

NORTHCARE NETWORK

POLICY TITLE: Health Services	CATEGORY: Clinical Practices	
EFFECTIVE DATE: 10/3/12	BOARD APPROVAL DATE: 10/3/12	
REVIEWED DATE: 10/17/22	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RESPONSIBLE PARTY: Zakia Alavi MD, Medical Director	CEO APPROVAL: 11/1/22 Dr. Tim Kangas, CEO	

APPLIES TO

NorthCare Network Personnel
Member CMHSPs

POLICY

It is the policy of NorthCare Network to ensure that all services are based on medical necessity and that there is no duplication of services provided by the Medicaid Health Plan. The Health assessment is to determine the need for medical services and, when medically necessary, to recommend a course of treatment for beneficiaries eligible for speciality services and supports. The need for services may also be determined through a Psychiatric or Medical Services Evaluation.

PURPOSE

To provide guidance and set standards for the provision, documentation and coding of health services.

DEFINITIONS

1. **Medical Necessity** - Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology and functional impairments in the least restrictive environment, and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.

REFERENCES

- Michigan Medicaid Provider Manual
- PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes
- NorthCare Network Member CMHSP Medical Services and Referral Policy
- ACT Services Coding/Billing Procedure

HISTORY

REVISION DATE: 9/12/12, 4/3/13, 3/18/14, 10/18/16, 5/8/18, 12/8/21

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CEO APPROVAL DATE: 9/14/12; 3/27/13, 3/18/14, 3/3/15, 2/9/16, 11/1/16, 8/1/17, 6/5/18, 4/1/19, 8/4/20, 2/2/21, 1/4/22, 11/1/22

BOARD APPROVAL DATE: 10/3/12

PROCEDURES

Physical Health Services are provided for purposes of improving the beneficiary's overall health and ability to care for health-related needs. This includes nursing services (on a per-visit basis, not on-going hourly care), dietary/nutritional services, maintenance of health and hygiene, teaching self-administration of medication, care of minor injuries or first aid, recognizing early symptoms of illness and teaching the beneficiary to seek assistance in emergencies. A registered nurse, nurse practitioner, physician's assistant, dietitian or nutritionist must provide these services, according to their scope of practice. Health services must be carefully coordinated with the beneficiary's health care plan so that the PIHP does not provide services that are the responsibility of the Medicaid Health Plan (MHP).

A. Points regarding coding to remember:

- Services referenced in this policy must be face-to-face or telemedicine with the Persons Served (PS) in order to report as an encounter.
- In order to report any code, the services furnished must meet the definition of the code.
- When the narratives for any two codes have similar, but not identical descriptions, (e.g., one narrative is generic and the other is specific) the code that most accurately reflects the service should be used.
- The existence of a procedure code does not imply coverage under any given insurance plan.
- The provision of health services is based on the specific needs of each individual being served and not solely on their place of residence.
- The Persons Served medical record must support the need for these services and be specifically identified in the IPOS.

B. Commonly Used Codes and Appropriate Use:

T1001 – Nursing Assessment activities carried out by a registered nurse (RN), licensed physician's assistant (PA), or nurse practitioner (NP), to determine the beneficiary's need for medical services and to recommend a course of treatment within the scope of practice of the provider reporting unit. (Encounter)

97802/97803 – Nutritional Assessment/Re-assessment activities provided by a licensed dietician or licensed nutritionist to determine the beneficiary's need for dietary/nutritional services and to recommend a course of treatment within the scope of practice of the provider reporting unit. (15 minute unit)

T1002 RN Services to be conducted by a RN, or NP within their scope of practice. Nursing services are on a per-visit basis, not on-going hourly care. (Up to 15 minutes)

Example: maintenance of health and hygiene.

NOTE: It is important to note that not all nursing services will be a billable or reportable service as there will be times where a service need arises during interaction with a person served such, as during a home visit, when a nursing

service is necessary and not in the IPOS. Services still must be provided and documented appropriately.

H0034 Medication Training and Support to be conducted by a RN, NP, registered dietician, or licensed PA within their scope of practice. (15 minute unit)

Example: Training provided to individuals or the individual AND their primary caregiver on the nature of their illness or condition, the importance of medications, self-administration of medication, teaching the beneficiary to seek assistance in case of emergencies, and other medication related information.

