housed in GAMMIS and/or this policy manual should be reported via change of information instructions at www.mmis.ga.gov.

APPENDIX H
Non-Emergency Transportation

Rev. 07/2012

People enrolled in the Medicaid program need to get to and from health care services, but many do not have any means of transportation. The Non-Emergency Transportation Program (NET) provides a way for Medicaid recipients to get that transportation so they can receive necessary medical services covered by Medicaid.

How do I get non-emergency transportation services?

If you are a Medicaid recipient and have no other way to get to medical care or services covered by Medicaid, you can contact a transportation broker to take you. In most cases, you must call three days in advance to schedule transportation. Urgent care situations and a few other exceptions can be arranged more quickly. Each broker has a toll-free telephone number to schedule transportation services, and is available weekdays (Monday-Friday) from 7 a.m. to 6 p.m. All counties in Georgia are grouped into five regions for NET services. A NET Broker covers each region. If you need NET services, **you must contact the NET Broker serving the county you live in** to ask for non-emergency transportation. See the chart below to determine which broker serves your county, and call the broker's telephone number for that region.

What if I have problems with a NET broker?

The Division of Medical Assistance (DMA) monitors the quality of the services brokers provide, handling consumer complaints and requiring periodic reports from the brokers. The state Department of Audits also performs on-site evaluations of the services provided by each broker. If you have a question, comment or complaint about a broker, **call the Member CIC at 866-211-0950**.

Region	**Broker / Phone number**	**Counties served**
North	Southeastrans Toll free 1-866-388-9844 Local 678-510-4555	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Habersham, Hall, Haralson, Jackson, Lumpkin, Morgan, Murray, Paulding, Pickens, Polk, Rabun, Stephens, Towns, Union, Walker, Walton, White and Whitfield
Atlanta	Southeastrans 404-209-4000	Fulton, DeKalb and Gwinnett
Central	LogistiCare Toll free 1-888-224-7981	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Dodge, Fayette, Heard, Henry, Jasper, Jones, Lamar, Laurens, Meriwether, Monroe, Newton, Pike, Putnam, Rockdale, Spalding, Telfair, Troup, Twiggs and Wilkinson
East	LogistiCare	Appling, Bacon, Brantley, Bryan, Bulloch, Burke, Camden, Candler, Charlton, Chatham, Clarke,

	Toll free 1-888-224-7988	Columbia, Effingham, Elbert, Emanuel, Evans, Glascock, Glynn, Greene, Hancock, Hart, Jeff Davis, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Madison, McDuffie, McIntosh, Montgomery, Oconee, Oglethorpe, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Treutlen, Ware, Warren, Washington, Wayne, Wheeler and Wilkes
Southwest	LogistiCare Toll free 1-888-224-7985	Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Crawford, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Peach, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Upson, Webster, Wilcox and Worth

APPENDIX I

PeachCare for Kids® Co-payments:

For children ages 6 and over, the following co-payments apply for each CMO:

Category of Service	**Co-Payment**
Ambulatory Surgical Centers / Birthing	$3.00
Durable Medical Equipment	$2.00
Federally Qualified Health Centers	$2.00
Free Standing Rural Health Clinic	$2.00
Home Health Services	$3.00
Hospital-based Rural Health Center	$2.00
Inpatient Hospital Services	$12.50
Oral Maxillofacial Surgery	Cost-Based
Orthotics and Prosthetics	$3.00
Outpatient Hospital Services	$3.00
Pharmacy - Preferred Drugs	$0.50
Pharmacy - Non-Preferred Drugs	Cost-Based
Physician Assistant Services	Cost-Based
Physician Services	Cost-Based
Podiatry	Cost-Based
Vision Care	Cost-Based

Cost-Based Co-Payment Schedule	
Cost of Service	
$10.00 or less	$0.50
$10.01 to $25.00	$1.00
$25.01 to $50.00	$2.00
$50.01 or more	$3.00

*There are no co-payments for children below the age of 6 years old, for children in Foster Care, or for children who are American Indians or Alaska Natives.

APPENDIX J
ICD 10 Overview

INTENTIONALLY LEFT BLANK

Rev
July
2015

Appendix K - CMS 1500 Claim Form

Effective May 1, 2015, the Department will only accept electronic claims. Any paper claims submitted to the fiscal agent for payment will be returned to the provider. Please refer to the Medicaid and Peachcare for Kids Part I Policies and Procedures manual, Section 112, for more information.

