

## Appendix E – Service Codes

### Service Coding Instructions for the Event Data Set

This appendix describes the service codes to be used when reporting all services in the Event Data Set. All services shall be provided in accordance with applicable Kentucky Statutes and Regulations, and according to applicable reimbursement instructions per the various payer source.

The services reported in the Event Data Set should include all services provided during the reporting period for all payer sources for the clients reported in the Client file which covers the same reporting period. Specifically, the codes described in this appendix are used to complete fields SV101(2) HCPCS Procedure Code and NTE02 DMHMRS\_Modifier\_1 (DBHDID Service code).

The pages below are intended to be a guide when reporting to BHDID services in the monthly Event file. Service codes and descriptions are grouped into related categories within the following table:

|             |                                                                                                                   |
|-------------|-------------------------------------------------------------------------------------------------------------------|
| Pages 11-21 | <b>Developmental and Intellectual Disabilities</b>                                                                |
| Pages 22-27 | <b>Mental Health Treatment and Prevention</b>                                                                     |
| Pages 28-35 | <b>Substance Use Disorder Treatment and Prevention</b>                                                            |
| Pages 35-54 | <b>Behavioral Health (Mental Health, Substance Use Disorder), and Developmental and Intellectual Disabilities</b> |
| Page 55     | <b>Unknown and Other Services Not Categorized Above</b>                                                           |
| Pages 57-59 | <b>Index of DMHMRS_Modifier_1 Codes in Numerical Order</b>                                                        |

The third column in the table below includes possible valid CPT or HCPCS codes that are used to bill for the services listed in columns one and two. This may be used as a guide but not an exclusive list of codes to use when reporting to the BHDID. The DBHDID recognizes that codes may change within a reporting period; thus, the third column may not specify every valid procedure code used to bill for services. Contact the DBHDID for the most revised version of this living document and contact the managed care organizations or Department for Medicaid Services for billing codes.

**The following illustrates the reporting requirements for SV101(2) and NTE02 fields based on different payers for the services.**

#### **Case #1: Primary Payer is DBHDID (“Y”)**

SV101(2): leave blank, enter a valid CPT or HCPCS procedure code, or enter the same 3-digit code used in NTE02

NTE02: Must contain a valid three-digit DMHMRS service code (see pages AE-4-10, 55-57)

#### **Case #2: Primary Payer is Medicaid (“D”)**

SV101(2): Enter a valid CPT / HCPCS billing code (see pages 4-10 herein). If a billing code is not specified, you may use a valid CPT or HCPCS procedure code.

NTE02: Enter either

- 1) A valid DBHDID Service code which is equivalent to the code entered in SV101(2) (see pages AE-4-10, 55-57)
- 2) Code '99' to signify that the code entered in SV101(2) is descriptive of the service

### **Case #3: Other Primary Payer**

SV101(2): Enter a valid CPT or HCPCS procedure code (see pages AE-4-10, 55-57)

NTE02: Must contain a valid three-digit DBHDID service code (see pages AE-4-10, 55-57)

#### **REMINDER:**

For every service reported in the Event Data Set, a valid Payer source must also be listed in field DAO-05 (Source of Pay 1 Prime Payer).

### **Units of Service**

1 Client Day: A client day shall begin at midnight and end 24 hours later. A part-day of admission shall count as a full day.

1 Client Hour: A client hour shall start when a face-to-face contact starts and shall end 60 minutes later for the initial unit. Beyond the initial unit, less than thirty (30) minutes shall be rounded down; thirty minutes or later shall be rounded up. Example: Actual time 1 hour and 20 minutes = 1 hour. Rounding up is not allowed in Medicaid waiver.

¼ Client Hour: A client quarter hour shall start when a face-to-face contact starts. For those services where a unit of service is 15 minutes, the time may be rounded up or down. An initial unit of service less than 15 minutes may be billed as one unit. Beyond the initial unit, service times less than half the unit shall be rounded down; service time equal to or greater than half the unit shall be rounded up. Example: 20 minutes equals one unit. 25 minutes equals two units. Rounding up is not allowed in Medicaid waiver.

1 Staff Hour: A staff hour shall start when the service begins and shall end 60 minutes later for the initial unit. Beyond the initial unit, less than thirty (30) minutes shall be rounded down; thirty minutes or more shall be rounded up. Rounding up is not allowed in Medicaid waiver.

¼ Staff Hour: A staff quarter hour shall start when the service begins. For those services where a unit of service is 15 minutes, the time may be rounded up or down. An initial unit of service less than 15 minutes may be billed as one unit. Beyond the initial unit, service times less than half the unit shall be rounded down; service time equal to or greater than half the unit shall be rounded up. Rounding up is not allowed in Medicaid waiver.

### **Special Units:**

**Targeted Case Management for Adults with Serious Mental Illness (SMI) (060)**: A unit of service shall be one month; for a billable service to have occurred, at least 4 service contacts shall have occurred.

Two of the contacts shall be face-to-face with the client. The other two contacts may be face-to-face or by telephone with or on behalf of the client.

**Targeted Case Management for Children with Severe Emotional Disorder (SED) (061):** A unit of service shall be one month. For a billable service to have occurred, at least 4 service contacts shall have occurred. Two of the contacts shall be face-to-face with the client; at least one of these contacts shall be with the child and the other shall be with the family, parent(s), or person in custodial control. The other two contacts may be face-to-face or by telephone with or on behalf of the child.

**Targeted Case Management for Individuals with Moderate to Severe Substance Use Disorder (SUD) (264):** A unit of service shall be one month; for a billable service to have occurred, at least 4 service contacts shall have occurred. Two of the contacts shall be face-to-face with the client. The other two contacts may be face-to-face or by telephone with or on behalf of the client. There is a special case to this rule found in the reimbursement regulation; if the recipient is under the age of eighteen, contacts shall include one face-to-face with the recipient and one face-to-face with the recipient's parent or legal guardian.

**Targeted Case Management for Individuals w Co-Occurring Mental Health (SMI, SED) or Substance Use Disorders (SUD) and Chronic Complex Physical Health Issues (266):** A unit of service shall be one month. For a billable service to have occurred, at least 5 service contacts shall have occurred. Three of the contacts shall be face-to-face with the client. The other two contacts may be face-to-face or by telephone with or on behalf of the client. When used with clients under age 18 having SED, two contacts shall be face-to-face with the client, two contacts shall be face-to-face with parent or guardian and one face-to-face or by telephone with or on behalf of the child. This shall be delivered in accordance with the current Kentucky State Plan Amendment and Reimbursement Regulations.

**Additional Notes:**

1. Rounding up is not allowed in Medicaid waiver programs.
2. When submitting Event Data for a service, all units for that service date shall be reported on one line of the Event Data Set. For example, a service is provided to a client for one hour. The unit of service for that service is 1/4 hour or fifteen (15) minutes. The event should be reported on one line as 4 units of service (i.e., the client received 4 15-minute units).
3. Throughout this document, "Behavioral Health" means that the service may apply to either the mental health or substance use disorder programs.

## DBHDID Service Code Definitions and Crosswalk

The purpose of this crosswalk is to guide providers in the development of the Event data file that is submitted to the BHDID. In the chart below, codes listed in the column “Equivalent Billing Code(s)” may not specify every valid procedure code used for billing purposes per service. Since codes may change over time, the BHDID will attempt to update this web-posted document as often as needed. If questions come up, it is recommended that providers contact the DBHDID to secure the latest revision of this document. Contact: [HopeB.Beatty@ky.gov](mailto:HopeB.Beatty@ky.gov).

Note: “Behavioral Health” refers to mental health and/or substance use disorder programs.

| Service Name                                                | BHDID Data Implementation Guide<br>Event Field NTE02<br>DMHMRS_Modifier_1<br>"DBHDID Service Code" | Equivalent Billing Code(s)                                                                                                                                                                                                                                                                             | Appendix E<br>(AE-)<br>Page # |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
|                                                             |                                                                                                    | NOTE: This column may not specify every valid billing procedure code. The DBHDID recognizes that codes may change over time. Contact the DBHDID for the most revised version of this living document and contact the managed care organizations or Department for Medicaid Services for billing codes. |                               |
| Developmental and Intellectual Disabilities                 |                                                                                                    |                                                                                                                                                                                                                                                                                                        |                               |
| Respite Care (Intellectual Disabilities)                    | 031                                                                                                | T1005                                                                                                                                                                                                                                                                                                  | 11                            |
| Behavioral Support (Intellectual Disabilities)              | 084                                                                                                | 96152                                                                                                                                                                                                                                                                                                  | 11                            |
| Occupational Therapy                                        | 087                                                                                                | 97530;<br>97139 (when billed with GO modifier)                                                                                                                                                                                                                                                         | 12                            |
| Physical Therapy                                            | 088                                                                                                | 97110;<br>97139 (when billed with GP modifier)                                                                                                                                                                                                                                                         | 12                            |
| Speech Therapy                                              | 089                                                                                                | 92507                                                                                                                                                                                                                                                                                                  | 13                            |
| PASRR Specialized Services (Intellectual Disabilities)      | 090                                                                                                | Valid procedure code if applicable.<br>When DBHDID is payer source, apply "Case #1" on page AE-1.                                                                                                                                                                                                      | 13                            |
| PASRR Goods Purchased (Intellectual Disabilities)           | 094                                                                                                | Valid procedure code if applicable.<br>When DBHDID is payer source, apply "Case #1" on page AE-1.                                                                                                                                                                                                      | 13                            |
| Group Home Residential Supports (Intellectual Disabilities) | 095                                                                                                | T2016 (when billed with US modifier)                                                                                                                                                                                                                                                                   | 14                            |

|                                                                                                              |     |                                                                                                   |    |
|--------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------|----|
| <b>Family Home Residential Supports (Intellectual Disabilities)</b>                                          | 096 | T2016                                                                                             | 14 |
| <b>Staffed Residence Residential Supports (Intellectual Disabilities)</b>                                    | 097 | T2016 (when billed with UP modifier)                                                              | 15 |
| <b>Adult Foster Care Home Residential Supports (Intellectual Disabilities)</b>                               | 177 | T2016; S9976                                                                                      | 15 |
| <b>Career Planning (Intellectual Disabilities)</b>                                                           | 178 | T2021                                                                                             | 16 |
| <b>Community Living Supports (SCL-1); Personal Assistance (SCL-2)</b>                                        | 179 | 97535 (Community Living Supports SCL-1)<br>T1019 (Personal Assistance SCL-2)                      | 16 |
| <b>Day Training (Intellectual Disabilities)</b>                                                              | 181 | T2021;<br>S5100                                                                                   | 16 |
| <b>Alternative Residential (in own home, or technology assisted residential) (Intellectual Disabilities)</b> | 182 | S9976;<br>T2031                                                                                   | 17 |
| <b>Community Access (Intellectual Disabilities)</b>                                                          | 186 | 97535 (Individual);<br>97537 (Group);                                                             | 18 |
| <b>Crisis Prevention (Intellectual Disabilities)</b>                                                         | 191 | Valid procedure code if applicable.<br>When DBHDID is payer source, apply "Case #1" on page AE-1. | 18 |
| <b>Transition (Intellectual Disabilities)</b>                                                                | 274 | Valid procedure code if applicable.<br>When DBHDID is payer source, apply "Case #1" on page AE-1. | 19 |
| <b>Person-Centered Coach (Intellectual Disabilities)</b>                                                     | 292 | H0023                                                                                             | 19 |
| <b>Consultative Clinical and Therapeutic Services (Intellectual Disabilities)</b>                            | 293 | H0004                                                                                             | 20 |
| <b>Access and Referral (SGF) (Intellectual Disabilities)</b>                                                 | 294 | 90899                                                                                             | 21 |
| <b>CASE MANAGEMENT for DEVELOPMENTAL AND INTELLECTUAL DISABILITIES</b>                                       |     |                                                                                                   |    |
| <b>Case Management for Individuals with Intellectual Disabilities (ID)</b>                                   | 162 | T2022                                                                                             | 21 |

