

NorthCare Network Directive

NorthCare Network Directives are developed through a collaborative interpretation of rules, regulations, and/or policy. They are provided as a standard for those working within our Network to assist in achieving compliance and consistency in our work.

Title: ACT (Assertive Community Treatment) Billing & Coding	Functional Area(s): Billing/Coding	Section(s): Clinical/EBP
Directive Supersedes: N/A	Lead Author(s): Lucy Olson	Per NorthCare Directives Policy Authorized by: Claudia Johnson, Interim COO
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Applies To: <input checked="" type="checkbox"/> CMHSP <input type="checkbox"/> CMHSP Sub-Contractors <input type="checkbox"/> NorthCare CA		<input type="checkbox"/> CA Sub-Contractors <input type="checkbox"/> Other: _____ <input type="checkbox"/> Excluding: _____

PURPOSE

Assertive Community Treatment (ACT) is a bundled service and is coded with the CPT Code H0039 for encounter reporting purposes. There are exceptions to the reporting of the physician services and the need to obtain any third party payment available before using Medicaid funding. With the electronic medical record (ELMER) utilized across the region, standards for coding ACT services and the exceptions to coding an H0039 need to be implemented. Standards for costing ACT services also need to be established.

DIRECTIVE

I. The bundled services of the ACT program includes the following CPT codes only:

- H0039 ACT – includes nursing services
- ELMER will recode by program assignment and submit as H0039 encounters:
 - Physician Codes: 90862 (medication management); 90801 (psychiatric evaluation)
 - Physician New Patient Codes: 99203, 99204, 99205
 - Physician Established Patient Codes: 99214, 99215
 - 96372 (injection administration)
 - Certification Exams for Alternative Treatment Orders (if completed outside of a Medication Review or Psychiatric Evaluation):
 - New Patients 99201
 - Established patient 99212

II. ACT services not recoded as H0039

- 90887: TS Physician testimony and Q3014: GT (tele-health originating site fee) No authorization required.

III. General Service documentation Guidelines

- The face to face time with the consumer is the actual time and should be reflected by the start and stop time
- The number of units is calculated using the start and stop time on the SAL. Any indirect time associated with the service should be reflected on the SAL by using the appropriate Yes radio button and entering the hours and/or minutes
- Authorization of Physician Codes

- The physician bundle, which includes (90801, 99203, 99204, 99205, 99214 and 99215) are authorized using only one CPT code (9XXXX). An authorization for 9XXXX will allow the physician to SAL any of one of the codes within the bundle.
- Certification exams (99201, 99212) and the court testimony (90887:TS) for Alternative Treatment orders do not require an authorization but do require language in the IPOS.
- ACT services provided by a registered nurse:
 - When providing a nurse service and no injection, code all Face to Face time as an H0039. Indirect nursing time should be coded using H0039.
 - The indirect codes of IND01/IND02 are not part of the ACT bundle and should not be used in ACT. All nursing time is to be captured as H0039 regardless of physician activity.
 - The AIMS will be reported as a separate ACT service using the AIMS form in ELMER. It will be coded as an H0039 on the SAL.
- Encounters are reported based on distinct start and stop times. This means that there may be multiple encounters in a 24 hour period. Multiple encounters on the same date of service are NOT “rolled” or combined to be reported as a single encounter”
- Certification exams will be scanned by medical records into the legal section of the consumer chart under Certification Exams.
- Physicians use the physician codes on applicable documents (e.g. Medication reviews and psychiatric evaluations) and the physician enters those codes on the SAL. Through ELMER background logic 90862 and 90801 and other physician codes will be reported as H0039 units.
- For any nursing service contact which includes a medication injection all Face to Face time should be coded using the 96372. The 96372 will be billed to third party as an injection administration however it will be reported as an ACT encounter of H0039. The nurse must complete the “physician on site” portion of the SAL. This will avoid the nurse having to create two notes.

IV. Exceptions to inclusion in ACT Program

- Evidence Based Practices may or may not be included in the ACT Program. If the EBP has specific encounter codes, the services must be coded as such--Example-- Family Psycho-education codes: G0177/S5110/T1015. When a modifier identifies the EBP, such as the HH modifier for integrated treatment of Co-occurring disorders, they can be added to the H0039 and be included in the ACT Program.

V. Costing

Services provided to an ACT consumer will be included in the ACT Program costing. If the service has its own code on the MUNCR, but is an ACT bundled service, ELMER will report these as H0039's, by program assignment of the consumer. The 90887:TS; Q3014 and J-Codes are not recoded to H0039.

- The 90887:TS and the Q3014 are reported separately, and the units/costs belonging to those codes will not be reflected in the H0039 costs. However, their units and costs will be included in the overall costing of the ACT Program.
- The J-codes are fee for service and are not reported to the State nor are they on the MUNCR. However, their costs will be included in the overall costing of the ACT Program.

REFERENCE(S)

[Michigan PIHP/CMHSP Provider Qualifications per Medicaid Service & HCPCS/CPT Codes](#)

[Michigan PIHP/CMHSP Encounter Reporting Costing per Code](#)

[Medicaid Utilization Net Costing Report \(MUNCR\)](#)

[Consultation with MDCH staff Judy Webb and Alyson Rush](#)