Rev
April
2014

APPENDIX L
CROSSOVER CLAIM SUBMISSION PROCESS AND RATES

The Georgia Department of Community Health (DCH) is providing guidance to providers of Community Behavioral Health Rehabilitation Services related to Medicare Crossover Claims. Per the DCH Medicaid Secondary Claims User Guide (Helpful Information, page 8), once a Medicare claim crosses over to Medicaid, it may not be modified or adjusted. Federal rules require that claims be billed for a dually eligible Medicare/Medicaid member in the same manner to Medicare as they are to Medicare. However, because Medicare does not recognize the modifiers used in the Community Behavioral Health Rehabilitation Services (CBHRS) program, the Georgia Medicaid Management Information System (GAMMIS) accommodates for CBHRS crossover claims as described below.

To ensure the standardized and consistent adjudication of CBHRS providers' (Category of Service 440) claims through the Medicare crossover process, the DCH incorporated specific pricing logic into GAMMIS that utilizes weighted practitioner-level blended rates. Because a claim to Medicare cannot use modifiers to establish the practitioner level and associated rate of reimbursement, the pricing is set at weighted average based on historic utilization.

Updated Instruction for Billing Crossover Claims:
Medicaid/COS 440 providers that are also enrolled Medicare providers will continue to submit crossover claims to Medicare ONLY for members covered by both Medicaid and Medicare with applicable procedure codes, but with:

1) ONLY the modifiers allowable by CMS for Medicare claims; or
2) with no modifiers at all.

A table with applicable procedure codes and pricing follows below.

Those dual-member claims will crossover to Medicaid as they normally do but will pay at the assigned blended rate or less. The affected CPT codes and associated Medicare Crossover-specific rates are listed in the table below. This pricing logic will be applicable ONLY to COS 440 Crossover claims and (barring any Third Party Liability/other insurance payments) will be the only payment providers will receive.

Changes in GAMMIS were implemented on April 1, 2017. The changes will affect crossover claims with dates of service January 1, 2016 and after.

CBHRS providers are reminded of the policy outlined in the PART I Policies and Procedures for Medicaid/PeachCare for Kids Manual; Chapter 300; Section 302; Subsection 302 which states: ***"PLEASE NOTE: When billing either Medicare FFS or Medicare Advantage Plan, you must bill Medicaid in the same manner in which you submitted the bill to Medicare."*** Providers should not add COS 440 modifiers to adjudicated crossover claims and submit them directly to the GAMMIS.

Appendix L (continued)

PROCEDURE CODE	NEW DCH MEDICARE PAYMENT RATE
96101 and 96102 **Terminated by CMS effective 12/31/2018. See Appendix N for crosswalk to 2019 replacement codes**	$79.31 $23.20
90791	$127.17
90792	$142.84
90785	$14.34
90839	$131.81
90840	$63.22
99201	$26.78
99202	$50.34
99203	$77.39
99204	$130.95
99205	$170.19
99211	$9.29
99212	$25.70
99213	$51.08
99214	$78.92
99215	$112.10
90833	$65.02
90836	$82.87
~~**96150**~~	~~**$21.43**~~
~~**96151**~~	~~**$20.35**~~
96156 (replaces 96150 and 96151)	**$25.73 (replacement rate)**
96372	$25.46
90832	$63.22
90834	$83.95
90837	$126.45
90853	$25.36
90846	$101.83
90847	$106.08

Appendix M
2017 State Plan Amendment Codes

On April 21, 2017, a State Plan Amendment to the CBHRS program was approved by Centers for Medicare & Medicaid Services. The amendment adds to the scope of services to children, youth and families, modifies service modalities and revises reimbursement methodology for CBHRS. The procedure codes, modifiers, rates and units for the services included in the State Plan Amendment are listed in the table below and are effective 10/01/2017.

Service Description	PROC CODE	MOD 1	MOD 2	MOD 3	MOD 4	MODIFIER DESCRIPTION(S)	Unit of Service	Rate	What's New
BH Assessment & Service Plan Development	H0031	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	15 min	$38.97	Adding "GT" tele-health modifier
BH Assessment & Service Plan Development	H0031	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	15 min	$30.01	Adding "GT" tele-health modifier
BH Assessment & Service Plan Development	H0031	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	15 min	$20.30	Adding "GT" tele-health modifier
BH Assessment & Service Plan Development	H0031	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	15 min	$15.13	Adding "GT" tele-health modifier
BH Assessment & Service Plan Development	H0032	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	15 min	$38.97	Adding "GT" tele-health modifier
BH Assessment & Service Plan Development	H0032	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	15 min	$30.01	Adding "GT" tele-health modifier
BH Assessment & Service Plan Development	H0032	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	15 min	$20.30	Adding "GT" tele-health modifier
BH Assessment & Service Plan Development	H0032	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	15 min	$15.13	Adding "GT" tele-health modifier
Psychological Testing	96101	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2, In-Clinic	1 hour	$155.87	Adding "GT" tele-health modifier
Psychological Testing	96102	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	1 hour	$120.04	Adding "GT" tele-health modifier
Psychological Testing	96102	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	1 hour	$81.18	Adding "GT" tele-health modifier
Crisis Intervention	H2011	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	15 min	$58.21	Adding "GT" tele-health modifier
Crisis Intervention	H2011	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	15 min	$38.97	Adding "GT" tele-health modifier
Crisis Intervention	H2011	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	15 min	$30.01	Adding "GT" tele-health modifier
Crisis Intervention	H2011	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	15 min	$20.30	Adding "GT" tele-health modifier
Crisis Intervention	H2011	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	15 min	$15.13	Adding "GT" tele-health modifier