| <b>Mental Health Treatment and Prevention</b>                                     |                                                      |                                                                                                   |    |
|-----------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------|----|
| <b>Specialized Personal Care Home Services (Mental Health)</b>                    | 037                                                  | Valid procedure code if applicable.<br>When DBHDID is payer source, apply "Case #1" on page AE-1. | 22 |
| <b>Mental Health Prevention</b>                                                   | 072                                                  | Valid procedure code if applicable.<br>When DBHDID is payer source, apply "Case #1" on page AE-1. | 22 |
| <b>Therapeutic Rehabilitation Program (Mental Health)</b>                         | 129 (Child/Youth)<br>130 (Adult)                     | H2019 (Mental Health) 15 min;<br>H2020 (Mental Health) (>3 hours event)                           | 23 |
| <b>Service Planning</b>                                                           | 201 (Mental Health);<br>202 (Substance Use Disorder) | H0032 (Mental Health);<br>T1007 (Substance Use Disorder w modifier HF)                            | 23 |
| <b>Assertive Community Treatment (ACT)</b>                                        | 256                                                  | H0040 (Mental Health);                                                                            | 24 |
| <b>Comprehensive Community Support</b>                                            | 257                                                  | H2014, H2015, H2021, H2016 (Mental Health) 15 min;                                                | 24 |
| <b>Mental Health Service, NOS</b>                                                 | 261                                                  | H0046 (unit of service is an Event, w modifiers AF, AM, U3, SA, AH, AJ, U8, HO, U4, U2, HN, U5 )  | 25 |
| <b>Community Residential Support (SMI)</b>                                        | 300                                                  | Valid procedure code if applicable.                                                               | 25 |
| <b>TARGETED CASE MANAGEMENT for MENTAL HEALTH</b>                                 |                                                      |                                                                                                   |    |
| <b>Targeted Case Management for Adults with Serious Mental Illness (SMI)</b>      | 060                                                  | T2023 per month w no modifier                                                                     | 25 |
| <b>Targeted Case Management for Children with Severe Emotional Disorder (SED)</b> | 061                                                  | T2023 per month w modifier UA                                                                     | 26 |

| <b>Substance Use Disorder Treatment and Prevention</b> |     |                                                                                                   |    |
|--------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------|----|
| <b>Withdrawal Management (non-medical)</b>             | 041 | H0014                                                                                             | 28 |
| <b>Withdrawal Management (medical)</b>                 | 042 | H0008 (Alcohol);<br>H0009 (Other Drug)                                                            | 28 |
| <b>DUI Education</b>                                   | 070 | Valid procedure code if applicable.<br>When DBHDID is payer source, apply "Case #1" on page AE-1. | 28 |
| <b>Assessment DUI</b>                                  | 103 | Valid procedure code if applicable.<br>When DBHDID is payer source, apply "Case #1" on page AE-1. | 29 |

|                                                                                                                 |                                      |                                                                                                                                      |    |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----|
| Assessment – Alcohol Intoxication                                                                               | 104                                  | Valid procedure code if applicable.<br>When DBHDID is payer source, apply “Case #1” on page AE-1.                                    | 29 |
| Residential Services for Substance Use Disorders                                                                | 118 (Short Term);<br>119 (Long Term) | H0018 - Short Term<br>H0019 - Long Term                                                                                              | 29 |
| Screening, Brief Intervention, and Referral to Treatment (SBIRT) (Treatment for Substance Use Disorder Only)    | 258                                  | 99408, H0049, H0050, 99409<br>(Substance Use Disorder) 15 min.                                                                       | 31 |
| Buprenorphine and Methadone Induction (by only Narcotic Treatment Program)                                      | 330                                  | (Use of H0033 ended on June 30, 2020)<br><b>H0016</b> –Medicaid billing requires modifier HF<br>(Use of H0016 began on July 1, 2020) | 32 |
| H0020 – Methadone Medicated Assisted Treatment Bundle (by Narcotic Treatment Program only)                      | 332                                  | <b>H0020</b> –Medicaid billing requires modifier HF (Use of H0020 began on July 1, 2020)                                             | 32 |
| Buprenorphine Medicated Assist Treatment Bundle, (by Narcotic Treatment Program only)                           | 333                                  | <b>SV101(2): H0047</b> –Medicaid billing requires modifier HF (Use of H0047 began on July 1, 2020)                                   | 32 |
| Interim Housing for individuals w Substance Use Disorder who are receiving SUD outpatient or aftercare services | 240                                  | When DBHDID is payer source, apply “Case #1” on page AE-1.                                                                           | 33 |
| <b>TARGETED and other CASE MANAGEMENT for SUBSTANCE USE DISORDER</b>                                            |                                      |                                                                                                                                      |    |
| Targeted Case Management for Individuals with Moderate to Severe Substance Use Disorder (SUD)                   | 264 (SUD)                            | T2023 per month w modifier HF                                                                                                        | 33 |
| Case Management for Pregnant and/or Post-partum <del>Women</del> Individuals w any Substance Use Disorder       | 265 (Preg/Post-partum)               | H0006 (alcohol and/or Drug)                                                                                                          | 34 |

|                                                                                                                   |     |                                                                                                                        |    |
|-------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------|----|
| <b>Behavioral Health (Mental Health, Substance Use Disorder), and Developmental and Intellectual Disabilities</b> |     |                                                                                                                        |    |
| Assessment                                                                                                        | 001 | 90791; 90792; 96150; 96151; 96152;<br>96153; 96154; 96155;<br>H0001 (Substance Use Disorder);<br>H0031 (Mental Health) | 35 |

|                                                                                          |                                                      |                                                                                                                                                    |    |
|------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>PASRR Level II Evaluation</b>                                                         | 004                                                  | T2011 or other valid procedure code                                                                                                                | 35 |
| <b>PASRR-Discontinued Level II</b>                                                       | 005                                                  | Valid procedure code if applicable. When DBHDID is payer source, apply “Case #1” on page AE-1.                                                     | 36 |
| <b>PASRR-Response to Referral</b>                                                        | 006                                                  | Valid procedure code if applicable. When DBHDID is payer source, apply “Case #1” on page AE-1.                                                     | 36 |
| <b>Psychiatric Diagnostic Evaluation</b>                                                 | 010                                                  | 90791; 90792 (with Med Services)                                                                                                                   | 37 |
| <b>Psychological Testing</b>                                                             | 020                                                  | 96102; 96103; 96105; 96110; 96111; 96116; 96118; 96119; 96120; 96125; 96127; 96101 (Behavioral Health or Intellectual Disabilities)                | 37 |
| <b>Miscellaneous Services Purchased</b>                                                  | 024                                                  | When DBHDID is payer source, apply “Case #1” on page AE-1.                                                                                         | 37 |
| <b>Miscellaneous Goods Purchased</b>                                                     | 025                                                  | E1399 or other valid procedure code                                                                                                                | 39 |
| <b>Therapeutic Foster Family Treatment</b>                                               | 027                                                  | S5145 or valid procedure code                                                                                                                      | 39 |
| <b>Residential Support (Supported Housing per diem)</b>                                  | 040                                                  | H0043 or other valid procedure code                                                                                                                | 39 |
| <b>Individual Outpatient Therapy</b>                                                     | 050                                                  | 90785; 90832; 90833; 90834; 90836; 90837; 90838; 90839; 90840; 90845; 99354; 99355; 90865; 90870; 90875; 90876; (Behavioral Health)                | 40 |
| <b>Individual Outpatient Therapy (Psychiatrist)</b>                                      | 051                                                  | 90785; 90832; 90833; 90834; 90836; 90837; 90838; 90839; 90840; 90845; 99354; 99355; 90865; 90870; 90875; 90876; (Behavioral Health)                | 40 |
| <b>Group Outpatient Therapy</b>                                                          | 052                                                  | 90853, 90849, H0005, T1006 (Behavioral Health)                                                                                                     | 41 |
| <b>Consultation (Behavioral Health)</b>                                                  | 073                                                  | Valid procedure code if applicable. When DBHDID is payer source, apply “Case #1” on page AE-1.                                                     | 41 |
| <b>Screening</b>                                                                         | 101 (Mental Health);<br>102 (Substance Use Disorder) | 99408; 99409; G0396; G0397; H0002; H0049; H0050; T1023; 99420 (Substance Use Disorder)<br>90899 (Mental Health);<br>H0002 (Substance Use Disorder) | 41 |
| <b>Behavioral Health Prevention Education for pregnant and/or postpartum individuals</b> | 105 (Substance Use Disorder)                         | H0024 (2 hours or under),<br>H0025 (greater than 2 hours)                                                                                          | 42 |
| <b>Residential Crisis Stabilization (Behavioral Health)</b>                              | 138 (Adult);<br>139 (Child/Youth)                    | S9485 (Behavioral Health)                                                                                                                          | 42 |
| <b>Day Treatment</b>                                                                     | 128 (Child/Youth <21)                                | H2012 (Behavioral Health)                                                                                                                          | 43 |

|                                                                  |                                                                                                        |                                                                                                                                                                                                                                                                                |    |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>Intensive Outpatient Program</b>                              | 154 (Mental Health);<br>153 (Substance Use Disorder)                                                   | S9480 (Mental Health);<br>H0015 (Substance Use Disorder)                                                                                                                                                                                                                       | 44 |
| <b>Outreach and Education</b>                                    | 174                                                                                                    | Valid procedure code if applicable.<br>When DBHDID is payer source, apply<br>"Case #1" on page AE-1.                                                                                                                                                                           | 44 |
| <b>Psychoeducational service, per 15 minutes</b>                 | 175                                                                                                    | H2027                                                                                                                                                                                                                                                                          | 45 |
| <b>Community-Based Mobile Crisis Intervention Services</b>       | 176                                                                                                    | S9484 (Behavioral Health or Intellectual Disabilities)                                                                                                                                                                                                                         | 45 |
| <b>Crisis Intervention</b>                                       | 200 (15 minutes) (H2011)<br>210 (first 60 minutes) (90839)<br>211 (each additional 30 minutes) (90840) | H2011; 90839, 90840 (Behavioral Health or Intellectual Disabilities)                                                                                                                                                                                                           | 46 |
| <b>Family Outpatient Therapy</b>                                 | 253                                                                                                    | 90846 (Behavioral Health) w/out client present;<br>90847 (Behavioral Health) w client present;<br>T1006 (Substance Use Disorder) family, couple counseling;<br>96154 (Behavioral Health) family w client present<br>T1027 family training and counseling for child development | 46 |
| <b>Collateral Outpatient Therapy</b>                             | 254                                                                                                    | 90887 (Behavioral Health)                                                                                                                                                                                                                                                      | 47 |
| <b>Partial Hospitalization</b>                                   | 255                                                                                                    | H0035; S0201 (Behavioral Health)                                                                                                                                                                                                                                               | 47 |
| <b>Outreach/Inreach</b>                                          | 400                                                                                                    | DBHDID is payer source; See "Case #1" on page AE-1                                                                                                                                                                                                                             | 48 |
| <b>EVIDENCE-BASED PRACTICES</b>                                  |                                                                                                        |                                                                                                                                                                                                                                                                                |    |
| <b>Supportive Housing - Psychosocial Rehabilitation Services</b> | 043                                                                                                    | H2017 (Individual/Group Psychosocial Rehabilitative Services; Living Skills Training)                                                                                                                                                                                          | 49 |
| <b>Supported Employment</b>                                      | 085                                                                                                    | H2023; H2025;<br>T2019 (when billed with modifiers:<br>U4 PCJS Discovery<br>U5 Job Development & Analysis<br>U6 Job Acquisition w Support)                                                                                                                                     | 49 |
| <b>Adult Peer Support</b>                                        | 145 (Individual);<br>146 (Group)                                                                       | H0038 Individual (Behavioral Health)<br>H0038 Group (Behavioral Health) w modifier HQ                                                                                                                                                                                          | 51 |
| <b>Parent/Family Peer Support</b>                                | 147 (Individual);<br>148 (Group)                                                                       | H0038 Individual (Behavioral Health)<br>H0038 Group (Behavioral Health) w modifier HQ                                                                                                                                                                                          | 52 |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------|----|
| <b>Youth Peer Support</b>                                                                                                                                           | 149 (Individual)<br>150 (Group) | H0038 Individual (Behavioral Health)<br>H0038 Group (Behavioral Health) w<br>modifier HQ | 52 |
| <b>TARGETED CASE MANAGEMENT for CO-OCCURRING Mental Health or Substance Use Disorders and CHRONIC COMPLEX PHYSICAL HEALTH ISSUES</b>                                |                                 |                                                                                          |    |
| <b>Targeted Case Management for Individuals w Co-Occurring Mental Health (SMI, SED) or Substance Use Disorders (SUD) and Chronic Complex Physical Health Issues</b> | 266                             | T2023 per month w modifier TG                                                            | 53 |
| <b>Unknown and Other Services Not Categorized Above</b>                                                                                                             |                                 |                                                                                          |    |
| <b>Unknown / Not Collected</b>                                                                                                                                      | 098                             | Report procedure code used *                                                             | 55 |
| <b>Other non-BHDID Service Specified in SV101(2)</b>                                                                                                                | 099                             | Report procedure code used *                                                             | 55 |
| <b>Physical Health Services</b>                                                                                                                                     | 900                             | Report procedure code used *                                                             | 55 |

\*Valid procedure code if applicable – If Medicaid is the payer for the service, use a valid CPT or HCPCS code. Otherwise, follow instructions for populating the SV101(2) field for non-Medicaid payers. When DBHDID is payer source, apply “Case #1” on page AE-1.

