

**PROPOSED CHANGES TO THE FEE SCHEDULE FOR BEHAVIORAL HEALTH PROVIDERS  
FOR PUBLIC COMMENT**

**Proposed to Be Effective January 1, 2019 or as otherwise stated below**

**Comments may be made through January 20, 2019. For any changes made based on comments, claims will be adjusted retroactively as appropriate.**

**Notes on interpreting the fee schedule:**

1. The following are proposed changes or addition to the BH fee schedule.
2. The payment rates, rendering provider requirements, the units, and the max units are subject to public comments at this time.
3. Nothing on the fee schedule is to be interpreted as an exemption from any board license requirements or supervisory requirements. Providers who are not licensed for independent practice are included in the column labeled "Master's Level for Independent and for Supervised Non-Independent Licensure Types" and only when working for the agencies indicated under the "USE" column.
5. FQHC's, Indian Health Service, PL 638 Tribal Healthcare Providers, other state agencies, other governmental units, hospital outpatient facilities, licensed crisis triage centers, opioid treatment programs, and crisis services community providers may also be authorized to perform some services that under "USE" and are stated to be used by CSAs, CMHCs, CLNM HHs, and BHAs.
6. Key: BHA = Behavioral Health Agency; CLNM HH = Care Link New Mexico Health Home; CMHC = Community Mental Health Center; CSA = Core Service Agency.
7. This fee schedule is for services provided to Medicaid fee-for-service recipients. Managed care provider rates are determined between the provider and the MCO and may differ from the fee-for-service fee schedule. Managed care rates are not subject to the public comment process.

NOTE THAT THIS PROPOSED FEE SCHEDULE IS NOT INTENDED TO CONTAIN EVERY CODE THAT A BH PROVIDER COULD POTENTIALLY BILL. RATHER, THESE ARE JUST PROPOSED CHANGES AND ADDITIONS.

REFER TO THE CURRENT BH FEE SCHEDULE AT [http://www.hsd.state.nm.us/uploads/FileLinks/e7cfb008157f422597ccdc11d2034f0/Fee\\_Schedule\\_\\_Behavioral\\_Health\\_for\\_July\\_1\\_2018\\_distributed\\_and\\_posted\\_2nd\\_713\\_18\\_rs.pdf](http://www.hsd.state.nm.us/uploads/FileLinks/e7cfb008157f422597ccdc11d2034f0/Fee_Schedule__Behavioral_Health_for_July_1_2018_distributed_and_posted_2nd_713_18_rs.pdf)  
AND THE GENERAL PROVIDER FEE SCHEDULE ON THE HSD WEBSITE AT : <http://www.hsd.state.nm.us/providers/fee-for-service.aspx>  
Scroll to the bottom of the page, click on "agree"; then click on "submit". Also, hospitals are to follow UB manual instructions, codes, and directions from HSD/MAD.

**PROPOSED RATE INCREASE FOR ACCREDITED RESIDENTIAL TREATMENT CENTERS for January 1, 2019**

RENDERING PROVIDER REQUIRED	Revenue Code	DESCRIPTION WITHIN MEDICAID PROGRAM	PROPOSED CHANGE	USE	COMMENT
Report Referring or Ordering Provider in the Attending Provider Field	1001	ARTC - PSYCHIATRIC Daily rate, not including discharge date Units = number of days	The current daily rate is \$270.00. The proposed new daily rate is \$350.00, effective for dates of service beginning January 1, 2019.  The need to increase the rate was based on comments received on the fee schedule changes proposed for July 1, 2018.	ARTCs, provider type 216	Level of Care determination and approval required
Report Referring or Ordering Provider in the Attending Provider Field	1002	ARTC - CHEMICAL DEPENDENCY Daily rate, not including discharge date Units = number of days	The current daily rate is \$270.00. The proposed new daily rate is \$350.00, effective for dates of service beginning January 1, 2019.  The need to increase the rate was based on comments received on the fee schedule changes proposed for July 1, 2018.	ARTCs, provider type 216	Level of Care determination and approval required