Crisis Intervention	90839	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	1 encounter	$232.84	Adding "GT" tele-health modifier
Crisis Intervention	90839	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	1 encounter	$155.88	Adding "GT" tele-health modifier
Crisis Intervention	90839	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	1 encounter	$120.04	Adding "GT" tele-health modifier
Crisis Intervention	90840	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	30 min	$116.42	Adding "GT" tele-health modifier
Crisis Intervention	90840	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	30 min	$77.94	Adding "GT" tele-health modifier
Crisis Intervention	90840	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	30 min	$60.02	Adding "GT" tele-health modifier
Psychiatric Consultation	99446	U1				Practitioner Level 1	1 encounter	$38.81	new service
Psychiatric Consultation	99446	U2				Practitioner Level 2	1 encounter	$25.98	new service
Nursing Services	T1001	GT	U2			Practitioner Level 2, In-Clinic	15 min	$38.97	Adding "GT" tele-health modifier
Nursing Services	T1001	GT	U3			Practitioner Level 3, In-Clinic	15 min	$30.01	Adding "GT" tele-health modifier
Nursing Services	T1001	GT	U4			Practitioner Level 4, In-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Nursing Services	T1002	GT	U2			Practitioner Level 2, In-Clinic	15 min	$38.97	Adding "GT" tele-health modifier
Nursing Services	T1002	GT	U3			Practitioner Level 3, In-Clinic	15 min	$30.01	Adding "GT" tele-health modifier
Nursing Services	T1003	GT	U4			Practitioner Level 4, In-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Nursing Services	~~96150~~ 96156	GT	U2			Practitioner Level 2,In-Clinic	15 min	$38.97	Adding "GT" tele-health modifier
Nursing Services	~~96150~~ 96156	GT	U3			Practitioner Level 3, In-Clinic	15 min	$30.01	Adding "GT" tele-health modifier
Nursing Services	~~96150~~ 96156	GT	U4			Practitioner Level 4, In-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Nursing Services	~~96151~~ 96156	GT	U2			Practitioner Level 2, In-Clinic	15 min	$38.97	Adding "GT" tele-health modifier
Nursing Services	~~96151~~ 96156	GT	U3			Practitioner Level 3, In-Clinic	15 min	$30.01	Adding "GT" tele-health modifier
Nursing Services	~~96151~~ 96156	GT	U4			Practitioner Level 4, In-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Community Support Individual	H2015	GT	U4			Practitioner Level 4, In-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Community Support Individual	H2015	GT	U5			Practitioner Level 5, In-Clinic	15 min	$15.13	Adding "GT" tele-health modifier

Psychosocial Rehabilitation (Individual)	H2017	GT	HE	U4	U6	Mental Health Program, Practitioner Level 4, In-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Psychosocial Rehabilitation (Individual)	H2017	GT	HE	U5	U6	Mental Health Program, Practitioner Level 5, In-Clinic	15 min	$15.13	Adding "GT" tele-health modifier
Addictive Disease Support Services	H2015	GT	HF	U4	U6	Substance Abuse Program, Practitioner Level 4, In-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Addictive Disease Support Services	H2015	GT	HF	U5	U6	Substance Abuse Program, Practitioner Level 5, In-Clinic	15 min	$15.13	Adding "GT" tele-health modifier
Individual Outpatient Services (≈ 30 min)	90832	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	1 encounter	$64.95	Adding "GT" tele-health modifier
Individual Outpatient Services (≈ 30 min)	90832	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	1 encounter	$50.02	Adding "GT" tele-health modifier
Individual Outpatient Services (≈ 30 min)	90832	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	1 encounter	$33.83	Adding "GT" tele-health modifier
Individual Outpatient Services (≈ 30 min)	90832	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	1 encounter	$25.21	Adding "GT" tele-health modifier
Individual Outpatient Services (≈ 45 min)	90834	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	1 encounter	$116.90	Adding "GT" tele-health modifier
Individual Outpatient Services (≈ 45 min)	90834	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	1 encounter	$90.03	Adding "GT" tele-health modifier
Individual Outpatient Services (≈ 45 min)	90834	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	1 encounter	$60.89	Adding "GT" tele-health modifier
Individual Outpatient Services (≈ 45 min)	90834	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	1 encounter	$45.38	Adding "GT" tele-health modifier
Individual Outpatient Services (≈ 60 min)	90837	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	1 encounter	$155.87	Adding "GT" tele-health modifier
Individual Outpatient Services (≈ 60 min)	90837	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	1 encounter	$120.04	Adding "GT" tele-health modifier
Individual Outpatient Services (≈ 60 min)	90837	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	1 encounter	$81.18	Adding "GT" tele-health modifier
Individual Outpatient Services (≈ 60 min)	90837	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	1 encounter	$60.51	Adding "GT" tele-health modifier