\*\*No required procedure code – Code not generally used for Medicaid services. Follow instructions for populating the SV101(2) field for non-Medicaid payers.

## DMHMRS Service Code Definitions with Service Codes

### Developmental and Intellectual Disabilities

#### Respite Care (Intellectual Disabilities)

**SV101(2): T1005**

**NTE02: 031**

**Unit of Service: 15 Minutes**

**Definition:**

Care provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons providing the care.

For ID program: Respite shall be provided to a person who resides in their own home or family's home and is unable to independently administer self-care. Respite is provided on a short-term basis due to the absence or need for relief of an individual providing care to a participant. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations. Respite shall not be provided in a facility-based setting. These services are only provided to populations with Intellectual Disabilities.

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#### Positive Behavior Support (Intellectual Disabilities)

**SV101(2): 96152 or other valid procedure code**

**NTE02: 084**

**Unit of Service: 15 Minutes**

**Definition:**

Positive Behavior supports: The utilization of evidence-based and best practices in behavioral techniques, interventions, and methods to assist a person with significant, intensive challenges which interfere with activities of daily living, social interaction, or work. Evidence-based or best practices regarding treatment of a behavioral health condition shall be the primary support if supplemental behavioral interventions are needed. Positive behavior support plans are developed with the individual and their person-centered team and are related to goals of integration, such as increased participation in activities, enhanced coping or social skills. Plans are clearly based upon the information, data collected, and recommendations from the functional assessment. These services are only provided to populations with Intellectual Disabilities.

Problem behaviors necessitating the use of behavior support are those which:

1. are a danger to the person or others;
2. result in damage to property; or

3. interfere with the educational/developmental programs or interfere with the acceptance/integration into community activities.

All programming and activities shall be designed to equip the individual to communicate needs and to participate in age appropriate activities. Behavior support programs developed by the behavior specialist shall be implemented by provider staff of other program areas in all relevant environments and activities.

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### **Occupational Therapy**

**SV101(2): 97530,**  
**97139 with GO modifier,**  
**or other valid procedure code**

**NTE02: 087**

**Unit of Service: 15 Minutes**

#### **Definition:**

Occupational therapy includes duties such as: (1) assisting the physician in his evaluation of the individual's level of functioning by applying diagnostic and prognostic tests; (2) guiding the individual in his use of therapeutic, creative, and self-care activities for improving function. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

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### **Physical Therapy**

**SV101(2): 97110,**  
**97139 with GP modifier,**  
**or other valid procedure code**

**NTE02: 088**

**Unit of Service: 15 Minutes**

#### **Definition:**

Physical therapy includes services such as: (1) assisting the physician in his evaluation of the individual's level of functioning by applying muscle, nerve, joint, and functional ability tests; (2) treating individuals to relieve pain, develop and restore functions, and maintain maximum performance, using physical means such as exercise, massage, heat, water, light, and electricity. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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## **Speech Therapy**

**SV101(2): 92507 or other valid procedure code**

**NTE02: 089**

**Unit of Service: 15 Minutes**

### **Definition:**

Speech therapy includes services such as: (1) evaluation of individuals with speech or language disorders; (2) determination and recommendation of appropriate speech services; (3) provision of necessary habilitative services for individuals with speech and language disabilities. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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## **PASRR Specialized Services (Intellectual Disabilities)**

**SV101(2): Valid procedure code if applicable.** When DBHDID is payer source, apply "Case #1" on page AE-1.

**NTE02: 090**

**Unit of Service: 15 minutes** (changed from 1" Service" beginning with FY2017)

### **Definition:**

The continuous and consistent implementation of training and related services that are comparable to services received in an ICF/ID or in a community-based waiver program where 24-hour supervision is available and is directed toward skills acquisition, maintenance of functional status, and the implementation of specified goals and objectives as determined through a person-centered planning process. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

Case Management for individuals receiving PASRR SS would be coded as a service/procedure code 162 and mirror the expectation for the ID Case Management and equal One Service per month.

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## **PASRR Specialized Goods Purchased (Intellectual Disabilities)**

**SV101(2): Valid procedure code if applicable.** When DBHDID is payer source, apply "Case #1" on page AE-1.

**NTE02: 094**

**Unit of Service: 1 Purchase**

### **Definition:**

Tangible item purchased for maintenance of functional status or for the implementation of specific goals or objectives determined through person-centered planning process. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations

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### **Group Home Residential Supports (Intellectual Disabilities)**

**SV101(2): T2016 with US modifier,  
or other valid procedure code**

**NTE02: 095**

**Unit of Service: 1 Day**

**Definition:**

Residential supports for four to eight participants with an I/DD that provides twenty-four hour supervision and activities necessary to promote increased independence; and be based on the needs of the person as reflected in the person-centered plan. Activities are intended to assure successful community living through utilization of skill training which may include adaptive skill development, assistance with activities of daily living, community inclusion, social and leisure development, protective oversight or supervision, transportation, personal assistance, and provision of medical or health care services that are integral to meeting the participant's daily needs. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations The group home shall meet all regulations as promulgated by 902 KAR 20:078, which provides the licensure requirements for the operation of group homes and the services provided. These services are only provided to populations with Intellectual Disabilities.

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### **Family Home Residential Supports (Intellectual Disabilities)**

**SV101(2): T2016 or other valid procedure code**

**NTE02: 096**

**Unit of Service: 1 Day**

**Definition:**

Residential supports that provide twenty-four hour supervision and activities necessary to promote increased independence; and be based on the needs of the person as reflected in the person-centered plan. Activities are intended to assure successful community living through utilization of skill training which may include adaptive skill development, assistance with activities of daily living, community inclusion, social and leisure development, protective oversight or supervision, transportation, personal assistance, and the provision of medical or health care services that are integral to meeting the participant's daily needs. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations. A Family Home is a private residence where up to three individuals may reside and is owned by the provider/family. These services are only provided to populations with Intellectual Disabilities.

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## **Staffed Residence Residential Supports (Intellectual Disabilities)**

**SV101(2): T2016 with UP modifier,  
or other valid procedure code**

**NTE02: 097**

**Unit of Service: 1 Day**

### **Definition:**

Residential supports that provide twenty-four hour supervision and activities necessary to promote increased independence; and be based on the needs of the person as reflected in the person-centered plan. Activities are intended to assure successful community living through utilization of skill training which may include adaptive skill development, assistance with activities of daily living, community inclusion, social and leisure development, protective oversight or supervision, transportation, personal assistance, and the provision of medical or health care services that are integral to meeting the participant's daily needs. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations. A Staffed Residence is a home rented or owned by the provider agency where up to three individuals may live. These services are only provided to populations with Intellectual Disabilities.

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## **Adult Foster Care Home Residential Supports (Intellectual Disabilities)**

**SV101(2): T2016, S9976, or other valid procedure code**

**NTE02: 177**

**Unit of Service: 1 Day**

### **Definition:**

An Adult Foster Care Home is a private home where up to three individuals over the age of 21 may live and is owned by the provider/family. These residential supports provide twenty-four hour supervision and training in activities that are necessary to promote increased independence; and be based on the needs of the person as reflected in the person-centered plan. Activities are intended to assure successful community living through utilization of skill training which may include adaptive skill development, assistance with activities of daily living, community inclusion, social and leisure development, protective oversight or supervision, transportation, personal assistance, and the provision of medical or health care services that are integral to meeting the participant's daily needs. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations. These services are only provided to populations with Intellectual Disabilities.

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## **Career Planning (Intellectual Disabilities)**

**SV101(2): T2021 or other valid procedure code**

**NTE02: 178**

**Unit of Service: 15 Minutes**

### **Definition:**

Activities to develop experiential learning opportunities and career options consistent with the participant's skills and interests that are person-centered and designed to support employment related goals, provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work; and enable the person to attain the highest level of work in the most integrated setting with the job matched to the participant's interests, strengths, priorities, abilities, and capabilities. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations. These services are only provided to populations with Intellectual Disabilities.

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## **Community Living Supports (SCL-1); Personal Assistance (SCL-2) (Intellectual Disabilities)**

**SV101(2): 97535 (Community Living Supports SCL-1),  
T1019 (Personal Assistance SCL-2)**

**NTE02: 179**

**Unit of Service: 15 Minutes**

### **Definition:**

For a participant residing in his or her own home, this service is designed to assist with independence in the community by providing routine personal care services such as bowel and bladder care, bathing, hygiene and grooming care, dressing, routine household care and maintenance, shopping, laundry, money management, medication management and meal preparation. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations. These services are only provided to populations with Intellectual Disabilities.

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## **Day Training (formally Community Habilitation Services) (Intellectual Disabilities)**

**SV101(2): T2021, S5100, or other valid procedure code**

**NTE02: 181**

**Unit of Service: 15 minutes**

### **Definition:**

Day Training is designed to foster the acquisition of skills, build positive social behavior and interpersonal competence, and foster greater independence and personal choice. Day training shall include informational sessions sponsored by the provider at least annually for the person regarding

community involvement or employment services and arrangement of opportunities for the participant to explore such opportunities in the community. Day Training shall involve career planning activities designed to develop experiential learning opportunities and career options consistent with the participant's skills and interests that are person-centered and designed to support employment related goals, provide active training designed to prepare a participant to transition from school to adult responsibilities, community integration, and work. Day Training will also enable the person to attain the highest level of work in the most integrated setting with the job matched to the participant's interests, strengths, priorities, abilities, and capabilities. May also include supported retirement activities that support a person in hobbies, clubs, or other senior-related activities in the community; or training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations. These services are only provided to populations with Intellectual Disabilities.

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### **Alternative Residential (in own home, or technology assisted residential) (Intellectual Disabilities)**

**SV101(2): S9976, T2031, or other valid procedure code**

**NTE02: 182**

**Unit of Service: 1 Day**

#### **Definition:**

Residential services furnished in a participant's residence which complies with the Americans with Disabilities Act based upon the needs of each participant receiving a support in the residence; and may be provided for three (3) or fewer participants who reside in the residence. Requires up to twenty-four (24) hours a day of support and is able to increase his or her level of independence with a reduced need for on-site staff. Supports include to the extent required for a participant:

- a. Protective oversight or supervision;
- b. Transportation;
- c. Personal assistance; or
- d. The provision of medical or health care services that are integral to meeting the participant's daily needs; and
- e. Increase a participant's independence without undue risk to the participant's health or safety;

Technology assisted may include a real-time monitoring system with a two (2) way method of communication linking a participant to a centralized monitoring station

Services shall be provided in accordance with applicable Kentucky Statutes and Regulations. These services are only provided to populations with Intellectual Disabilities.

