MISSOURI DEPARTMENT OF MENTAL HEALTH
Division of Comprehensive Psychiatric Services
OFFICIAL MEMORANDUM

July 11, 2011

TO: **All CPR Providers**

FROM: Tom Rehak, Coordinator of Policy and Programs
Division of Comprehensive Psychiatric Services

SUBJECT: **CPR Brief Evaluation**

This is to provide you with further information regarding unbundling the CPR Brief Evaluation service. You were notified in June under separate cover that we would be unbundling the components of the CPR Brief Evaluation service effective July 1, 2011.

Please note that for persons enrolled in the CPR program (excluding those persons enrolled in the Disease Management 3700 project) and assigned to the Rehabilitation level of care, assessment and treatment planning activities will continue to be billed using the bundled Intake and Annual Evaluation (procedure codes H0031 and H003152). This correspondence only pertains to activities previously billed as Brief Evaluation, procedure code 90801HO.

To review the history of CPR Brief Evaluation:

CPR Brief Evaluation was initially set up when we added levels of care to the CPR program. The purpose was to have a unit of service that would pay for both assessment and/or treatment planning activities for persons enrolled in the Maintenance level of care. For persons in the Rehabilitation level of care, those activities (including quarterly treatment plan reviews) are all included in the bundled Intake and Annual Evaluations, procedure codes H0031 and H003152. We initially authorized the use of Brief Evaluation for mental health professionals doing the following activities: evaluations of persons being admitted to the Maintenance level of care in CPR; treatment plan development and treatment plan reviews/revisions for persons in the Maintenance level of care; level of care transition summaries when a person is moving from one level of care to another; and any additional evaluation activities needed when a person is moving from one level of care to another. Subsequently, we authorized the use of Brief Evaluation to pay for evaluation and treatment planning activities for persons targeted for the Disease Management 3700 project, regardless of the level of care they were being assigned to.

CPR Brief Evaluation, procedure code 90801HO, is being replaced by two new procedure codes, H0002 (Behavioral Health Assessment) and H0032 (Treatment Planning).

Office of Policy and Programs **Tom Rehak**
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Here are the new procedures and limitations:

H0002 - Behavioral Health Assessment

- Eligible provider: Mental health professional
- 15 minute unit of service
- Medicaid (IGT) rate: $20.93 per unit
- Provider pay (CIMOR contract) rate: $18.15 per unit
- Limitation: no more than 100 units annually per recipient

H0032 - Treatment Planning

- Eligible provider: Mental health professional
- 15 minute unit of service
- Medicaid (IGT) rate: $20.93 per unit
- Provider pay (CIMOR contract) rate: $18.15 per unit
- Limitation: no more than 200 units annually per recipient

90801HO may only be used for service dates through 6/30/11. For service dates on or after 7/1/11, the activities you previously billed as 90801HO must be billed using either H0002 or H0032, as appropriate.

Treatment plan development and treatment plan reviews/revisions should now be billed to H0032. All other activities previously billed to CPR Brief Evaluation should now be billed to H0002.

Brief Evaluation claims rejected previously due to NCCI protocols

You may have had CPR Brief Evaluation billings reject with service dates prior to 7/1/11 because you had already been paid for other procedure codes on the same service date (most typically this may have occurred when billed on the same date as Medication Services, 90862). This occurred because of National Correct Coding Initiative protocols which prevent certain procedure codes from paying on the same date as others. If this occurred, and you have not yet received reimbursement for a Brief Evaluation intervention you delivered on or after July 1, 2010, you may re-bill those activities and service time now using H0002 and H0032, as appropriate. Please note, if you are going to rebill Brief Evaluation time for this reason, you should write additional progress notes in the case record to reflect the billing of H0002 and/or H0032. If you do this, please insure your progress notes reflect the correct service dates, times, and description associated with each procedure code.

If you have any questions, please let me know.