Family Outpatient Services	H0004	GT	HR	U2		Via interactive a/v telecom systems, With client present, Practitioner Level 2	15 min	$38.97	Adding "GT" tele-health modifier
Family Outpatient Services	H0004	GT	HR	U3		Via interactive a/v telecom systems, With client present, Practitioner Level 3	15 min	$30.01	Adding "GT" tele-health modifier
Family Outpatient Services	H0004	GT	HR	U4		Via interactive a/v telecom systems, With client present, Practitioner Level 4	15 min	$20.30	Adding "GT" tele-health modifier
Family Outpatient Services	H0004	GT	HR	U5		Via interactive a/v telecom systems, With client present, Practitioner Level 5	15 min	$15.13	Adding "GT" tele-health modifier
Family Outpatient Services	H0004	GT	HS	U2		Via interactive a/v telecom systems, Without client present, Practitioner Level 2	15 min	$38.97	Adding "GT" tele-health modifier
Family Outpatient Services	H0004	GT	HS	U3		Via interactive a/v telecom systems,Without client present,Practitioner Level 3	15 min	$30.01	Adding "GT" tele-health modifier
Family Outpatient Services	H0004	GT	HS	U4		Via interactive a/v telecom systems, Without client present, Practitioner Level 4	15 min	$20.30	Adding "GT" tele-health modifier
Family Outpatient Services	H0004	GT	HS	U5		Via interactive a/v telecom systems, Without client present, Practitioner Level 5	15 min	$15.13	Adding "GT" tele-health modifier
Family Outpatient Services	90846	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	15 min	$38.97	Adding "GT" tele-health modifier
Family Outpatient Services	90846	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	15 min	$30.01	Adding "GT" tele-health modifier
Family Outpatient Services	90846	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	15 min	$20.30	Adding "GT" tele-health modifier
Family Outpatient Services	90846	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	15 min	$15.13	Adding "GT" tele-health modifier
Family Outpatient Services	90847	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	15 min	$38.97	Adding "GT" tele-health modifier
Family Outpatient Services	90847	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	15 min	$30.01	Adding "GT" tele-health modifier

Family Outpatient Services	90847	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	15 min	$20.30	Adding "GT" tele-health modifier
Family Outpatient Services	90847	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	15 min	$15.13	Adding "GT" tele-health modifier
Family Outpatient Services	H2014	GT	HR	U4		Via interactive a/v telecom systems, With client present, Practitioner Level 4	15 min	$20.30	Adding "GT" tele-health modifier
Family Outpatient Services	H2014	GT	HR	U5		Via interactive a/v telecom systems, With client present, Practitioner Level 5	15 min	$15.13	Adding "GT" tele-health modifier
Family Outpatient Services	H2014	GT	HS	U4		Via interactive a/v telecom systems, Without client present, Practitioner Level 4	15 min	$20.30	Adding "GT" tele-health modifier
Family Outpatient Services	H2014	GT	HS	U5		Via interactive a/v telecom systems, Without client present, Practitioner Level 5	15 min	$15.13	Adding "GT" tele-health modifier
Peer Supports - Youth (Group)	H0038	HA	HQ	U4	U6	Child & Adolescent, Youth Peer, Group Setting, Practitioner Level 4, In-Clinic	1 hour	$17.72	Youth Peer Support when provided by a CPS-Y
Peer Supports - Youth (Group)	H0038	HA	HQ	U5	U6	Child & Adolescent, Youth Peer, Group Setting, Practitioner Level 5, In-Clinic	1 hour	$13.20	Youth Peer Support when provided by a CPS-Y
Peer Supports - Youth (Group)	H0038	HA	HQ	U4	U7	Child & Adolescent, Youth Peer, Group Setting, Practitioner Level 4, In-Clinic	1 hour	$21.64	Youth Peer Support when provided by a CPS-Y
Peer Supports - Youth (Group)	H0038	HA	HQ	U5	U7	Child & Adolescent, Youth Peer, Group Setting, Practitioner Level 5, In-Clinic	1 hour	$16.12	Youth Peer Support when provided by a CPS-Y
Peer Supports - Parent (Group)	H0038	HQ	HS	U4	U6	Child & Adolescent, Parent Peer, Group Setting, Practitioner Level 4, In-Clinic	1 hour	$17.72	Family Peer Support when provided by a CPS-P
Peer Supports - Parent (Group)	H0038	HQ	HS	U5	U6	Child & Adolescent, Parent Peer, Group Setting, Practitioner Level 5, In-Clinic	1 hour	$13.20	Family Peer Support when provided by a CPS-P