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## **Community Access (Intellectual Disabilities)**

**SV101(2):**

**97535 (Individual)**

**97537 (Group)**

**NTE02: 186**

**Unit of Service: 15 Minutes**

### **Definition:**

A service provided in integrated community settings. It is delivered on a one (1) to one (1) basis with a participant and is designed to support a person to participate in meaningful routines, events, and activities through various community organizations and to develop personal social networks, membership opportunities, friendships, and relationships. Services are designed to empower the individual in developing natural supports; and stresses training that empowers the individual in acquiring, practicing, utilizing, and improving skills related to connecting with others, Independent functioning, self-advocacy, community participation, personal responsibility, financial responsibility, or other skills related to optimal well-being as defined in the participant's POC. Community Access is an impact service and the POC shall define steps to decrease the provision of the service as the person becomes more independent in accessing and becoming part of the community. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations. These services are only provided to populations with Intellectual Disabilities.

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## **Crisis Prevention (Intellectual Disabilities)**

**SV101(2): Valid procedure code if applicable.** When DBHDID is payer source, apply "Case #1" on page AE-1.

**NTE02: 191**

**Unit of Service: 15 Minutes**

### **Definition:**

Individuals in crisis are defined as being at risk of losing the support they need to remain in the community. This support may include but are not limited to the following:

- Person-centered planning
- Functional assessment
- Psychological Assessment
- Mobile Crisis
- Resource Linkage
- Development of Behavior Intervention Strategies (Behavior Support Plan)
- Transportation
- Debriefing
- Crisis Respite
- Environmental assessment

Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

Special Notes:

1. For services or items purchased for individuals in crisis refer to definitions for service codes 24 (Miscellaneous Services Purchased) and 25 (Miscellaneous Goods Purchased).

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### **Transition (Intellectual Disabilities)**

**SV101(2): valid procedure code.** When DBHDID is payer source, apply “Case #1” on page AE-1.

**NTE02: 274**

**Unit of Service: 15 Minutes**

**Definition:**

For I/DD program: Includes activities related to “Transition” - Facilitate outreach, information and assistance for all transition age youth, with I/DD, in care of the Kentucky Department for Community Based Services (DCBS), ages 16-20. This could involve joint case planning assistance with completing and/or arranging needed assessments, linkage with other opportunities such as the Office of Vocational Rehabilitation and natural supports that may facilitate transition into a person-centered, safe and healthy life after high school. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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### **Person-Centered Coach (Intellectual Disabilities)**

**SV101(2): H0023 or other valid procedure code**

**NTE02: 292**

**Unit of Service: 15 Minutes**

**Definition:**

An individualized service to be utilized when a barrier challenges the success of a participant in achieving the participant’s goals and includes:

- a. The provision of training developed in conjunction with certified or licensed professionals from the participant’s person-centered team, to the participant, family, guardian, natural and paid supports on implementation of all or designated components of the participant’s POC;
- b. Monitoring the effectiveness of person-centered planning as demonstrated by the support system’s implementation of the POC or designated components across the array of service settings and reporting of required and pertinent data; and
- c. Data collection which shall be utilized by the participant’s person-centered team to modify the environment or POC as needed;

Services shall be provided in accordance with applicable Kentucky Statutes and Regulations. These services are only provided to populations with Intellectual Disabilities.

Special Notes:

Provided by a person-centered coach who operate independently of a residential or day training provider; and works under the direction of a positive behavior support specialist or other licensed professional in the settings where the POC is implemented.

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### **Consultative Clinical and Therapeutic Services (Intellectual Disabilities)**

**SV101(2): H0004 or other valid procedure code**

**NTE02: 293**

**Unit of Service: 15 Minutes**

**Definition:**

Professional consultation, evaluation, and assessment of the participant, the environment and the system of support and written summary of findings and recommendations for the participant and the participant's person-centered team to include:

- Providing evidence based or best practice treatment consistent with assessment results and diagnosis that encompasses psychological treatment or counseling as indicated by the condition of the participant;
- Coordinating program wide support, as needed, that addresses the assessed needs, conditions, or symptoms affecting a participant's ability to fully participate in the participant's community;
- Participating in developing and revising, as needed, home treatment or support plans as components of a participant's POC;
- Providing training and technical assistance to carry out recommendations and plans which shall occur within the settings in which the recommendations, home treatment, or support plans are to be carried out;
- Monitoring the fidelity of data reporting and participant's POC implementation.
- Completing a functional assessment

Services shall be provided in accordance with applicable Kentucky Statutes and Regulations. These services are only provided to populations with Intellectual Disabilities.

Special Note: These services can be provided by any of the following:

- Certified Nutritionist
  - Licensed Dietitian
  - Licensed Marriage and Family Therapist
  - Licensed Professional Clinical Counselor
  - Licensed Psychological Associate
  - Licensed Psychologist
  - Licensed Psychological Practitioner
  - Licensed Clinical Social Worker
  - Positive Behavior Support Specialist
-

## **Access and Referral (SGF) (Intellectual Disabilities)**

This was a new service option for the field “DMHMRS\_Modifier\_1” starting in SFY2021. This is a service designed for clients having Developmental Delay or Intellectual Disabilities and the payer source is DBHDID State General Funds. When DBHDID is payer source, apply “Case #1” on page AE-1.

### **SV101(2): 90899 – Unlisted psychiatric service or procedure**

**NTE02: 294**

**Unit of Service: 15 Minutes**

#### **Definition:**

Short term service designed to identify I/DD related support needs and connect to related services. May include gathering and review of records to identify eligibility for services by establishing the presence of intellectual or other qualifying Developmental Disability, for determination of financial eligibility for services, and application for waiver services. Those individuals who do not meet criteria for I/DD services shall be referred to other services. This service shall not be provided concurrent with case management services. (Source: FY21 CMHC contract I/DD Services)

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## **Case Management for Individuals with Intellectual Disabilities (ID) (formally Support Coordination - MR)**

### **SV101(2): T2022 or other valid procedure code**

**NTE02: 162**

**Unit of Service: 1 Month**

#### **Definition:**

Case Management includes a minimum of monthly on-site face-to-face contact, and may include the initiation, coordination, implementation, and monitoring of the assessment, reassessment, evaluation, intake, and eligibility processes. Case management also includes assisting a person in the identification, coordination, and arrangement of the person-centered team; facilitating person-centered team meetings that assist a person to develop, update, and monitor the Person-Centered Service Plan (PCSP) which shall be designed to meet the needs of the participant; and promotes choice, community experiences, employment, and personal satisfaction. Person-Centered Planning involves assisting the recipient in creating an individualized plan for services, paid and unpaid, needed for maximum independence and integration into the community. The plan is directed by the recipient and shall include other practitioners of the recipient's choosing. Case Management shall monitor all services through on site visits, renewal of records, conversations with staff, recipient, or family. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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## Mental Health Treatment and Prevention

### Specialized Personal Care Home Service (Mental Health)

**SV101(2): valid procedure code if applicable.** When DBHDID is payer source, apply “Case #1” on page AE-1.

**NTE02: 037**

**Unit of Service: 1 Day**

**Definition:**

The care and support of persons which includes rehabilitation and treatment in a twenty-four (24) hour, seven (7) day week residential setting for individuals requiring a structured and supervised environment. Skill building as determined by resident’s goals and functional assessment and resident assistance in retaining the fullest possible control over their own lives to make choices concerning the activities in which they are involved as well as services culturally appropriate and based on a rehabilitation model are included. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

Providers that operate specialized personal care homes should use this code. Currently, this includes CMHC regions 12 (Caney Creek Rehabilitation Complex) and 15 (Central Kentucky Recovery Center). Services provided to residents of private personal care homes should be coded on the service provided (e.g., individual therapy).

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### MH Prevention

**SV101(2): valid procedure code.** When DBHDID is payer source, apply “Case #1” on page AE-1.

**NTE02: 072**

**Unit of Service: 15 Minutes**

**Definition:**

A comprehensive planned set of activities designed to increase knowledge and awareness of mental health among defined populations or to prevent maladjustment and maladaptation and to promote wellness through cognitive and emotional problem-solving and coping skills. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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## **Therapeutic Rehabilitation Program TREATMENT OF MENTAL HEALTH**

**SV101(2): H2019 (limit of 12 units per day, per individual,  
H2020 (greater than 3 hours event)**

**NTE02:**

**129 (Children/Youth)**

**130 (Adult)**

**Unit of Service: 15 Minutes**

### **Definition:**

A Therapeutic Rehabilitation Program is a rehabilitative service for adults with serious mental illnesses and children with serious emotional disabilities designed to maximize reduction of mental disability and restoration of the recipient's best possible functional level. Services shall be designed for the reduction in disabilities related to social, personal, and daily living skills, as well as the restoration of these skills. The recipient establishes his own rehabilitation goals within the person-centered service plan. Component services are delivered using a variety of psychiatric rehabilitation techniques and focus on improving daily living skills (hygiene, meal preparation, and medication adherence), self-monitoring of symptoms and side effects, emotional regulation skills, crisis coping skills and interpersonal skills. Services may be delivered individually or in a group. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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### **Service Planning**

**SV101(2):**

**H0032 (Mental Health);**

**T1007 (Substance Use Disorder)-Medicaid billing requires HF modifier.**

**NTE02:**

**201 (Mental Health)**

**202 (Substance Use Disorder)**

**Units of Service: 15 Minutes**

### **Definition:**

Service planning involves assisting the recipient in creating an individualized plan for services needed for maximum reduction of mental disability and restoration of a recipient to his best possible functional level. A person-centered planning process is required. The plan is directed by the recipient and must include practitioners of the recipient's choosing. The providers include more than licensed professionals – it may include the recipient (and his guardian if applicable), care coordinator, other service providers, family members or other individuals that the recipient chooses. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

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## **Assertive Community Treatment (ACT) - TREATMENT OF MENTAL HEALTH**

**SV101(2): H0040 or other valid procedure code**

**NTE02: 256**

**Units of Service: 1 month**

### **Definition:**

Assertive Community Treatment (ACT) is an evidence-based psychiatric rehabilitation practice that provides a comprehensive approach to service delivery for consumers with serious mental illnesses. ACT uses a multidisciplinary team of professionals including psychiatrists, nurses, case managers, therapists and peer support specialists. Component services include assessment, treatment planning, case management, psychiatric services (including evaluation diagnosis and treatment of mental health and/or substance use disorders, case consultation, prescribing, and medication management delivered by a licensed professional), medication management including administration, individual and group therapy, peer support, mobile crisis intervention, mental health consultation, family support and basic living skills. Mental health consultation involves brief, collateral interactions with other treating professionals who may have information for the purposes of treatment planning and service delivery. Family support involves the ACT team working with the recipient's natural support systems to improve family relations in order to reduce conflict and increase recipient autonomy and independent functioning. Basic living skills are rehabilitative services focused on teaching activities of daily living (i.e., taking medications, housekeeping, meal preparation, hygiene, interacting with neighbors) necessary to maintain independent functioning and community living. Psychiatric services as a component of the ACT service includes evaluation, diagnosis and treatment of mental health and or substance use disorders, case consultation, prescribing and medication management delivered by a licensed professional (i.e. psychiatrist, APRN). Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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## **Comprehensive Community Support Services**

**SV101(2): H2014, H2015, H2016, H2021, or other valid procedure code**

**NTE02: 257**

**Units of Service: 15 Minutes**

### **Definition:**

Comprehensive Community Support Services covers activities necessary to allow individuals with mental illnesses to live with maximum independence in the community. Activities are intended to assure successful community living through utilization of skills training as identified in the individual service plan. Skills training is designed to reduce mental disability and restore the recipient to his best possible functional level. Comprehensive Community Support Services consist of using a variety of psychiatric rehabilitation techniques to improve daily living skills (hygiene, meal preparation, medication adherence), self-monitoring of symptoms and side effects, emotional regulation skills, crisis coping skills and developing and enhancing interpersonal skills. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations specifically 908 KAR 2:250.

