Indiana Health Coverage Programs

P R O V I D E R B U L L E T I N

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To: All Indiana Health Coverage Programs Providers

Subject: Medicaid Rehabilitation Option Provider Manual Policy Changes

Overview

Recent policy changes have resulted in changes to two sections of the Community Mental Health Rehabilitation Services – Medicaid Rehabilitation Option (MRO) Provider Manual. The first of these changes is in partial hospitalization (procedure code X3049). The regulation has now been modified with removal of the requirement to bill a minimum of eight units per day. Now the actual time per day (rounded to the closest one-quarter hours) may be billed.

The second change is in MRO medication-somatic. This regulation has changed to include advance practice nurses with prescription authority (in addition to the physician) for face-to-face contact in three-month reviews.

> *Note: The changes outlined in this bulletin are effective January 10, 2000.*

Partial Hospitalization

Partial hospitalization (PH) has been defined as a structured group activity with components scheduled two or more hours in duration (but less than full time hospitalization). The reference to the two hours was carried further to define a unit of service equaled one-quarter hour and the Community Mental Health Center (CMHC) must bill a minimum of eight units per day. CMHCs found this interpretation to have a negative impact. A client may attend the PH program, but be unable to stay **for** two hours**.**

This requirement has been modified with removal of the requirement to bill a minimum of eight units per day. Actual time per day (rounded up to the closest one-quarter hour) may be billed.

Example: A client is scheduled to attend three hours of PH programming. After the first hour and 15 minutes of the day's PH program, the client needs to leave for a medical appointment. The CHMC may bill for the actual time (one hour and 15 minutes or five units) the client attended the PH program.

Medication-Somatic

In the past, a face-to-face contact with a physician had to be made at the initial assessment and in reviews every three months following.

At the initial contact, there still must be face-to-face contact with the physician. However, at the three-month reviews, the face-to-face contact may be made with the physician or with an advanced practice nurse with prescription authority that is acting within his or her scope of authority.

Effective Date

The changes outlined are effective on the issue date of this bulletin, January 10, 2000. Claims processed with a date of service prior to January 10, 2000, will not pay less than two hours.

Additional Information

Additional questions on the topics covered in this bulletin should be directed to the EDS Customer Assistance Unit at 1-800-577-1234 or (317) 655-3240 in the Indianapolis local area.