Peer Supports - Parent (Group)	H0038	HQ	HS	U4	U7	Child & Adolescent, Parent Peer, Group Setting, Practitioner Level 4, In-Clinic	1 hour	$21.64	Family Peer Support when provided by a CPS-P
Peer Supports - Parent (Group)	H0038	HQ	HS	U5	U7	Child & Adolescent, Parent Peer, Group Setting, Practitioner Level 5, In-Clinic	1 hour	$16.12	Family Peer Support when provided by a CPS-P
Peer Supports(Individual)	H0038	GT	U4			Practitioner Level 4,In-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Peer Supports (Individual)	H0038	GT	U5			Practitioner Level 5, In-Clinic	15 min	$15.13	Adding "GT" tele-health modifier
Peer Supports (Individual)	H0038	GT	HF	U4		Substance Abuse Program, Practitioner Level 4, In-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Peer Supports (Individual)	H0038	GT	HF	U5		Substance Abuse Program, Practitioner Level 5, In-Clinic	15 min	$15.13	Adding "GT" tele-health modifier
Peer Supports - Youth (Individual)	H0038	HA	U4	U6		Practitioner Level 4, In-Clinic	15 min	$20.30	Youth Peer Support when provided by a CPS-Y
Peer Supports - Youth (Individual)	H0038	HA	U5	U6		Practitioner Level 5, In-Clinic	15 min	$15.13	Youth Peer Support when provided by a CPS-Y
Peer Supports - Youth (Individual)	H0038	HA	U4	U7		Practitioner Level 4, Out-of-Clinic	15 min	$24.36	Youth Peer Support when provided by a CPS-Y
Peer Supports - Youth (Individual)	H0038	HA	U5	U7		Practitioner Level 5, Out-of-Clinic	15 min	$18.15	Youth Peer Support when provided by a CPS-Y
Peer Supports - Youth (Individual)	H0038	GT	HA	U4		Via interactive a/v telecom systems, Practitioner Level 4	15 min	$20.30	Adding "GT" tele-health modifier
Peer Supports - Youth (Individual)	H0038	GT	HA	U5		Via interactive a/v telecom systems, Practitioner Level 5	15 min	$15.13	Adding "GT" tele-health modifier
Peer Supports - Parent (Individual)	H0038	HS	U4	U6		Practitioner Level 4, In-Clinic	15 min	$20.30	Family Peer Support when provided by a CPS-P
Peer Supports - Parent (Individual)	H0038	HS	U5	U6		Practitioner Level 5, In-Clinic	15 min	$15.13	Family Peer Support when provided by a CPS-P
Peer Supports - Parent (Individual)	H0038	HS	U4	U7		Practitioner Level 4, Out-of-Clinic	15 min	$24.36	Family Peer Support when provided by a CPS-P
Peer Supports - Parent (Individual)	H0038	HS	U5	U7		Practitioner Level 5, Out-of-Clinic	15 min	$18.15	Family Peer Support when provided by a CPS-P

