

***This document rescinds all previous documents on coding COD services***

**Assessment and diagnosing of an SUD**--ELMER has a separate SA Assessment that does not require prior authorization. For all SA assessments, regardless of the program the clinician serves, the clinician is to select the H0031HH from the authorization box. Use the following guidelines for completing the assessment:

1. **If this is an initial BPS for a new consumer** to the system, the BPS will not be coded with an HH modifier. If the simple screen in the BPS is positive requiring further evaluation, a separate SA assessment will be conducted. If a separate SA Assessment is conducted, choose H0031:HH from the CPT Code lookup in the authorization box of the SAL.
2. **If this is a consumer with a closed record who is returning in a new episode of care**, the BPS will bring forward the previous record. If the record is 42CFR Part 2 protected, the Simple Screen may be updated for current information on SUD. If the diagnosis is changing from active to remission or from remission to active, you will need to complete an SA Assessment. For the sake of billing and not having overlapping time, complete the BPS and then move to the SA assessment. The SA assessment is now the only document where you may change the SUD fields for active or in remission. If a separate SA Assessment is conducted, choose H0031:HH from the CPT Code lookup in the authorization box of the SAL.
3. **If this is an updated BPS and the chart is not 42 CFR Part 2 protected and the simple screen is positive** complete the BPS but do not code the BPS with the HH modifier and move to the SA Assessment for a full assessment and determination of SUD. If a separate SA Assessment is conducted, choose H0031:HH from the CPT Code lookup in the authorization box of the SAL.
4. **If this is an updated BPS and the chart is 42 CFR Part 2 protected** and you need to change the SUD disability designation from active to remission or from remission to active, move to the SA Assessment after the simple screen to update the SUD. The SA assessment is now the only document where you can change the SUD field. It is not an available choice on the revised BPS diagnosis page. The BPS will not be coded with an HH modifier If a separate SA Assessment is conducted, choose H0031:HH from the CPT Code lookup in the authorization box of the SAL.
5. **If this is an updated BPS and the chart is 42 CFR Part 2 protected** and you are not changing the SUD diagnosis, it is not required at this time that you update the SA Assessment. The simple screen narrative may be used to review the status of the SUD and to thoroughly document clinical progress since the last assessment. The BPS is coded with the HH whether it is coded as an H0031 or TCM contact or SC contact. The HH modifier will need to be added by the clinician on the SAL by checking the box for Integrated/Cooccurring Services.

**Basic rule for the use of HH modifiers for ongoing services**-- "Before reporting the integrated treatment services with an HH modifier for an individual, the plan to address both disorders with one or more integrated services must be documented in the IPOS through the PCP process. The

individuals' QI record must be updated to reflect both mental health and substance use disorders..." (Memo from Patrick Barrie, June 29, 2007)

The HH modifier will be attached through the SAL for the services other than the SA Assessment by checking the box for Integrated/ Co-occurring Services. Addressing a specific SUD treatment goal and/or objective and documenting that in the record are the key determinants of whether or not to apply the HH modifier. The length of time in the session is not a critical factor.

<u>HCPCS</u>	<u>Service Description</u>
H0002	Brief Screen to non-inpatient per encounter
T1023	Pre Admission screen
H2011	Crisis Intervention
H0031	Assessment by non-physician per encounter
H0032	Treatment planning by Non –physician
H2014	Skill Building per 15 min
H2015	CLS per 15 min
H0036	Home based services per 15 min
H0038	Peer specialist service per 15 min
H0039	ACT per 15 min
T1001	Nursing Assessment
T1016	Supports coordination per 15 min the progress note reflects SA is a focus of the session
T1017	Targeted Case management per 15 min when the progress note reflects SA is a focus of the session
90801, 90802	Psychiatric evaluation per encounter
90862, M0064	Medication Review per encounter
90804 - 90849	All Individual therapy and Family therapy codes where SA is focus of the treatment session
90853, 90857	Group Therapy codes HH modifier to be used if progress note of the individual consumer reflects focus on SA treatment in the group session

96372 medication administration for giving the J2315 injection

Specific EBP sessions –individual or groups may be coded with HH if the progress note reflects a focus on SA during the session

**We will NOT attach the HH modifier**

<u>HCPCS</u>	<u>Service Description</u>
H2016	Residential Community Living Supports
T1020	Residential Personal Care