

Memo

Date: January 27, 2025

To: Alameda County Behavioral Health Department (ACBHD) Specialty Mental Health

Services (SMHS) Providers

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Subject: Updates to Claiming for Intensive Home-Based Services (IHBS)

The purpose of this memo is to provide information to SMHS providers regarding IHBS procedure code changes and SmartCare's technical configuration related to duplicate services validation that may impact all providers entering services into SmartCare. The changes outlined in this memo are effective January 31, 2025.

Background

Prior to CalAIM payment reform, claiming for IHBS was guided by <u>DHCS BHIN 21-058</u>. On July 1, 2023, DHCS made significant updates to Medi-Cal claiming rules and procedure codes. ACBHD has been working diligently to implement these changes. Additional information about IHBS can be found in the <u>Medi-Cal Manual for Intensive Care Coordination (ICC)</u>, <u>Intensive Home Based Services (IHBS)</u>, & <u>Therapeutic Foster Care (TFC)</u>.

Updated IHBS Billing Requirements

Per the current <u>DHCS SMHS Medi-Cal billing manual</u>, IHBS activities should be claimed with codes that best describe the specific service provided using an HK modifier. Any code that allows the HK modifier on the <u>DHCS SMHS Service Table</u> can be used to report IHBS.

For example, when assessment information is gathered for IHBS, the IHBS provider would bill the activity using the most appropriate assessment procedure code that allows the HK modifier (e.g., 90791:HK or H0031:HK).

ACBHD reviewed all Medi-Cal SMHS procedure codes that allow the HK modifier and due to the large number of codes, decided to allow only the codes relevant to our delivery system. If codes necessary to report IHBS are not available in SmartCare, please reach out to QATA@acgov.org.

An ACBHD <u>IHBS Service Table</u> has been created to assist providers in determining which codes are appropriate for claiming IHBS. This service table is posted in Section 13 of the <u>QA Manual</u>.

ACBHD IHBS Coding Changes

When entering services into SmartCare, users have the option to manually add modifiers to specific codes. SmartCare procedure codes appropriate for claiming IHBS have been updated to allow the HK modifier. The IHBS modifier must be manually added to the service entry screen.





As batch service entry does not include functionality to add modifiers, when entering IHBS services using the batch process, providers will need to go back and add the HK modifier on the individual service screen.

Note: The previous code used for reporting IHBS, T1017 Targeted Case Management IHBS (Katie A), has a SmartCare end date of 1/31/2025 and will not be available for use for services rendered after that date.

SmartCare Duplicate Services Validation Error

SmartCare has an automated duplicate services validation with the following parameters: same member, same code, same day, and different provider. When these parameters are triggered, a Validations window will pop up to indicate a possible duplicate entry.



This validation is turned on for all codes that *allow* the HK modifier, whether or not an HK modifier is used. This means that whenever a subsequent instance of a code that allows HK is entered, the Validations window may appear. **Note**: This validation impacts all service providers, not just those entering IHBS.

A ticket has been submitted to relax SmartCare duplicate services rules between different providers, but until then, please use the process below to bypass the Validations error window:

- **Single Service Entry:** To bypass the validation error for single service entries, add the XP modifier on the service entry screen.
- Batch Service Entry: As Batch Service Entry does not include functionality to add modifiers, to correct the duplicate service error, manually add the XP modifier using the individual service entry screen.

Support

For questions about this memo please contact ACBHD ICC/IHBS/TBS/TFC program lead ICCadministrator@acgov.org or QATA@acgov.org.