NOTE: Linking and coordinating to Patient Assistance Programs is typically the responsibility of a care manager; however, when psychotropic medications are prescribed by a CMHSP physician the education and consent regarding the medication must be conducted by a health care professional.

H0032 – Treatment Planning mental health service plan development by non-physician. Treatment planning is reported by each provider in attendance at the face-to-face treatment planning meeting(s). (Encounter)

Example: Health services providers in attendance at an IPOS meeting, or health services providers who develop a treatment plan specific to their respective discipline(s). A supports coordinator or case manager would code as a T1016 or T1017 respectively.

H0032TS – Treatment Plan Monitoring may be conducted by a health services provider (within their scope of practice), appropriately identified in the IPOS. Health services must be based on needs identified in a health/nursing assessment and as written in the IPOS. (Encounter)

S9445 – Patient Education NOC (Not Otherwise Classified) non-physician for an individual per session. to be conducted by an RN, NP, registered dietician, or licensed PA within their scope of practice. (Encounter)

Example: Topic-specific, supportive and educationally structured activities designed to provide health information for persons served that support achievement of their desired outcomes as specified in the individual's treatment plan. May be used when educating the patient and home staff about specific patient care needs, such as VNS (Vagal Nerve Stimulator)

S9446 – Patient Education NOC non-physician for a group per session. to be conducted by a RN, NP, registered dietician, or licensed PA within their scope of practice. Topic-specific, supportive and educationally structured activities designed to provide health information for persons served groups that support achievement of their desired outcomes as specified in the individual's treatment plan.

Example: May be used for educational groups, i.e., smoking cessation, weight control for Persons Served (PS) on psychotropic medications that cause weight gain, symptom recognition and management, etc.

Medication Administration is the process of giving a physician-prescribed oral medication, injection, intravenous (IV) or topical medication treatment to a beneficiary by a physician, PA, NP, or RN under the direction of the physician. A LPN who is assisting a physician may perform medication administration as long as the physician is on-site/virtually present. This should not be used as a separate coverage when other health services are utilized, such as Private Duty Nursing or Health Services, which already include these activities; only when provided as a separate service - involvement of other professionals is considered indirect activity. (Encounter)

96372 – Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular; excludes vaccines/toxoids (Encounter)

99211- Medication Administration

C. Injectables Administered For Medicaid Health Plan (MHP) Enrollees

Specific injectable drugs administered through a PIHP/CMHSP clinic to MHP enrollees are reimbursable by MDHHS on a fee-for-service basis when meeting the following criteria:

- The beneficiary has an open case with the PIHP/CMHSP, and
- The beneficiary receives the injections on a scheduled or routine basis as part of the PIHP/CMHSP treatment/supports regimen, and
- The PIHP/CMHSP physician has determined that the beneficiary may not comply with the medication regimen if the injections were not administered through the PIHP/CMHSP clinic and that this noncompliance could adversely affect the beneficiary, and
- The PIHP/CMHSP clinic notifies the beneficiary's MHP or primary care physician that this service is being rendered
- The injectable drug is listed on the MDHHSPIHP/CMHSP Physician Injectable Drug Coverage Database on the MDHHS website.
- The Member CMHSP has purchased the drug; this is not a drug provided by the persons served him or herself.

All covered injectable drugs (including those addressed in this subsection) administered to Medicaid fee-for-service beneficiaries through the PIHP/CMHSP clinics continue to be covered by MDHHS under the PIHP/CMHSP physician's NPI number(s) associated with the PIHP/CMHSP physician group(s).

METHOD OF MONITORING

Monitoring of compliance will be through ongoing clinical documentation reviews conducted by both the Member CMHSP and PIHP as well as utilization management and authorization processes. Non-compliant findings at the Member CMHSP will require corrective action and ongoing monitoring of such action. Notice of non-compliance is to be reported to the PIHP. Likewise, non-compliant findings at the PIHP level also require a request for a Member CMHSP corrective action plan and ongoing monitoring by the PIHP.