Peer Supports (Individual)	H0038	GT	HS	U4		Practitioner Level 4, In-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Peer Supports (Individual)	H0038	GT	HS	U5		Practitioner Level 5, In-Clinic	15 min	$15.13	Adding "GT" tele-health modifier
Peer Support Whole Health & Wellness	H0025	GT	U3			Practitioner Level 3, In-Clinic	15 min	$30.01	Adding "GT" tele-health modifier
Peer Support Whole Health & Wellness	H0025	GT	U4			Practitioner Level 4, In-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Peer Support Whole Health & Wellness	H0025	GT	U5			Practitioner Level 5, In-Clinic	15 min	$15.13	Adding "GT" tele-health modifier
Peer Support Whole Health & Wellness	H0025	HQ	U4	U6		Practitioner Level 4, In-Clinic	15 min	$17.72	Adding "HQ" group modifier
Peer Support Whole Health & Wellness	H0025	HQ	U4	U7		Practitioner Level 4, Out-of-Clinic	15 min	$21.64	Adding "HQ" group modifier
Peer Support Whole Health & Wellness	H0025	HQ	U5	U6		Practitioner Level 5, In-Clinic	15 min	$13.20	Adding "HQ" group modifier
Peer Support Whole Health & Wellness	H0025	HQ	U5	U7		Practitioner Level 5, Out-of-Clinic	15 min	$16.12	Adding "HQ" group modifier
Task Oriented Rehabilitation Services	H2025	U4	U6			Practitioner Level 4, Out-of-Clinic	15 min	$20.30	Adding "U6" in-clinic
Task Oriented Rehabilitation Services	H2025	U5	U6			Practitioner Level 5, Out-of-Clinic	15 min	$15.13	Adding "U6" in-clinic
Assertive Community Treatment - Group	H0039	HQ	U3	U7		Group Setting, Practitioner Level 3, Out-of-Clinic	15 min	$6.60	Adding "U7" out-of-clinic
Assertive Community Treatment - Group	H0039	HQ	U4	U7		Group Setting, Practitioner Level 4, Out-of-Clinic	15 min	$4.43	Adding "U7" out-of-clinic
Assertive Community Treatment - Group	H0039	HQ	U5	U7		Group Setting, Practitioner Level 5, Out-of-Clinic	15 min	$3.30	Adding "U7" out-of-clinic
Intensive Family Intervention	H0036	GT	U3			Practitioner Level 3, In-Clinic	15 min	$30.01	Adding "GT" tele-health modifier
Intensive Family Intervention	H0036	GT	U4			Practitioner Level 4,In-Clinic	15 min	$22.14	Adding "GT" tele-health modifier
Intensive Family Intervention	H0036	GT	U5			Practitioner Level 5, In-Clinic	15 min	$16.50	Adding "GT" tele-health modifier
Community Support Team	H0039	TN	GT	U3		Practitioner Level 3, In-Clinic	15 min	$30.01	Adding "GT" tele-health modifier
Community Support Team	H0039	TN	GT	U4		Practitioner Level 4, In-Clinic	15 min	$20.30	Adding "GT" tele-health modifier

Community Support Team	H0039	TN	GT	U5		Practitioner Level 5, In-Clinic	15 min	$15.13	Adding "GT" tele-health modifier
Crisis Stabilization	H0018						1 day	$209.22	
Crisis Stabilization	H0018	HA				Child Program	1 day	$209.22	
Intensive Case Management	T1016	GT	HK	U4		High Risk Population, Practitioner Level 5, Out-of-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Intensive Case Management	T1016	GT	HK	U5		High Risk Population, Practitioner Level 5, Out-of-Clinic	15 min	$15.13	Adding "GT" tele-health modifier
Case Management Services	T1016	GT	U4			Practitioner Level 5, Out-of-Clinic	15 min	$20.30	Adding "GT" tele-health modifier
Case Management Services	T1016	GT	U5			Practitioner Level 5, Out-of-Clinic	15 min	$15.13	Adding "GT" tele-health modifier
Intensive Customized Care Coordination	H2022	HK				High Risk Population	1 month	$915.96	
SAIOP - Adult	H0015	U3	U6			Practitioner Level 3, In-Clinic	1 hour	$26.40	
SAIOP - Adult	H0015	U4	U6			Practitioner Level 4, In-Clinic	1 hour	$17.72	
SAIOP - Adult	H0015	U5	U6			Practitioner Level 5, In-Clinic	1 hour	$13.20	
SAIOP - Adult	H0015	U3	U7			Practitioner Level 3, Out-of-Clinic	1 hour	$33.00	
SAIOP - Adult	H0015	U4	U7			Practitioner Level 4, Out-of-Clinic	1 hour	$21.64	
SAIOP - Adult	H0015	U5	U7			Practitioner Level 5, Out-of-Clinic	1 hour	$16.12	
SAIOP - C&A	H0015	HA	U3	U6		Child Program, Practitioner Level 3, In-Clinic	1 hour	$26.40	
SAIOP - C&A	H0015	HA	U4	U6		Child Program, Practitioner Level 4, In-Clinic	1 hour	$17.72	
SAIOP - C&A	H0015	HA	U5	U6		Child Program, Practitioner Level 5, In-Clinic	1 hour	$13.20	
SAIOP - C&A	H0015	HA	U3	U7		Child Program, Practitioner Level 3, Out-of-Clinic	1 hour	$33.00	
SAIOP - C&A	H0015	HA	U4	U7		Child Program, Practitioner Level 4, Out-of-Clinic	1 hour	$21.64	
SAIOP - C&A	H0015	HA	U5	U7		Child Program, Practitioner Level 5, Out-of-Clinic	1 hour	$16.12	

Appendix N – 2019 CPT Code Crosswalk for Psychological Testing codes as utilized in COS 440

