

Answers to provider SERI Questions

Email from HCA 07/03/19

Below are HCA's responses to the outstanding SERI questions you've been keeping track of through the BHT IMC meetings. Please let me know if there are any additional outstanding questions that we missed. The SERI Q&A grid we're putting together will also include the questions below, we are hoping to have the Q&A finalized next week.

We apologize again for the delay in getting these answers back to you and we thank you for your understanding!

- Question: H2011: I would like to confirm that we can continue to use H2011 for crisis services that are NOT provided by the BH-ASO crisis line. We have used that code with the U8 modifier for WISe, for mental health professional crisis response to our families. It looks like we can still use it, as it has the U8 modifier as a possibility but the service itself is described under the 'BHASO only' section.
 - Answer: Report H2011 for these services. HCA will discuss with the plans removing the "ASO ONLY" from this modality.
- Question: H2027: In the description, it states Provider Type 12- Other (Clinical Staff) but there is no definition as to who qualifies. Would a CDP or CDPT be able to use this code?
 - Answer: No, if that provider type were allowed for this modality it would be specifically added as a Provider Type.
- Question: H0023: It mentions "targeted population". Are there some examples that we could get for the Engagement and Outreach H0023 on page 126 of SERI 2019? Would AI/AN be a "targeted population"?
 - Answer: An example could be IV drug users for SUD side; or on MH side, homeless individuals. AI/AN could be an option, too.
- Question: H0023 is a state funded code, does that mean if for SUD, we would be able to use the SABG to pay for these?
 - Answer: Refer to the BHO or BH-ASO. MCO's don't have SABG funds.
- Question: Engagement and Outreach H0023 - looks like this CANNOT be used for MCO Medicaid clients as it is State funded - is this true? Is there another code to use or do we stop providing this service to MCO clients? The code also used for Rehab Case management -state funded service. Engagement & Outreach has been available for both Medicaid & State funded services.
 - Answer: Yes, this is state funded only. Not available for federal funds match. Need to look into further to clarify. If the provider is contracted, providers can bill for it depending on contract.
- Question: Care Coordination – H2021- can only be used for people 21 and under. Is there a code for Adults for Care Coordination with medical providers, or do we use H2015 Comp. Comm. Support Services? Wonder if the limit is applicable only to the child & family team meetings, not to all H2021... Modifiers there are more than youth age. If it is only for 21 and under, is there flexibility to have expansion?
 - Answer: This age limitation on H2021 is not new to SERI. HCA will work with the MCOs to determine if a code should be added for adults or this age restriction removed for the next release.

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- Question: Page 94 of the IMC SERI under “SUD Assessment” – states “H0001 or 0124”- what is “0124”? It’s not listed anywhere that we can find.
 - Answer: 0124 is a revenue code used for inpatient (overnight) facility-based care. Offering the opportunity to use one or the other based on how the systems were programmed. But for this code it was removed as that was an error on that modality.
- Question: HH Modifier- Under the BHO we did not use this code for COD services, we used mental health services codes. Our COD groups are run by CDP's and it appears now that they will not "count" as COD services because the CDP's are not mental health certified? This will under report COD services significantly.
 - Answer: Provision of COD services should be reported as described under the modality called “Co-Occurring Treatment” currently on page 124 of the SERI. This is not a new addition to the SERI. HCA is continuing to work on this issue and we will provide additional updates soon.
- Question: COD Treatment (pg. 124 of the IMC SERI) – It appears from the Notes section that if a CDP/CDPT is also an Agency Affiliated Counselor – they are able to bill for these services using the HH modifier. Is that correct?
 - Answer: Yes, COD treatment should be reported as described under the modality called “Co-Occurring Treatment” currently on page 124 AND can be provided by a CDP/CDP, who is an agency affiliated counselor with the HH modifier. The agency must also be dual licensed for MH and SUD services. HCA is continuing to work on this issue and we will provide additional updates soon.
- Question: Can HCA advise if they intend to or will add a code to SERI to accurately capture non-Medicaid UAs being billed across the system?
 - Answer: The code is H0003 for non-Medicaid UAs. HCA is adding this new code to the SERI to report non-Medicaid UAs. See “Interim Guidance” released 6/21/2019. In addition, this code as well as the other UA codes in SERI, can be used for these other modalities besides the OTP modality:
 - Outpatient and Intensive Outpatient Treatment
 - Withdrawal Management
 - Secure Detox
 - Intensive Residential Treatment
 - Long-Term Care Residential Services
- Please see the Interim Guidance memo distributed 6/21/2019.
- Question: SERI definition of “interactive complexity” for play therapy- hoping to get more clarification on situations where you can use it. Can providers who regularly use a modality of play therapy for very young children use an interactive complexity code? (Versus when it’s an investigative process with multi-system involvement (e.g. CPS))
 - Answer: This is not new to SERI. Can use as it is defined. Discuss with the BHO or MCO if you need further clarification. We will work with MCOs for more instruction for next release.

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- Question: Billing for multiple services/encounters on the same day: Many times we have problems getting paid for providing multiple services, with the same CPT code, for a client in a day. They often are denied as duplicate billings. We use the 59 modifier to let the Insurer know that these are separate encounters and not duplicates. The 59 modifier is not in the SERI. 1) Can we continue to use 59 / will it be added to the SERI? 2) Can we use the 25 Modifier even though it is not with an E&M code and our therapists are not physicians?
 - Answer: The XE modifier is being added for the purpose of reporting the same provider, on the same day, same non E&M codes used multiple times. See memo distributed 6/21. Use the 25 modifier for reporting the same provider, on the same day, same E&M codes used multiple times.
- Question (sent via email from Cathy Doran at YFA Connections on 7/2): Now that we are in the new SERI world we have discovered that there doesn't appear to be a code for **SUD services 1-9 minutes**. We used to use H0047 which was under Case Management in the old SERI. That code is now under Recovery Support Services – which we don't provide. Is this the code we would use for any SUD service 1-9 minutes? It's really not clear to us given that it's under a category that doesn't really apply to Alcohol/Drug abuse svc. NOS
 - Answer (provided by Gail via email on 7/2): There may not be a code for less than 10 minutes. T1016 is what you would use for at least 10 minutes of interaction. It is not clear to what service is actually being provided for less than 10 minutes, what is actually occurring?