PROPOSED RATE INCREASE FOR GROUP HOMES for January 1, 2019												
RENDERING PROVIDER REQUIRED	Revenue Code	DESCRIPTION WITHIN MEDICAID PROGRAM	PROPOSED CHANGE							USE	COMMENT	
Report Referring or Ordering Provider in the Attending Provider Field	1005	Group home Daily rate, not including discharge date Units = number of days	The current daily rate is \$112.00. The proposed new daily rate is \$150, effective for dates of service beginning January 1, 2019.  The need to increase the rate was based on comments received on the fee schedule changes proposed for July 1, 2018.							Group Homes, provider type 219	Level of Care determination and approval required	
NEW PROPOSED CODE ADDITIONS												
RENDERING PROVIDER REQUIRED	CPT or HCPCS code	Modifier	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	MD/DO	PHD	PHD with pre-scriptive authority	Master's Level for Independent and for Supervised Non-Independent Licensure Types	Clinical Psychiatric Nurse Specialists and/or Nurse Practitioners	USE	COMMENT	Allowed Rendering Provider Types
rendering required	H0038	HQ	Peer Support in a Group Setting	\$7.20 /15 min unit							The modifier and the price in a group setting is newly proposed to be effective January 1, 2019	430, spec 114, 115, 117
rendering required	G0176	HQ	Activity therapy- group	\$7.11/15 minute unit							The modifier and the price in a group setting is newly proposed to be effective January 1, 2019	301, 302, 430, 431, 435, 436, 437, 440, 443, 444, 445, 452, 457
rendering required	G0515		Cognitive enhancement therapy	\$27.49/15 min unit							New service - to be effective when new BH rule is finalized. Date not yet determined.  EBP & training required by the provider	301, 302, 305, 306, 316, 317, 430, 431, 435, 436, 438, 440, 443, 444, 445
rendering required	G0444		Other behavioral health screening	\$16.36							New service - to be effective January 1, 2019	301, 302, 305, 306, 316, 317, 430, 431, 435, 436, 438, 440, 443, 444, 445
rendering required	G0443		other brief intervention	\$22.79							New service - to be effective January 1, 2019	301, 302, 305, 306, 316, 317, 430, 431, 435, 436, 438, 440, 443, 444, 445
rendering required	36415		Blood draw - routine venipuncture	\$2.82							Replaces code 36591 on the July 1, 2018 fee schedule. To be effective January 1, 2019	301, 302, 305, 306, 316, 317, 321, 343

**NEW BILLING CODES FOR INSTITUTIONS FOR MENTAL DISEASE FOR SUBSTANCE USE DISORDER**

RENDERING PROVIDER REQUIRED	Revenue Code	DESCRIPTION WITHIN MEDICAID PROGRAM	AMOUNT	BILLING	COMMENT	Allowed Billing Provider Types
Report Referring or Ordering Provider in the Attending Provider Field	0116 for private room 0126 for semi private room	Institute for Mental Disease (IMD) <b>For inpatient for SUD for patient aged 18 through 64</b>	% of billed charges then cost settled for FFS  As negotiated for MCOs	Billing on the UB format; For acute care hospitals or free standing psych hospitals - using inpatient types of bill	Level of Care determination and approval required.	205
Report Referring or Ordering Provider in the Attending Provider Field	0114 for private room 0124 for semi private room	Institute for Mental Disease (IMD) <b>inpatient for mental disease or SUD for patient under age 18 and over 65</b>	% of billed charges then cost settled for FFS  As negotiated for MCOs	Billing on the UB format; For acute care hospitals or free standing psych hospitals - using inpatient types of bill	Level of Care determination and approval required	205

**CODES FOR BEHAVIORAL HEALTH AGENCIES PROVIDING NON RESIDENTIAL COMMUNITY BASED CRISIS SERVICES (and are not licensed as a Crisis Treatment Center)**

RENDERING PROVIDER REQUIRED	CPT or HCPCS code	Modi-fier	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT						USE	COMMENT	Allowed Rendering Provider Types
rendering required	H0038		Individual peer support	\$12.00/15 min unit							There is no price change, but the use is being expanded to include pay for Community Based Crisis Services in a Behavioral Health Agency	430, spec 114, 115, 117
rendering required	H0038	HQ	Peer support in a Group Setting	\$7.20 /15 min unit							The modifier and the price in a group setting is newly proposed	430, spec 114, 115, 117

**PARTIAL HOSPITALIZATION**

The following are new proposed codes, payment levels, and methodology for Partial Hospitalization to be effective when the new proposed behavioral health rules is finalized