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## **Community Residential Support (SMI)**

**SV101(2): no valid procedure code**

**NTE02: 300**

**Units of Service: per diem**

### **Definition:**

This service is not reported by all CMHCs; it is primarily utilized by Centerstone, KRCC, and Wellspring. It is a per diem code that supports DBHDID's need to monitor the count of persons having SMI that reside in specific, DBHDID-funded Community Residential Support programs. This includes Centerstone's two DIVERTS houses & one 3-person home (I-ACE program). This also applies to KRCC's seven homes within their Caney Communities Program and KRCC's Olmstead House. This also applies to Wellspring's Olmstead House (Crescent Court). This is not a billable service. Persons residing in these homes receive services covered under the umbrella of Community Residential Support. Persons residing in these homes may receive billable services (e.g., therapy, psychiatry, etc.) outside of the umbrella of Community Residential Support. Billable services provided to persons residing in Community Residential Support programs would be billed as normal. Each home should have its own provider/site code with IPOP's listing of providers/sites. (Note, this definition will need to include the Olmstead house operated by New Beginnings once New Beginnings begins submitted data under the DBHDID Data Implementation Guide.)

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## **Mental Health Service, NOS**

**SV101(2): H0046** (unit of service is an Event, w modifiers AF, AM, U3, SA, AH, AJ, U8, HO, U4, U2, HN, U5)

**NTE02: 261**

**Unit of Service: Event**

**Definition:** Mental health services, not otherwise specified

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## **Targeted Case Management for Adults with Serious Mental Illness (SMI)**

**SV101(2): T2023** with no modifier or other valid procedure code

**NTE02: 060**

**Unit of Service: 1 Month** (see special unit notes on page AE3)

### **Definition:**

*Services should be delivered according to the current Kentucky State Plan Amendment. The following is an excerpt from the amendment 14-002A that was effective on July 1, 2014.*

Services furnished to assist a recipient in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
  - a. taking client history;
  - b. identifying the individual's needs and completing related documentation; and
  - c. gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.
  - d. An assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual's condition.
2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
  - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - b. includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - c. identifies a course of action to respond to the assessed needs of the eligible individual.
3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
  - a. activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.
4. Monitoring and follow-up activities:
  - a. activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
    - (1) services are being furnished in accordance with the individual's care plan;
    - (2) services in the care plan are adequate; and
    - (3) changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
    - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

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## **Targeted Case Management Services Children or Youth with Severe Emotional Disorder (SED)**

**SV101(2): T2023 w modifier "UA" or other valid procedure code**

**Unit of Service: 1 Month (See notes on page AE3 for special units.)**

**Definition:**

*Services should be delivered according to the current Kentucky State Plan Amendment. The following is an excerpt from the amendment 14-002A that was effective on July 1, 2014.*

Services furnished to assist a recipient in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
  - a. taking client history;
  - b. identifying the individual's needs and completing related documentation; and
  - c. gathering information from other sources such as family members, medical providers, social workers and educators (if necessary), to form a complete assessment of the eligible individual.
  - d. An assessment or reassessment must be completed at least annually or more often if needed based on changes in the individual's condition.
2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
  - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - b. includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - c. identifies a course of action to respond to the assessed needs of the eligible individual.
3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
  - a. activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.
4. Monitoring and follow-up activities:
  - a. activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
    - (1) services are being furnished in accordance with the individual's care plan;
    - (2) services in the care plan are adequate; and
    - (3) changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
    - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

## Substance Use Disorder Treatment and Prevention

### Withdrawal Management (Non-medical)

**SV101(2): H0014**

**NTE02: 041**

**Unit of Service: 1 Day**

**Definition:**

Supervised management, in a 24 hour, non-medical facility, of physical and psychological withdrawal symptoms from a substance to which the individual has been addicted or abusing, and an assessment of the individual's need for further care and/or referral to appropriate resources. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

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### Withdrawal Management (Medical)

**SV101(2):**

**H0008 (alcohol)**

**H0009 (other drug)**

**NTE02: 042**

**Unit of Service: 1 Day**

**Definition:**

Medically supervised management, utilizing a hospital, of physical and psychological withdrawal symptoms from a substance to which the individual has been addicted or abusing, and an assessment of the individual's need for further care and/or referral to appropriate resources. Daily physician over-site is required. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

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### DUI Education

**SV101(2): valid procedure code.** When DBHDID is payer source, apply "Case #1" on page AE-1.

**NTE02: 070**

**Unit of Service: 15 Minutes**

**Definition:**

An education course approved by the Division of Substance Abuse which delivers information about alcohol and other drugs to increase awareness and knowledge about the risks of alcohol and drug use to develop skills to change client's attitude and behavior in relation to alcohol and other drug abuse. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

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**Assessment - DUI**

**SV101(2): Valid procedure code if applicable.** When DBHDID is payer source, apply "Case #1" on page AE-1.

**NTE02: 103**

**Unit of Service: 1 Assessment**

**Definition:**

Procedure applies to a person convicted of DUI that includes the administration of the online Kentucky DUI Assessment Instrument; a private face-to-face clinical interview conducted by a certified DUI assessor; a determination by the assessor of the client's clinical needs; and referral to services that provide an appropriate level of care in relation to the client's needs as determined by the assessment. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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**Assessment – Alcohol Intoxication**

**SV101(2): Valid procedure code if applicable.** When DBHDID is payer source, apply "Case #1" on page AE-1.

**NTE02: 104**

**Unit of Service: 1 Assessment**

**Definition:**

Procedure applies to a person convicted of alcohol intoxication that includes the administration of a psychological assessment; a determination of the severity of the client's problem; and referral to services that provide an appropriate level of care in relation to the client's needs as determined by the assessment. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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**Residential Services for Substance Use Disorders (SUDS) TREATMENT FOR SUBSTANCE USE ONLY**

**SV101(2):**

**H0018 (Short Term);**

**H0019 (Long Term);**

**NTE02:**

**118 (Short Term)**

**119 (Long Term)**

**Units of Service: per Diem**

**Definition:**

Residential services for substance use disorders is residential treatment (24 hour/day) that may be short-term or long-term for the purposes of providing intensive treatment and skills building, in a structured and supportive environment, to assist individuals (children and adults) to obtain abstinence and enter into alcohol/drug addiction recovery. This service is provided in a 24 hour live-in facility that offers a planned and structured regimen of care that aims to treat persons with addictions or substance use disorders and assists them in making the necessary changes in their lives that will enable them to live drug or alcohol free lives. Individuals must have been assessed and meet criteria for approval of residential services, utilizing a nationally recognized assessment tool (e.g., American Society of Addiction Medicine (ASAM) as approved by the DBHDID.

Services should have more than eight (8), but less than or equal to 16 patient beds. They should be under the medical direction of a physician and provide continuous nursing services.

Residential treatment services shall be based on individual need and may include:

- Screening
- Assessment
- Service Planning
- Individual Therapy
- Group Therapy
- Family Therapy
- Peer Support

Service provision must be in accordance with KY licensure for procedures and standards for persons and agencies operating nonmedical/non-hospital based alcohol and other drug abuse treatment programs and the individually credentialed personnel as outlined in the state law (908 KAR 1:370).

There are two levels of residential treatment:

- Short term –length of stay-14-28 days
- Long term- length of stay 28- 90 days

**Short Term**

Short-term services should have duration of less than thirty (30) days, but can be exceeded based on medical necessity. 24 hour staff as required by licensing regulations.

Planned Clinical program activities constituting at least 15 hours per week of structured professionally directed treatment services to stabilize and maintain a person's substance use disorder and to help him or her to develop and apply recovery skills.

Services may include:

- Screening
- Assessment
- Service Planning
- Individual Therapy
- Group Therapy
- Family Therapy
- Peer Support

### **Long Term**

24 hour staff as required by licensing regulations

Planned clinical program activities constituting 40 hours per week of structured professionally directed treatment services to stabilize and maintain a person's substance use and or substance use and mental health disorder and to help him or her to develop and apply recovery skills

Services may include:

- Screening
- Assessment
- Service Planning
- Individual Therapy
- Group Therapy
- Family Therapy
- Peer Support

Residential SUD treatment programs do not include, and FFP is not available for: room and board services, educational, vocational and job training services, habilitation services, services to inmates in public institutions as defined in 42 CFR §435.1010, services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010, recreational and social activities, and services that must be covered elsewhere in the state Medicaid plan. Services must be provided in a residential unit with 16 or fewer beds or, if provided within multiple units operating as on unified facility, 16 or fewer aggregated beds.

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### **Screening, Brief Intervention, and Referral to Treatment (SBIRT) - TREATMENT OF SUBSTANCE USE DISORDERS ONLY**

**SV101(2): 99408, H0049, H0050, 99409**

**NTE02: 258**

**Units of Service: 15 Minutes**

#### **Definition:**

SBIRT is an evidence-based early intervention approach that targets individuals with non-dependent substance use to provide effective strategies for intervention prior to the need for more extensive or specialized treatment. SBIRT consists of three major components:

*Screening* – Assessing an individual for risky substance use behaviors using standardized screening tools;

*Brief Intervention* – Engaging a patient showing risky substance use behaviors in a short conversation, providing feedback and advice; and

*Referral to Treatment* – Provides a referral to additional mental health, substance use, or co-occurring mental health and substance use disorder services to patients who screen in need of additional services to address substance use. The Referral to Treatment is part of the Brief Intervention and thus to a behavioral health rehabilitative service.

Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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**Buprenorphine and Methadone Induction, (by Narcotic Treatment Program only)**

**SV101(2):** (Use of H0033 ended on June 30, 2020)

**H0016** –Medicaid billing requires modifier HF (Use of H0016 began on July 1, 2020)

**NTE02: 330**

**Unit of Service: 1 service event**

**Definition**

Oral medication administration, direct observation for Methadone or Buprenorphine by a Physician, APRN or PA. Limit 4 per calendar year per individual. Requires HF modifier. (Narcotic Treatment Program only).

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**Methadone Assisted Treatment Bundle, (by Narcotic Treatment Program only)**

**SV101(2): H0020** –Medicaid billing requires modifier HF (Use of H0020 began on July 1, 2020)

**NTE02: 332**

**Unit of Service: 1 service event**

**Definition**

Methadone Assisted Treatment Bundle following billing definitions for Department for Medicaid. Requires HF modifier. (Narcotic Treatment Program only).

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**Buprenorphine Medicated Assisted Treatment Bundle, (by Narcotic Treatment Program only)**

**SV101(2): H0047** –Medicaid billing requires modifier HF (Use of H0047 began on July 1, 2020)

**NTE02: 333**

**Unit of Service: 1 service event**

**Definition**

Buprenorphine Medicated Assisted Treatment Bundle following billing definitions for Department for Medicaid . Requires HF modifier. (Narcotic Treatment Program only).

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**Interim Housing for individuals with Substance Use Disorder who are receiving SUD outpatient or aftercare services**

**SV101(2):** When DBHDID is payer source, apply “Case #1” on page AE-1.

**NTE02: 240**

**Unit of service: Per Diem**

**Definition:**

Interim housing for individuals receiving outpatient or aftercare services for substance use disorder refers to a supportive, temporary housing accommodation provided for individuals receiving outpatient SUD or aftercare services who have experienced homelessness. The services support the individuals need for stable housing while receiving treatment or aftercare services with a goal of transitioning the individual to permanent housing by offering structure, supervision and recovery support.

Individuals receiving these services must be receiving SUD treatment or aftercare services and must have a treatment plan that addresses their interim housing needs and goals.