Rev Jan 2019

Effective January 1, 2019, the Department of Community Health (DCH) and Gainwell Technologies updated the Georgia Medicaid Management Information System (GAMMIS), with the 2019 Healthcare Common Procedure Coding System/Current Procedural Terminology (HCPCS/CPT) procedure codes as mandated by the Centers for Medicaid and Medicare Services (CMS). Two (2) old CPT procedure codes were updated by CMS and replaced in 2019 with six (6) new replacement codes in the Category of Service (COS) 440 CBHRS program. The two (2) old Psychological testing procedure codes being replaced for the COS 440 program are **96101 and 96102**. The six (6) new replacement codes in 2019 are **96130, 96131, 96136, 96137, 96138, and 96139.**

The table below provides a cross-walk of the current (old) Psychological testing codes to the six (6) new 2019 replacement procedures codes to be configured in GAMMIS. Please note that the historical location, practitioner specific modifiers, AND the previous rate methodology will all still apply for the new 2019 replacement procedure codes. Additionally, in accordance with CMS' recent mandate to State Medicaid Agencies, the six (6) new replacement Psychological testing procedure codes' unit of service may change as noted below

2018 CPT Code	Practitioner	Service Location	Unit	Rate	2019 CPT Code	Practitioner	Service Location	Unit	Rate
96101	U2	U6	1 hour	$155.87	96130	U2	U6	1 hour	$155.87
96101	U2	U7	1 hour	$187.04	96130	U2	U7	1 hour	$187.04
96101	U2	GT	1 hour	$155.87	96130	U2	GT	1 hour	$155.87
					96131	U2	U6	1 hour	$155.87
					96131	U2	U7	1 hour	$187.04
					96131	U2	GT	1 hour	$155.87
					96136	U2	U6	30 min	$77.94
					96136	U2	U7	30 min	$93.52
					96136	U2	GT	30 min	$77.94
					96137	U2	U6	30 min	$77.94
					96137	U2	U7	30 min	$93.52
					96137	U2	GT	30 min	$77.94
96102	U3	U6	1 hour	$120.04	96130	U3	U6	1 hour	$120.04
96102	U3	U7	1 hour	$146.71	96130	U3	U7	1 hour	$146.71
96102	U4	U6	1 hour	$81.18	96130	U4	U6	1 hour	$81.18
96102	U4	U7	1 hour	$97.42	96130	U4	U7	1 hour	$97.42
96102	U3	GT	1 hour	$120.04	96130	U3	GT	1 hour	$120.04
96102	U4	GT	1 hour	$81.18	96130	U4	GT	1 hour	$81.18
					96131	U3	U6	1 hour	$120.04
					96131	U3	U7	1 hour	$146.71
					96131	U4	U6	1 hour	$81.18
					96131	U4	U7	1 hour	$97.42
					96131	U3	GT	1 hour	$120.04
					96131	U4	GT	1 hour	$81.18
					96138	U3	U6	30 min	$60.02
					96138	U3	U7	30 min	$73.36
					96138	U4	U6	30 min	$40.59
					96138	U4	U7	30 min	$48.71
					96138	U3	GT	30 min	$60.02
					96138	U4	GT	30 min	$40.59
					96139	U3	U6	30 min	$60.02
					96139	U3	U7	30 min	$73.36
					96139	U4	U6	30 min	$40.59
					96139	U4	U7	30 min	$48.71

[redacted]	96139	U3	GT	30 min	$60.02
	96139	U4	GT	30 min	$40.59

APPENDIX O

CBHRS TELEMEDICINE GUIDANCE

This appendix will outline use of Telemedicine for Behavioral Health services within the Community Behavioral Health and Rehabilitation Services (CBHRS) program.

Telemedicine

Involves the use of two-way, real time interactive communication equipment to exchange medical/clinical information between a healthcare practitioner and the member from one site to another via a secure electronic communication system. This includes audio and video communications equipment designed to facilitate delivery of healthcare services in a face-to-face interactive, though distant, engagement.

Originating Site: For CBHRS, members may be located at home, schools, and other community-based settings or at more traditional sites named in the Department of Community Health (DCH) Telemedicine Guidance manual including:

- Physician and Practitioner's Offices;
- Hospitals;
- Rural Health Clinics;
- Federally Qualified Health Centers;
- Local Education Authorities and School Based Clinics;
- County Boards of Health;
- Emergency Medical Services Ambulances; and
- Pharmacies.

Security and Confidentiality:

In compliance with all applicable Federal and State statutes and regulations, providers of the CBHRS program are permitted to incorporate usage of Telemedicine for certain services they provide. The goal for enabling telemedicine methods is to improve and increase access and efficiency of behavioral health service delivery to Georgia Medicaid members. Appropriate use of Telemedicine shall consider its safe and confidential use always. Special considerations in the use of electronic-facilitated treatment must include informed consent of the individual served, authorization through the process of Individualized Recovery Plans, educational components in assessment and service delivery which indicates ongoing agreement with the treatment method and under what circumstances electronic communications may and may not be used.

