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MEDICAID BULLETIN

OMP
MHRC

TO: Behavioral Health Providers Indicated

**SUBJECT: I. New Billing Procedure Code for Child and Adolescent Level of Care Utilization System (CALOCUS)
 II. Procedure Code Change for Initial Assessment**

Effective with dates of service on or after February 1, 2015, the South Carolina Department of Health and Human Services (SCDHHS) will reimburse for conducting and scoring the Child and Adolescent Level of Care Utilization System (CALOCUS) using procedure code H2000 with the appropriate billing modifier. This code is billed per encounter (one per date of service) per Healthy Connections member requiring the service with a maximum of two encounters per month per member. The completed assessment, scoring sheet and supporting documentation must be maintained in the member’s clinical record. Please see the chart below for procedure code, modifier and reimbursement information.

Comprehensive Multidisciplinary Assessment (CALOCUS)

| | | | |
|-------|--------------------------|---------------|------------------------|
| H2000 | Licensed Psychologist | Modifier - AH | \$247.32 per encounter |
| H2000 | Master’s Level Clinician | Modifier - HO | \$218.26 per encounter |

Effective with dates of service on or after February 1, 2015, procedure code 90791 will be used (instead of H2000) for billing an Initial Psychiatric Diagnostic Evaluation without Medical. The initial diagnostic assessment is billed per encounter (one per date of service) per Healthy Connections member requiring the service with a maximum of one encounter every six months. Please see the code chart below for procedure code, modifier and reimbursement information.

Psychiatric Diagnostic Evaluation without Medical

| | | | |
|-------|--------------------------|---------------|------------------------|
| 90791 | Licensed Psychologist | Modifier - AH | \$224.63 per encounter |
| 90791 | Master's Level Clinician | Modifier - HO | \$153.94 per encounter |

All other policy requirements remain in effect. The Rehabilitative Behavioral Health Services (RBHS) and Licensed Independent Practitioners (LIP) Rehabilitative Services Policy Manuals will be updated to reflect these changes. These policy updates apply to both Medicaid Fee for Service (FFS) members and Medicaid managed care members. Please contact the member's managed care organization for specific authorization and billing questions and concerns.

Please contact the Provider Service Center at (888) 289-0709 for any questions regarding the Medicaid FFS policies indicated in this bulletin.

Thank you for your continued support of South Carolina Healthy Connections Medicaid Program.

/s/
Christian L. Soura
Interim Director