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**Case Management for Individuals with Moderate to Severe Substance Use Disorders (SUD)**

**This is new as of July 1, 2017. The code 263 that has been used prior to 7/1/2017 was replaced by splitting the definition into two new codes: 264 (SUD) and 265 (Preg/Post-partum). This change is effective on 7/1/2017.**

**SV101(2): T2023 with modifier HF**

**NTE02: 264 (SUD)**

**Unit of service: 1 Month (see special unit notes on page AE3)**

**Definition:**

*Services should be delivered according to the current Kentucky State Plan Amendment. The following is an excerpt from the amendment 14-002A that was effective on July 1, 2014.*

Services furnished to assist a recipient in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
  - a. taking client history;
  - b. identifying the individual’s needs and completing related documentation; and
  - c. gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.
  - d. An assessment or reassessment must be completed at least annually, or more often if needed based on changes in the individual’s condition.

2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
  - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - b. includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - c. identifies a course of action to respond to the assessed needs of the eligible individual.
3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
  - a. activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.
4. Monitoring and follow-up activities:
  - a. activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
    - (1) services are being furnished in accordance with the individual's care plan;
    - (2) services in the care plan are adequate; and
    - (3) changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
    - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services;

identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

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#### **Case Management for pregnant and/or post-partum individuals with any Substance Use Disorder (SUD)**

**This is new as of July 1, 2017. The code 263 that has been used prior to 7/1/2017 was replaced by splitting the definition into two new codes: 264 (SUD) and 265 (Preg/Post-partum). This change is effective on 7/1/2017.**

**SV101(2): H0006**

**NTE02: 265**

**Unit of service: 15 minutes**

**Definition:**

Contact by an independently licensed behavioral health practitioner or an approved behavioral health practitioner under the supervision of an independently licensed behavioral health practitioner to assist the pregnant or post-partum client (up to 60-days post birth) diagnosed with a mild, moderate, or severe substance use disorder, in effectively accessing housing, vocational, medical, social, educational, or other community service supports that are necessary to assist the recipient in maximizing functioning in the community and recovery. Services may include:

- A. The development and periodic revision of a person-centered plan for the client based upon a comprehensive substance use assessment and inventory of the client's case management needs;
- B. A referral or related activities to help the recipient obtain needed services;
- C. Monitoring or follow-up activities; or
- D. Case-management services shall not be connected with a specific type of substance use treatment but shall follow an individual across the array of substance use treatment services identified in the individual's person-centered service plan;
- E. At least 1 face-to-face contact between the individual and on behalf of the individual.

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## **Behavioral Health (Mental Health, Substance Use Disorder), and Developmental and Intellectual Disabilities**

### **Assessment**

#### **SV101(2):**

**90791; 90792; 96150; 96151; 96152; 96153; 96154; 96155; H0001 (Substance Use Disorder); H0031 (Mental Health);**

**NTE02: 001**

**Unit of Service: 15 Minutes**

#### **Definition:**

Assessment shall include gathering information and engaging in a process with the client that enables the provider to establish the presence or absence of a mental health and/or substance use disorder; determine the client's readiness for change; identify client strengths or problem areas that may affect the processes of treatment and recovery; and engage the client in the development of an appropriate treatment relationship. The purpose of an assessment is to establish (or rule out) the existence of a clinical disorder or service need and to work with the client to develop a treatment and service plan. This does not include psychological or psychiatric evaluations or assessments. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

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### **PASRR – Level II Evaluation**

**SV101(2): T2011 or valid procedure code**

**NTE02: 004****Unit of Service: 15 Minutes****Definition:**

A comprehensive Level II evaluation conducted by a certified evaluator for the individual with a mental illness, intellectual disability, or related condition who is seeking admission to or continued stay in a Medicaid-certified nursing facility, or who requires a subsequent review because of a significant change in condition. Level II code shall be used when the evaluation determined that the individual being evaluated does meet PASRR criteria and if they meet level of care and need specialized services for mental illness or intellectual disabilities or related condition. Services shall be provided in accordance with applicable Federal and Kentucky Statutes and Regulations and the PASRR Manual.

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**PASRR-Discontinued Level II**

**SV101(2): Valid procedure code if applicable.** When DBHDID is payer source, apply “Case #1” on page AE-1.

**NTE02: 005****Unit of Service: 15 Minutes****Definition:**

A comprehensive Level II evaluation conducted by a certified evaluator for the individual with a mental illness, intellectual disability, or related condition who is seeking admission to or continued stay in a Medicaid-certified nursing facility, or who requires a subsequent review because of a significant change in condition. Discontinued Level II code shall be used when a Level II evaluation that could not be completed due to one of the following circumstances: the individual passed away, discharged from the nursing facility, the nursing facility withdraws the application, the nursing facility alters the Level I that causes the referral to go to the peer review organization, or any other situation that would prevent the completion of the full evaluation and determination. Services shall be provided in accordance with applicable Federal and Kentucky Statutes and Regulations and the PASRR Manual.

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**PASRR-Response to Referral**

**SV101(2): Valid procedure code if applicable.** When DBHDID is payer source, apply “Case #1” on page AE-1.

**NTE02: 006****Unit of Service: 15 Minutes****Definition:**

A comprehensive Level II evaluation conducted by a certified evaluator for the individual with a mental illness, intellectual disability, or related condition who is seeking admission to or continued stay in a Medicaid-certified nursing facility, or who requires a subsequent review because of a significant change in condition. Response to referral code shall be used when the evaluation determined that the individual being evaluated does not meet PASRR criteria, and therefore level of care will be determined by the peer review organization contracted by Medicaid. Services shall be provided in accordance with applicable Federal and Kentucky Statutes and Regulations and the PASRR Manual.

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## **Psychiatric Diagnostic Evaluation**

**SV101(2): 90791, 90792 (w/ med services)**

**NTE02: 010**

**Unit of Service: 15 Minutes**

### **Definition:**

Psychiatric diagnostic interview and examination including history, mental status, or disposition, may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. Includes diagnostic review of medications, diagnostic review and interpretation of Physical Examination from outside physician. Does not include consultation for psychiatric evaluation of a patient. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

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## **Psychological Testing (Behavioral Health or Intellectual Disabilities)**

**SV101(2):**

**96102; 96103; 96105; 96110; 96111; 96116; 96118; 96119; 96120; 96125; 96127; 96101  
(Behavioral Health or Intellectual Disabilities)**

**NTE02: 020**

**Unit of Service: 15 Minutes**

### **Definition:**

Psychological evaluation. Psychological testing for individuals with mental health, substance use, or co-occurring mental health and substance use disorders may include psychodiagnostic assessment of personality, psychopathology, emotionality, and/or intellectual abilities. Also includes interpretation and written report of testing results.

For ID program: Psychological Testing for diagnostic purposes to determine eligibility for available programs. Shall be provided by a licensed psychologist, licensed psychological practitioner, licensed psychological associate, certified psychologist with autonomous functioning, or certified school psychologist within their scope of practice. This includes psychological testing for the purpose of acquiring supporting documentation for PASRR specialized services. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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## **Miscellaneous Services Purchased**

**SV101(2): No required procedure code \*\***

**NTE02: 024**

**Unit of Service: 1 Service**

**Definition:**

Miscellaneous Services shall be individualized and used to enhance independence, inclusion in the community or safety in the home environment. Any service purchased shall exclude experimental or prohibited treatments and shall be clearly linked to a need. Purchases in excess of \$2,000 shall be approved by the Director for the Division of Developmental and Intellectual Disabilities. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

**Special Notes:**

1. When a service is purchased that is applicable to multiple individuals and cannot reasonably be broken down to report a service for each individual (such as grief counseling service for a group who lived with, worked with an individual who recently passed away, or purchase consultation for a situation involving multiple individuals supported by one agency; or provide crisis supports to multiple individuals experiencing the same crisis, such as losing their home due to natural disaster. Report one unit of service using a Pseudo Number and Client Status = 3 in Client Data Set field 6.
-

## **Miscellaneous Goods Purchased**

**SV101(2): E1399 or other valid procedure code**

**NTE02: 025**

**Unit of Service: 1 purchase**

### **Definition:**

Miscellaneous Goods shall be equipment or supplies that are individualized and utilized to reduce the need for assistance with personal care or to enhance independence or safety in the home environment and allow an individual to maintain a stable living environment in the community through a decreased need for other services. Any good purchased shall exclude experimental or prohibited treatments and shall be clearly linked to a need. Purchases in excess of \$2,000 shall be approved by the Director for the Division of Developmental and Intellectual Disabilities. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

### **Special Notes:**

1. When goods are purchased that are applicable to multiple individuals and cannot reasonably be broken down to report an item for each individual (such as purchase of a portable ramp to be loaned to multiple individuals for temporary use), report one unit of service using a Pseudo Number and Client Status = 3 in Client Data Set field 6.

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## **Therapeutic Foster Family Treatment**

**SV101(2): S5145 or other valid procedure code**

**NTE02: 027**

**Unit of Service: 1 Day**

### **Definition:**

Long-term residential treatment for children with emotional disabilities in a trained foster family setting under the regular supervision of a clinician. Services include behavior management and social and family-living skills training. Includes Therapeutic Foster Care. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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## **Residential Support (Supported Housing per Diem)**

**SV101(2): H0043 or other valid procedure code**

**NTE02: 040**

**Unit of Service: per Diem**

**Definition:**

Specialized on-site or off-site staff who provide support and/or supervision to residents of an agency owned and/or operated housing site or residential program. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

**Special Notes:**

Providers operating 24 hour per day residential programs in which on-site support (e.g., apartment manager, supervisory staff) is provided should use this code. This code is not to be used for support provided in a person's home or in other settings not operated by the agency.

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**Individual Outpatient Therapy**

**SV101(2): 90785; 90832; 90833; 90834; 90836; 90837; 90838; 90839; 90840; 90845; 99354; 99355; 90865; 90870; 90875; 90876; (Behavioral Health)**

**NTE02: 050**

**Unit of Service: 15 Minutes**

**Definition:**

Individual Therapy shall consist of a face-to-face therapeutic intervention provided in accordance with a recipient's identified treatment plan and is aimed at the reduction of adverse symptoms and improved functioning. Individual therapy must be provided as a one-on-one encounter between the provider and the client. Individual therapy services shall be limited to a maximum of three (3) hours per day, per client, but can be exceeded based on medical necessity. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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**Individual Outpatient Therapy (Psychiatrist)**

**SV101(2): 90785; 90832; 90833; 90834; 90836; 90837; 90838; 90839; 90840; 90845; 99354; 99355; 90865; 90870; 90875; 90876; (Behavioral Health)**

**NTE02: 051**

**Unit of Service: 15 Minutes**

**Definition:**

A therapeutic service provided by a psychiatrist. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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## **Group Therapy**

**SV101(2): 90853, 90849, H0005, T1006**

**NTE02: 052**

**Unit of Service: 15 Minutes**

### **Definition:**

Group therapy shall be therapeutic intervention provided to a group of unrelated persons. A group consists of no more than eight persons. It is usually for a limited time period (generally 1 to 1 ½ hours in duration). In group therapy, clients are involved with one another at a cognitive and emotional level. Group therapy focuses on psychological needs of the clients as evidenced in each client's plan of treatment. Group therapy centers on goals such as building and maintaining healthy relationships, personal goal setting, and the exercise of personal judgment. The group shall have a deliberate focus and must have a defined course of treatment. Individual notes must be written for each recipient within the group and be kept in that individual's medical record. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

Services shall be limited to a maximum of three (3) hours of group therapy per day, per client, but can be exceeded based on medical necessity.