Telemedicine Services must be HIPAA compliant and in accordance with Safety and Privacy regulations. All transactions must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the transmitted information. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver. All interactive video telecommunications must comply with HIPAA patient privacy regulations at the site where the member is located, the site where the consulting provider is located and in the transmission process. All communications must be on a secure network in compliance with HIPAA Encryption (Encryption is the conversion of plaintext into cipher text using a key to make the conversion) and Redundancy requirements.

Consent:
The Telemedicine Member Consent Form for each member is outlined in the Telemedicine Guidance Document and is to utilize. Complete and detailed Guidance on Telemedicine and Telehealth can be accessed by visiting https://www.mmis.georgia.gov/portal/; then clicking Provider Information, Provider manuals and Telemedicine Guidance.

Language Interpreters Scope of Use:
NOTE: Currently, the Department of Behavioral Health and Developmental Disabilities (DBHDD) has authorized Telemedicine to be used to provide some of the services in the CBHRS program. For other specifics on Telemedicine and its scope of use, see the DBHDD Provider Manual at: http://dbhdd.org/files/Provider-Manual-BH.pdf

Services that can be rendered via Telemedicine are identified in Appendix C, Appendix M, and Appendix G by procedure codes that include the 'GT' modifier. Please refer to these Appendices to determine which services can and cannot be provided via the telemedicine option.
While some CBHRS services allow telephonic interactions, telephonic interventions do not qualify as telemedicine.

Billing:
Originating fees (as referenced in some of the other Georgia Medicaid programs) are not offered for telemedicine when utilized in the CBHRS category of service. Care Management Organizations may have specific billing requirements and practices which will be outlined in their unique agreements with providers.

Other definitions:
Telehealth is a broad definition of remote healthcare that does not always involve clinical services. Telehealth can be used in telecommunications technologies for patient education, home health, professional health education and training, administrative and program planning, and other diverse aspects of a health care delivery system.

Tele-Mental Health is utilized for licensed practitioners under the guidance of the Georgia Secretary of State's office (Social Workers, Professional Counselors and Marriage & Family Therapists), there are specific practice guidelines and mandatory training pertaining to what is identified as Tele-Mental Health. Providers are encouraged to ensure these guidelines are followed for all members receiving services provided by licensed practitioners impacted by the Georgia Secretary of State's office.

Other references:

*Cite as Ga. Comp. R. & Regs. R. 135-11-.01
Authority: O.C.G.A. §§ 43-1-19, 43-1-24, 43-1-25, 43-10A-2, 43-10A-5, 43-10A-16, 43-10A-17.
History. Original Rule entitled "Telemental Health" adopted. F. Sep. 17, 2015; eff. Oct. 7, 2015.

*The US Department of Health and Human Services offers guidance on HIPAA compliance at https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/in

APPENDIX P

2020 CMS CPT CODE UPATE

Effective January 1, 2020, two (2) procedure codes utilized for prior authorization and claims submission for the CBHRS program were replaced. Per the 2020 CMS CPT code update and the American Psychological Association Crosswalk for 2020 Health Behavior Assessment and Intervention CPT Codes, Procedure codes 96150 and 96151 were both replaced by ONE procedure code – 96156. The below crosswalk reflects details about the code conversion. The above rate tables also reflect the conversion as it relates to modifiers, rates and unit increments.

COS 440 Community Behavioral Health Rehabilitation Services Medicaid Rates											
Old Code	**Mod 1**	**Mod 2**	**Rate**	**Old Unit Definition**	**Old Daily Max**	**New Code**	**Mod 1**	**Mod 2**	**Rate**	**New Unit Definition**	**New Daily Max**
96150	U4	U6	$20.30	15 min	16	96156	U4	U6	$20.30	1 encounter	1 unit
96151	U4	U6	$20.30	15 min	16						
96150	U4	U7	$24.36	15 min	16	96156	U4	U7	$24.36	1 encounter	1 unit
96151	U4	U7	$24.36	15 min	16						
96150	U3	U6	$30.01	15 min	16	96156	U3	U6	$30.01	1 encounter	1 unit
96151	U3	U6	$30.01	15 min	16						
96150	U3	U7	$36.68	15 min	16	96156	U3	U7	$36.68	1 encounter	1 unit
96151	U3	U7	$36.68	15 min	16						
96150	U2	U6	$38.97	15 min	16	96156	U2	U6	$38.97	1 encounter	1 unit
96151	U2	U6	$38.97	15 min	16						
96150	U2	U7	$46.76	15 min	16	96156	U2	U7	$46.76	1 encounter	1 unit
96151	U2	U7	$46.76	15 min	16						