RENDERING PROVIDER REQUIRED	REVENUE CODE	PROCEDURE CODES	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT	USE	COMMENT	Allowed Billing Provider Types
Report Referring or Ordering Provider in the Attending Provider Field	912	S0201	Partial Hospitalization	\$875.00 for an 8 hour per diem unit.  Partial units must be will as appropriate: 0.25 units for 2 hours; 0.5 units for 4 hours; 0.75 units for 6 hours; 1 unit for 8 hours; 1.25 units for 10 hours; 1.5 units for 12 hours; 1.75 units for 14 hours	This is the code which a hospital uses to bill for partial hospitalization. It is inclusive of all services provided except for  1. Lab services which may be billed additionally 2. Professional health care providers and practitioners who come from outside the hospital to provide services may be bill for rendering services during the session using the CMS 1500/837P format and the BH codes as indicated below. 3. Physician, psychiatrist, psychologist, CNP, CNS, and independently licensed BH practitioners who provide services during the session may bill using the CMS 1500/837P format and the BH codes as indicated below. 4. Occupational therapy which may be provided from either the hospital staff or staff outside the hospital	Billing for the hospital and hospital lab services is on the UB format/837I outpatient hospital claim  type of bill 131	201, 203, 205

Report Referring or Ordering Provider in the Attending Provider Field	Use rev code specific to lab service	Use procedure code specific to lab service	laboratory	Priced according to outpatient hospital rules							Billing for the hospital and hospital lab services is on the UB format/837I outpatient hospital claim  type of bill 131	201, 203, 205, 342
Partial Hospitalization Professional Services outside of hospital program staff											<b>Allowed Rendering Provider Types</b>	
Rendering required		97530	Occupational services - therapeutic	occupational services - therapeutic	\$28.29 per 15 min - 6 unit max						Bill on a CMS 1500/837P format	451,452
Rendering required		G0410	Group psychotherapy 45-50 minutes	group psychotherapy 45-50	\$29.10						Bill on a CMS 1500/837P format	301, 302, 306, 431, 435, 436,438, 440, 443, 444
Rendering required		G0411	Interactive group psychotherapy	Interactive group psychotherapy	\$32.60						Bill on a CMS 1500/837P format	301, 302, 306, 431, 435, 436,438, 440, 443, 444
Rendering required		90832-90838	Individual psychotherapy	Individual psychotherapy	fee schedule						Bill on a CMS 1500/837P format	301, 302, 306, 431, 435, 436,438, 440, 443, 444
<b>SBIRT (SCREENING, BRIEF INTERVENTIONS, AND REFERRAL TO TREATMENT)</b>												
SBIRT services will be effective January 1, 2019.												
<b>RENDERING PROVIDER REQUIRED</b>	<b>CPT or HCPCS code</b>	<b>MODIFIER</b>	<b>DESCRIPTION WITHIN MEDICAID PROGRAM</b>	<b>FEE SCHEDULE AMOUNT</b>								<b>Allowed Rendering Provider Types</b>
rendering required	H0049		SBIRT: Alcohol and/or Drug Screening only	\$27.00 per service								301, 302, 305, 306, 311, 312, 313, 314, 315, 316, 317, 321, 361, {411 spec 230,231} 430, 431, 435, 436, 437, 438, 440, 443, 444, 445
rendering required	H0050		SBIRT: Brief intervention	\$54.00 per 15 minute unit								301, 302, 305, 306, 311, 312, 313, 314, 315, 316, 317, 321, 361, {411 spec 230,231} 430, 431, 435, 436, 437, 438, 440, 443, 444, 445

**Interdisciplinary Teaming**

Interdisciplinary Teaming is a new service delivery that will become effective on the date that a new proposed behavioral health rule is finalized.