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## **Consultation (Behavioral Health)**

**SV101(2): valid procedure code.** When DBHDID is payer source, apply "Case #1" on page AE-1.

**NTE02: 073**

**Unit of Service: 15 Minutes**

### **Definition:**

Interaction between an employee of the community mental health center, or a subcontractor of the center, with a representative of another organization or individual practitioner to assist in addressing issues of client care or program development/management. Routine meetings do not qualify as consultation. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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## **Screening**

**SV101(2):**

**99408; 99409; G0396; G0397; H0002; H0049; H0050;  
T1023; 99420 (Substance Use Disorder)  
90899 (Mental Health);  
H0002 (Substance Use Disorder);  
or other valid procedure code**

**NTE02:**

**101 (Mental Health)  
102 (Substance Use Disorder)**

**Unit of Service: 15 Minutes**

**Definition:**

Screening shall be the determination of the likelihood that a person has a mental health, substance use, or co-occurring disorder. The purpose is not to establish the presence or specific type of such a disorder but to establish the need for an in-depth assessment. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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**Behavioral Health Prevention Education for pregnant and/or postpartum individuals  
(name on Medicaid fee schedule is “Alcohol and/or Drug Prevention”)**

**SV101(2):**

**H0024 (2 hours or under)**

**H0025 (greater than 2 hours)**

**NTE02:**

**105 (Substance Use Disorder)**

**Unit of Service: 1 event**

**Definition:** Substance use prevention education services for pregnant individuals or individuals not greater than (60) days postpartum. Contact by an independently licensed behavioral health practitioner or an approved behavioral health practitioner or prevention specialist under the supervision of an independently licensed behavioral health practitioner to assist the pregnant or post-partum client (up to 60-days post birth) with a pregnancy diagnosis from a medical professional, in risk reduction curriculums designed to reduce risk factors associated with substance use during pregnancy and/or postpartum periods.

Prevention Education services:

- A. Are only designed for pregnant and/or postpartum individuals who do not meet criteria for a substance use disorder;
  - B. Are delivered in a group setting or one-on-one;
  - C. Consist of Universal, Selective, or Indicated risk reduction curriculums;
  - D. Assists pregnant and/or postpartum prevention education clients in participation in a substance use screening or a referral for a substance use disorder assessment.
- 

**Residential Crisis Stabilization (Behavioral Health)**

**SV101(2): S9485**

**NTE02:**

**138 (Adult)**

**139 (Child/Youth)**

**Units of Service:** per diem

**Definition:**

Residential Crisis Stabilization services are provided in Crisis Stabilization Units. Crisis Stabilization Units are community-based, residential programs that offer an array of services including screening, assessment, treatment planning, individual, group, and family therapy, and peer support in order to stabilize a crisis and divert the individual from a higher level of care. It is not part of a hospital. They are used when individuals in a behavioral health emergency cannot be safely accommodated within the community, are not in need of hospitalization but need overnight care. The purpose is to stabilize the individual, provide treatment for acute withdrawal, when appropriate, and re-integrate them back into the community, or other appropriate treatment setting, in a timely fashion. These units provide a non-hospital residential setting and services 24-hours per day, seven (7) days per week, 365 days a year with at minimum 1 registered nurse (RN). The estimated length of stay for children is three (3) to five (5) days. The estimated length of stay for adults is seven (7) to ten (10) days. The component services of crisis stabilization units are screening, assessment, service planning, psychiatric services, individual therapy, family therapy, group therapy, and peer support. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

Residential crisis stabilization does not include, and FFP is not available for, room and board services; educational, vocational and job training services; habilitation services; services to inmates in public institutions as defined in 42 CFR §435.1010; services to individuals residing in institutions for mental diseases as described in 42 CFR§435.1010; recreational and social activities; and services that must be covered elsewhere in the state Medicaid plan.

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**Day Treatment (Behavioral Health) (Child/Youth <21)**

**SV101(2): H2012 or other valid procedure code**

**NTE02: 128**

**Units of Service: 1 Hour**

**Definition:**

Day Treatment is a non-residential, intensive treatment program designed for children/youth under the age of 21 who have an emotional disability, neurobiological and/or substance use disorders and who are at high risk of out-of-home placement due to behavioral health issues. Intensive coordination/linkage with schools and or other child serving agencies is included.

Intensive coordination is needed in order to successfully transition youth recipients to a lower level of care. See below for basic components of the required linkage agreement between the provider and the local education authority that specifies the responsibility of the authority and the provider for:

- Appropriately licensed teachers and provisions for their professional development;
- Educational supports including classroom aides and textbooks;
- Educational facilities;
- Physical education and recreational therapies;
- Transportation; and
- Transition planning.

Day treatment services do not include services covered in a child's Individualized Education Plan (IEP).

Day treatment services shall be provided:

- In collaboration with the education services of the Local Education Authority (LEA) including those provided through IDEA and/or Section 504;
- On school days and during scheduled breaks;
- In coordination with the recipient's individual educational plan, if the recipient has an individual educational plan;
- With a linkage agreement to other behavioral health services with the LEA that specifies the responsibilities of the LEA and the day treatment provider.

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### **Intensive Outpatient Program (IOP)**

**SV101(2):**

**S9480 (Mental Health)**

**H0015 (Substance Use Disorder)**

**NTE02:**

**154 (Mental Health);**

**153 (Substance Use Disorder)**

**Unit of Service: per Diem**

#### **Definition:**

Intensive Outpatient Program is an alternative to inpatient hospitalization or partial hospitalization for mental health and/or substance use disorders. An intensive outpatient program must offer a multi-modal, multi-disciplinary structured outpatient treatment program that is significantly more intensive than individual, group, and family therapies. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

IOP services must be provided at least three (3) hours per day and at least three (3) days per week.

Programming must include individual therapy, group therapy, and family therapy unless contraindicated, Crisis Intervention as it would occur in the setting where IOP is being provided, and psychoeducation (Psychoeducation is one component of outpatient therapy for mental health conditions. During psychoeducation, the client and/or their family is provided with knowledge about their diagnosis, the causes of that condition, and the reasons why a particular treatment might be effective for reducing their symptoms. Clients and their families gain empowerment to understand and accept the diagnosis and learn to cope with it in a successful manner).

All treatment plans must be individualized, focusing on stabilization and transition to a lesser level of care.

The State does not claim IOP that is located in a hospital as a rehabilitative service.

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### **Outreach and Education**

**SV101(2): valid procedure code.** When DBHDID is payer source, apply "Case #1" on page AE-1.

**NTE02: 174**

**Unit of Service: 15 Minutes**

**Definition:**

Extending information and educational opportunities that raise public awareness of intellectual and developmental disabilities and the array of services available. These services may fill an identified gap in services by providing information that may not otherwise be available to underserved populations in community settings. These services may be mobile. Facilitation of educational services can be geared towards entities such as individuals, groups, agencies, public or private, associations, or Boards. Facilitate activities and efforts to raise community awareness of services and supports available to persons with an issue such as BH, SA, or I/DD. Tools identified for outreach, have included measures such as leaflets, newsletters, advertising, stalls and displays, dedicated events, with common locations such as libraries, community centers, markets, etc. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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**Psychoeducational service, (for Substance Use Disorder)**

**SV101(2): H2027**

**NTE02: 175**

**Unit of Service: 15 Minutes**

**Definition: Psychoeducational service for Substance Use Disorder, used with modifiers AH, AJ, U8, HO, U4, HN**

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**Community-Based Mobile Crisis Intervention Services**

**(Behavioral Health / Intellectual Disabilities) SV101(2): S9484**

**or other valid procedure code**

**NTE02: 176**

**Unit of Service: 1 Hour**

**Definition:**

This code should be used for mobile for both adults and children.

Community-Based Mobile Crisis Intervention Services (MCIS) are designed to provide community-based interventions and supports for those experiencing a mental health or behavioral health crisis. MCIS includes dispatch of the Mobile Crisis Team (MCT) at the individual's location. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

MCIS provides services outside of a hospital or other facility. Services are available 24 hours a day, seven (7) days a week, 365 days a year. This service is provided in duration of less than 24 hours and is not an overnight service. This service provides crisis

response in home or community to provide an immediate evaluation, triage and access to acute behavioral health services including treatment and supports to effect symptom reduction, harm reduction or to safely transition persons in acute crises to appropriate least restrictive level of care.

**Special Note:**

Requires completion of field "Place of Service" SV105 (FAO-07) which cannot be "in office".

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**Crisis Intervention Service (Behavioral Health / Intellectual**

**Disabilities) SV101(2): H2011, 90839, 90840, or other valid**

**procedure code NTE02: 200 (15 minutes) (H2011)**

**210 (first 60 minutes) (90839)**

**211 (each additional 30 minutes) (90840)**

**Unit of Service: 15 Minutes**

**Definition:**

Crisis Intervention Service (CIS) is an immediate short-term de-escalation, usually a single session, technique used to address an immediate behavioral health emergency, stabilize the individual in crisis, and create and implement a safe, appropriate plan for next steps and future treatment. CIS involves connecting to the person and talking them through specific steps to ensure their immediate safety as well as make appropriate plans for future care.

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**Family Outpatient Therapy**

**SV101(2): 90846 (w/out client present);**

**90847 (w/client present);**

**T1006 (Substance Use Disorder) family, couple counseling;**

**96154 (Behavioral Health) family w client present**

**T1027 family training and counseling for child development**

**NTE02: 253**

**Unit of Service: 15 Minutes**

**Definition:**

Family Therapy shall consist of a face to face therapeutic intervention provided through scheduled therapeutic visits between the therapist and the recipient and one or more members of a recipient's family to address issues interfering with the relational functioning of the family and improve interpersonal relationships within the home environment. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

The need for family therapy shall be so stated in the client's plan of treatment. Family therapy services shall be for the benefit of the client

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### **Collateral Outpatient Therapy**

**SV101(2): 90887 or other valid procedure code**

**NTE02: 254**

**Unit of Service: 15 Minutes**

#### **Definition:**

Collateral services shall be limited to recipients under the age of twenty-one, who are clients of the rendering provider. A collateral service shall be a face-to-face encounter with a parent/caregiver, legal representative/guardian, school personnel or other person in a position of custodial control or supervision of the client, for the purpose of providing counseling or consultation on behalf of a client in accordance with an established plan of treatment. The parent or legal representative in a role of supervision of the client shall give written approval for this service. This written approval shall be kept in the recipient's medical record. This service is only reimbursable for a recipient under age 21. Services shall be provided in accordance with applicable Kentucky Statute and Regulations.

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### **Partial Hospitalization (Behavioral Health)**

**SV101(2): H0035, S0201**

**NTE02: 255**

**Units of Service: Per Diem**

#### **Definition:**

Partial Hospitalization is a short-term (average of four to six weeks), less than 24-hour, intensive treatment program for individuals experiencing significant impairment to daily functioning due to substance use disorders, mental health disorders, or co-occurring mental health and substance use disorders. Partial Hospitalization may be provided to adults or children. Admission criteria are based on an inability to adequately treat the client through community-based therapies or intensive outpatient services. The program will consist of individual, group, family therapies and medication management. Educational, vocational, or job training services that may be provided as part of Partial Hospitalization are not reimbursed by Medicaid. The program has an agreement with the local educational authority to come into the program to provide all educational components and instruction which are not Medicaid billable or reimbursable. Services in a Medicaid-eligible child's Individual Education Plan (IEP) are coverable under Medicaid. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

Partial Hospitalization is typically provided for a lesser number hours per day and days per week than Day Treatment. Partial Hospitalization is typically focused on one primary presenting problem (i.e. Substance use, sexual reactivity, etc.). Day treatment is typically provided for more hours per day for

more days per week, requires more treatment components and often lasts for a longer period of time (e.g., three months), compared to partial hospitalization. Day treatment may focus on resolving multiple mental health and/or substance use issues and is typically provided as an alternative to a school or other traditional day time setting for children.

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#### **“Outreach/Inreach” (Behavioral Health) (New in SFY23)**

**SV101(2):** When DBHDID is payer source, apply “Case #1” on page AE-1.

**NTE02: 400**

**Unit of Service: event**

**Definition:** The process of bringing individuals into treatment who do not access traditional services. Effective Outreach/Inreach utilizes strategies aimed at engaging persons into the needed array of services, including identification of individuals in need, screening, development of rapport, offering support, and referring to appropriate resources, including community-based behavioral health services and housing options.

DBHDID funds are used for Outreach and Inreach to any persons of any age.

This “Outreach/Inreach” service code intentionally includes both ‘outreach’ and ‘Inreach’. The following defines these two terms.

