

Oregon Medicaid In Lieu of Services (ILOS) Coding Resource Guide

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Introduction

This document outlines ideas from the Provider Clinical Support team in the Health Systems Division, Oregon Health Authority (OHA), regarding potential revenue codes for In Lieu of Services (ILOS). Coordinated Care Organizations wishing to propose ILOS should discuss their ideas and anticipated codes with the OHA ILOS team. Key considerations for an ILOS include: the covered service it is proposed in lieu of, service limits, the service type, required prior authorizations (if any), eligible members, and the provider type.

Potential In Lieu of Services and Revenue Codes

Crisis Stabilization Unit

In lieu of: Inpatient Psychiatric Hospital

Revenue Code: 129

1. Service Description

A Crisis Stabilization Unit is a short-term alternative to inpatient psychiatric hospitalization and provides brief intensive services for patients presenting in acute crisis. The purpose of a Crisis Stabilization Unit is to examine, stabilize, and redirect members to the most appropriate and least restrictive treatment settings consistent with their needs. Treatment is aimed at restoring members' ability to maintain safety while enhancing their recovery, so they can successfully return to the community. Services include assessment and treatment services 24 hours a day, 7 days a week for children, adolescents, and adults; psychiatric evaluation; medication management and psychiatrist rounds daily.

Detoxification or Addiction Receiving Facility

In lieu of: Inpatient Detoxification Hospital Care

Revenue Code: 169

2. Service Description

A Detoxification or Addiction Receiving Facility provides emergency substance abuse services within a free-standing detoxification center. At this level of care, physicians are available 24 hours per day by telephone. A physician should be available to assess the patient within 24 hours of admission (or sooner, if medically necessary) and should be available to provide onsite monitoring of care and further evaluation daily. An RN or other qualified nursing specialist should be present to administer an initial assessment. A nurse must be responsible for overseeing the monitoring of the patient's progress and medication administration on an hourly basis, if needed. Appropriately licensed and credentialed staff should be available to administer medications. Services include: 24-hour supervision, observation, and support for patients who are intoxicated or experiencing withdrawal.

Partial Hospitalization Services

In lieu of: Inpatient Psychiatric Hospital Care

Revenue Codes: 912 and 913

3. Service Description

Partial Hospitalization Services (PHS) typically include four to six hours of daily structured programming, offered five days per week, where a member is required to attend the program daily. PHS offers: a therapeutic milieu, nursing, psychiatric evaluation, medication management, and group, individual, and family therapy. Partial Hospitalization Services can be used as a transitional (step down from inpatient) program to shorten the length of stay in an inpatient facility or to eliminate the need for an inpatient stay when clinically appropriate. Within 24 hours of admission, the following must be completed: an initial diagnostic interview by a psychiatrist/physician, a multidisciplinary bio-psychosocial assessment that includes an alcohol/drug screening and assessment (as needed), and an initial treatment/recovery plan. The initial treatment/recovery plan must: integrate individual strengths, needs, abilities, and preferences, state measurable goals, include a documented discharge and relapse prevention plan completed within 24 hours of admission.

Additional services can include: consultation for general medical needs, psychological, pharmacy, laboratory and emergency medical services, dietary services if meals are served within the program, other diagnostic services, recreation and social services, access to community based rehabilitation/social services to help patients transition to the community, face-to-face psychiatrist (ARNP under psychiatrist supervision) visits 4 of 5 days, and a treatment/recovery plan reviewed weekly or more often as necessary.

Mobile Crisis Assessment and Intervention

In lieu of: Emergency Behavioral Healthcare

Procedure Code: S9484

4. Service Description

A Mobile Crisis Team works to stabilize patients in crisis and connect them to ongoing behavioral health, or other services to promote their stability. Mobile Crisis Services may be appropriate in a number of different settings, including: homes, schools, placement settings, emergency rooms, offices, and other community locations. Services include: onsite mobile crisis assessment, service referral, crisis intervention, and behavioral health triage services for members identified as being in an acute crisis state.