RENDERING PROVIDER REQUIRED	CPT or HCPCS code	MODIFIER	DESCRIPTION WITHIN MEDICAID PROGRAM	FEE SCHEDULE AMOUNT							Comments	Allowed Rendering Provider Types
rendering required	G0175	U1	Scheduled Inter-disciplinary team conference (minimum of 3, exclusive of nursing staff) With patient present  Only lead agency may bill Recipient must be SMI, SED, or SUD	\$200 - bill 1 unit for a session of 30 to 89 minutes  Only 1 lead can bill for same patient for the same time period								342, 343, 432, 433, 446
rendering required	G0175	U1	Scheduled Inter-disciplinary team conference (minimum of 3, exclusive of nursing staff) With patient present  Only lead agency may bill Recipient must be SMI, SED, or SUD	\$400 - bill 2 units for a session of 90 minutes or more  Only 1 lead can bill for same patient for the same time period								342, 343
rendering required	G0175	U2	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD  And the participating agency has only one individual attending	\$70 - bill 1 unit for a session of 30 to 89 minutes  2 different non-lead agencies can bill for the same patient for the same session as the lead agency								301, 302, 305, 306, 311, 316, 317, 320, 321, 322,323,324,333 342, 343,411,430,431, 435, 436, 438, 440, 441, 443, 444, 445, 451, 452, 453, 457, 458, 462
rendering required	G0175	U2	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD  <b>And the participating agency has only one individual attending</b>	\$140 - bill 2 units for a session of 90 minute or more  2 different non-lead agencies can bill for the same patient for the same session as the lead agency								301, 302, 305, 306, 311, 316, 317, 320, 321, 322,323,324,333 342, 343,411,430,431, 435, 436, 438, 440, 441, 443, 444, 445, 451, 452, 453, 457, 458, 462

rendering required (any 1 or the 2 or more individuals may be reported)	G0175	U3	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD  <b>But the participating agency has two or more individuals attending</b>	\$140 - bill 1 unit for a 30 to 89 minute session  2 different non-lead agencies can bill for the same patient for the same session as the lead agency								301, 302, 305, 306, 311, 316, 317, 320, 321, 322,323,324,333 342, 343,411,430,431, 435, 436, 438, 440, 441, 443, 444, 445, 451, 452, 453, 457, 458, 462
rendering required (any 1 or the 2 or more individuals may be reported)	G0175	U3	Same as above but for a non-lead agency, participating at the same session for SMI, SED, SUD  <b>But the participating agency has two or more individuals attending</b>	\$280 - bill 2 units for a session of 90 minutes or more  2 different non-lead agencies can bill for the same patient for the same session as the lead agency								301, 302, 305, 306, 311, 316, 317, 320, 321, 322,323,324,333 342, 343,411,430,431, 435, 436, 438, 440, 441, 443, 444, 445, 451, 452, 453, 457, 458, 462
rendering required	S0220	U1	Lead agency, leading an interdisciplinary team to coordinate activities of patient care with patient present (approximately 30 minutes)  <b>lead agency - any BH diagnosis</b>	\$130 - bill 1 unit for a session of 30 to 59 minutes  Only 1 lead can bill for same patient for the same time period								301, 302, 305, 306, 311, 316, 317, 320, 321, 322,323,324,333 342, 343,411,430,431, 435, 436, 438, 440, 441, 443, 444, 445, 451, 452, 453, 457, 458, 462
rendering required	S0220	U2	Participating practitioner attending interdisciplinary team to coordinate activities of patient care with patient present (approximately 30 minutes)  <b>Participating agency (non-lead) - any BH diagnosis</b>	\$70 - bill 1 unit for a 30 to 59 minute session  Only 1 participating (non-lead) agency can bill for same patient for the same time period for the same session as the lead agency								301, 302, 305, 306, 311, 316, 317, 320, 321, 322,323,324,333 342, 343,411,430,431, 435, 436, 438, 440, 441, 443, 444, 445, 451, 452, 453, 457, 458, 462
rendering required	S0221	U1	Lead agency, leading an interdisciplinary team to coordinate activities of patient care with patient present (approximately 30 minutes)  <b>lead agency - any BH diagnosis</b>	\$234 - bill 2 units for a session of 60 minutes or more  Only 1 lead can bill for same patient for the same time period								301, 302, 305, 306, 311, 316, 317, 320, 321, 322,323,324,333 342, 343,411,430,431, 435, 436, 438, 440, 441, 443, 444, 445, 451, 452, 453, 457, 458, 462

rendering required	S0221	U2	Participating practitioner attending interdisciplinary team to coordinate activities of patient care with patient present (approximately 30 minutes)  <b>Participating agency - any BH diagnosis</b>	\$126 - bill 1 unit for a session of 30 to 59 minutes  Only 1 participating (non-lead) lead can bill for same patient for the same time period for the same session as the lead agency								301, 302, 305, 306, 311, 316, 317, 320, 321, 322,323,324,333 342, 343,411,430,431, 435, 436, 438, 440, 441, 443, 444, 445, 451, 452, 453, 457, 458, 462
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