Outreach - A contact with an individual in need of community-based services where the goal is service engagement. The contact occurs outside of provider’s office or institutional settings. Outreach occurs in settings such as street homelessness, hotels, non-staffed residences, and private residences.

Inreach - A contact with an individual who is living in a personal care home, facility, institution, or homeless shelter and where information was attained such that a status and next steps are identified toward possibly transitioning toward independent living. The individual’s legally appointed guardian may be included as a contact for Inreach. Family members, treatment staff or other professionals are not included as contacts for Inreach. Contact may occur face-to-face, by telephone or other virtual means.

#### **Special Notes:**

- This service is not equivalent to Prevention Services or Outreach and Education (NTE02 / DMHMRS Modifier\_1 code 174) or Access and Referral (NTE02 / DMHMRS\_Modifier\_1 code 294) which are intended to serve persons having primary Developmental or Intellectual Disabilities.
- This service is not equivalent to community outreach and education activities aimed at raising community awareness about youth substance use, SUD, and co-occurring SUD and mental health disorders.
- This service is not equivalent to Behavioral Health Prevention Education for pregnant and/or postpartum individuals (NTE02 / DMHMRS\_Modifier\_1 code 105).

#### **References:**

- DBHDID contract – The DIVERTS Services section references “In-Reach/Transition Services” which may be reported under this “Outreach/Inreach” service code. The SED services section references “Outreach and engagement” which may be reported under this “Outreach/Inreach” service code.
- SAMHSA – PATH grant definitions

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## **Supportive Housing - Psychosocial Rehabilitation Services**

**SV101(2): H2017**

**NTE02: 043**

**Unit of Service: 15 minutes**

### **Definition:**

An array of activities and services designed to assist individuals to acquire and succeed in chosen housing situations. Activities revolve around choosing, getting and keeping regular housing in the community and may include accessing subsidies, locating suitable housing, negotiating leases, acquiring household items, moving into residences, and teaching housing related living skills.

Those regions operating a distinct “supported housing program” or that provide any supported housing services (except for targeted case management services or comprehensive community support services) should use this code. This may include services provided by tenant-based rental assistance programs, homeownership programs, or less than 24 hour supports provided in regular, community housing settings. Services and supports provided in an agency-owned and/or agency-operated housing site or residential programs on a 24 hour per day basis should be coded 40 (Residential Support). Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

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## **Supported Employment (Mental Health / Intellectual Disabilities)**

**SV101(2): H2023 (Mental Health)**

**Supported Employment (includes Person-Centered Job Selection-Discovery,  
Job Development and Analysis and Job Acquisition with Support)**

**H2025 (Mental Health)**

**Ongoing Support to Maintain Employment**

**T2019 (Intellectual Disabilities) (includes Long Term Support and Follow-Up having  
the following modifiers:**

**U4 PCJS Discovery,  
U5 Job Development and Analysis,  
U6 Job Acquisition with Support);**

**NTE02: 085**

**Unit of Service: 15 Minutes**

**Definition:**

Competitively paid work in a variety of integrated settings. Support and assistance are provided in accessing and maintaining employment. Includes individual assessment, development of a vocational profile, job development, job placement, on-site job coaching or training in work and work-related skills, on-going supervision and monitoring of work performance, support to assure job retention, support and training in developing interpersonal skills, use of community supports and generic services essential to obtaining and retaining employment. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations.

Providers operating a distinct “supported employment program” should use this code. The Center for Mental Health Services defines this as “supportive services that include assisting individuals in finding work; assessing individuals’ skills, attitudes, behaviors, and interest relevant to work; providing vocational rehabilitation and/or other training; and providing work opportunities. Includes transitional and supported employment services.”

For Mental Health (MH):

Supported Employment (SE) is an evidence-based service to promote rehabilitation and retainment or return to productive employment for persons with serious mental illnesses. The Individual Placement and Support (IPS) model of Supported Employment helps people living with behavioral health conditions work at regular jobs of their choosing. Although variations of supported employment exist, IPS refers to the evidence based practice for individuals with serious mental illness. IPS SE programs should focus on each person’s strengths, work towards promoting recovery and wellness, work in collaboration with vocational rehabilitation counselors, use a multidisciplinary approach, work to individualize services that last as long as the person needs and wants them, and work to change the way mental health services are delivered.

**PRINCIPLES OF IPS SUPPORTED EMPLOYMENT**

- Focus on Competitive Employment: Agencies providing IPS services are committed to competitive employment as an attainable goal for people with behavioral health conditions seeking employment. Mainstream education and specialized training may enhance career paths.
- Based on Individual Choice: People are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
- Integration of Rehabilitation and Mental Health Services: IPS programs are closely integrated with mental health treatment teams.
- Attention to Worker Preferences: Services are based on each person’s preferences and choices, rather than providers’ judgments.
- Personalized Benefits Counseling: Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.
- Rapid Job Search: IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling. If further education is part of their plan, IPS specialists assist in these activities as needed.

- Systematic Job Development: Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.
- Time-Unlimited and Individualized Support: Job supports are individualized and continue for as long as each worker wants and needs the support.

**SUPPORTED EMPLOYMENT IS NOT:**

- Prevocational training
- Sheltered work
- Employment in enclaves (that is in settings, where only people with disabilities are employed)
- [If an employment specialist is part of an ACT team, this should be reported under ACT and not separately as supported employment.]

For Intellectual Disabilities (ID) program: Support and assistance provided in accessing and maintaining employment in an integrated community setting and includes Person-centered job selection, job development and analysis, job acquisition with support and stabilization, and Long-term Employment Services. Long Term Employment Services are covered for any participant for whom a Long-Term Employment Support Plan has been developed and the plan has been incorporated into the participant's plan of care. All other employment services are covered for participants who have exhausted services funded through the Rehabilitation Act of 1973 unless there has been an additional disability, or the progression of the individual's disability has far exceeded the original expectation. In which case, additional funding through Rehabilitation Act may be available and shall be pursued. Supported Employment services shall be documented using established Long Term Employment Support Plan (LTESP) and Person-Centered Employment Plan (PCEP).

For ID program: Supported Employment shall also:

- a. Be provided by certified provider that is a vendor of supported employment services for the Office of Vocational Rehabilitation;
- b. Be delivered on a one (1) to one (1) basis with a participant or indirectly on behalf of a participant; and
- c. Exclude work performed directly for the supported employment provider or in a group setting where the program participant is secluded from the population of coworkers not identified as program participants.

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**Adult Peer Support (Behavioral Health)**

**SV101(2):** H0038 Individual (Behavioral Health) no modifier  
H0038 Group (Behavioral Health) Medicaid billing requires HQ modifier

**NTE02:**

**145 (Individual)**  
**146 (Group)**

**Unit of Service: 15 Minutes**

**Definition:**

Peer Support is emotional support that is provided by persons having a mental health, substance use, or co-occurring mental health and substance use disorder to others sharing a similar mental health, substance use, or co-occurring mental health and substance use disorder in order to bring about a desired social or personal change. It is an evidence-based practice. Peer Support Services are structured and scheduled non-clinical but therapeutic activities with individual clients or groups provided by a self-identified consumer of mental health, substance use, or co-occurring mental health and substance use disorder services who has been trained and certified in accordance with state regulations. Services should promote socialization, recovery, self-advocacy, preservation and enhancement of community living skills for the client. Services shall be provided in accordance with applicable Kentucky Statute and Regulations specifically 908 KAR 2:220 (Adult Peer Support).

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**Parent/Family Peer Support (Behavioral Health)**

**SV101(2):** H0038 Individual (Behavioral Health) no modifier  
H0038 Group (Behavioral Health) Medicaid billing requires HQ modifier

**NTE02:**

**147 (Individual)**  
**148 (Group)**

**Unit of Service: 15 Minutes**

**Definition:**

Parent/Family Peer Support is emotional support that is provided by parents or family members of children having a mental health, substance use, or co-occurring mental health and substance use disorder to parents or family members with a child sharing a similar mental health, substance use, or co-occurring mental health and substance use disorder in order to bring about a desired social or personal change. It is an evidence-based practice. Peer Support Services are structured and scheduled non-clinical but therapeutic activities with individuals or groups provided by a self-identified parent /family member of a child/youth consumer of mental health, substance use, or co-occurring mental health and substance use disorder services who has been trained and certified in accordance with state regulations. Services should promote socialization, recovery, self-advocacy, preservation and enhancement of community living skills for the client. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations 908 KAR 2:230.

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**Youth Peer Support (Behavioral Health)**

**SV101(2):** H0038 Individual (Behavioral Health) no modifier  
H0038 Group (Behavioral Health) Medicaid billing requires HQ modifier

**NTE02:**

**149 (Individual)**  
**150 (Group)**

**Unit of Service: 15 Minutes**

**Definition:**

Parent/Family Peer Support is emotional support that is provided by parents or family members of children having a mental health, substance use, or co-occurring mental health and substance use disorder to parents or family members with a child sharing a similar mental health, substance use, or co-occurring mental health and substance use disorder in order to bring about a desired social or personal change. It is an evidence-based practice. Peer Support Services are structured and scheduled non-clinical but therapeutic activities with individuals or groups provided by a self-identified parent /family member of a child/youth consumer of mental health, substance use, or co-occurring mental health and substance use disorder services who has been trained and certified in accordance with state regulations. Services should promote socialization, recovery, self-advocacy, preservation and enhancement of community living skills for the client. Services shall be provided in accordance with applicable Kentucky Statutes and Regulations 908 KAR 2:240 (Youth Peer Support).

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**Targeted Case Management for Individuals with Co-Occurring Mental Health (SMI, SED) or Substance Use Disorders (SUD) and Chronic or Complex Physical Health Issues**

**SV101(2): T2023 with Modifier TG**

**NTE02:**

**266**

**Unit of Service: 1 Month (see special unit notes on page AE3)**

**Definition:**

*Services should be delivered according to the current Kentucky State Plan Amendment. The following is an excerpt from the amendment 14-002A that was effective on July 1, 2014.*

Services furnished to assist a recipient in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

1. Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
  - a. taking client history;
  - b. identifying the individual's needs and completing related documentation; and
  - c. gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual.
  - d. An assessment or reassessment must be completed at least annually or more often if needed based on changes in the individual's condition.
2. Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
  - a. specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - b. includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and

- c. identifies a course of action to respond to the assessed needs of the eligible individual.
- 3. Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
  - a. activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.
- 4. Monitoring and follow-up activities:
  - a. activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
    - (1) services are being furnished in accordance with the individual's care plan;
    - (2) services in the care plan are adequate; and
    - (3) changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
  - (4) Monitoring shall occur no less than once every three (3) months and shall be face-to-face.

Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

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## Unknown and Other Services Not Categorized Above

### Unknown / Not Collected

**SV101(2):** report procedure code

**NTE02:** 098

**Unit of Service:** N/A

**Definition:**

This field should rarely be used.

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### Other Non-DBHDID service specified in SV101(2)

**SV101(2):** valid procedure code. When DBHDID is payer source, apply “Case #1” on page AE-1.

**NTE02:** 099

**Unit of Service:** N/A

**Definition:**

This captures any service provided that is not associated with a valid DMHMRS\_Modifier\_1 (NTE02) code.

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### Physical Health Services

**SV101(2):** valid procedure code

**NTE02:** 900

**Unit of Service:** 1 Service

**Definition:**

This code is used for any physical health service provided to clients in the Client file. The code is intended to capture non-behavioral health services. It is expected that there will be a physical health diagnosis in the Diagnosis Code 1 field of the Event record and that there is a corresponding record for the client in the client file for the month that the service was provided.

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**FOOTNOTES:**

\*Valid procedure code if applicable – If Medicaid is the payer for the service, use a valid CPT or HCPCS code. Otherwise, follow instructions for populating the SV101(2) field for non-Medicaid payers. When DBHDID is payer source, apply “Case #1” on page AE-1.

\*\*No required procedure code – Code not generally used for Medicaid services. Follow instructions for populating the SV101(2) field for non-Medicaid payers.

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