Ambulatory Detoxification Services

In lieu of: Inpatient Detoxification Hospital Care

Procedure Code: S9475

5. Service Description

Ambulatory Detoxification Services without extending onsite monitoring provides clinical and medical management of physical and psychological withdrawal symptoms (from alcohol and other drugs) on an outpatient basis in a community

setting. These services are intended to stabilize the patient physically and psychologically using accepted detoxification protocols. Rendering provider agencies must be licensed as an Ambulatory Detoxification Facility. Services include: assessment and patient observation, medical history, monitoring of vital signs, treatment of withdrawal symptoms, substance abuse counselor consultation, and referrals for ongoing addiction and substance abuse treatment.

Peer Services

In lieu of: Psychosocial Rehabilitation Services

Procedure Codes: H0038, H2016

Modifier(s): GQ (Group), H0038

6. Service Description

Peer support services are provided to members with behavioral health or substance use conditions provided by certified peer support specialists with similar behavioral health or substance use experiences. These peer support specialists are in recovery and are trained in delivering effective peer support. These specialists serve as role models and advocates, and are intended to provide ongoing support for enhancing wellness management, coping skills, independent living skills, and assistance with recovery. Services include offering support and teaching skills that promote recovery and positive social networking. These services supplement existing treatment with education, empowerment, and system navigation.

Infant Mental Health Pre- & Post-Testing Services

In lieu of: Psychological Testing

Procedure Code: T1023

Modifier(s): HA

7. Service Description

Tests, inventories, questionnaires, structured interviews, structured observations, and systematic assessments that are administered to help assess the caregiver-

child relationship and to help aid in the development of the treatment plan. These services are appropriate when: a clinician or medical doctor identifies risk factors associated with the child's attachment or bonding with parent(s) or caregiver(s), a child's parents or caregivers have demonstrated risk factors associated with childrearing, or a child has been identified as in need of assessment to determine whether the child/family may benefit from participation.

Family Training & Counseling for Child Development

In lieu of: Therapeutic Behavioral Onsite Services

Procedure Codes: T1027, H2016

8. Service Description

Services to help caregiver(s) understand and manage a member's behavioral needs related to a Serious Emotional Disturbance (SED) diagnosis, and to promote the member's development. A member is not required to be present but may be if appropriate. Services include: support groups or individual sessions for family members, psychosocial activities, and other education and support activities related to SED in children. Family training and support does not include services that require a professional clinical license, however, services must be consistent with the provider's qualifications.

Substance Abuse Short-Term Residential Treatment (SRT)/Residential Outpatient Services

In lieu of: Inpatient Detoxification Hospital Care

Procedure Code: H0018

9. Service Description

These services are intended for adults with a primary Axis I diagnosis of substance dependence requiring a more restrictive treatment environment to prevent the abuse of substances. This service is highly structured and located within a licensed substance abuse residential treatment center. This treatment approaches

substance abuse as disorders of the whole person that are reflected in problems with conduct, attitudes, moods, values, and emotional management. Level III.5 programs are designed to treat members with significant social and psychological problems. The goals of treatment are to promote abstinence from substance use and antisocial behavior, and to effect a global change in a member's lifestyle, attitudes, and values.

Other Potential Codes and Modifiers:

- H0014 – Alcohol and/or drug services, ambulatory detoxification
- H0043 – Supported housing, per diem
- H0044 – Supported housing, per month
- H0045 – Respite care services, not in the home, per diem
- H2014 – Skills training and development, per 15 minutes
- H2016 – Comprehensive community support services, per diem
- H2022 – Community wrap-around services, per diem
- H2024 – Supported employment, per diem
- H2026 – Ongoing support to maintain employment, per diem
- S5130 – Homemaker services, per 15 minutes
- S5151 – Unskilled respite care, not hospice, per diem
- S5165 – Home modifications, per service
- S5170 – Home delivered prepared meals
- S9125 – Respite care, in the home, per diem
- S9470 – Nutritional counseling, diet
- S9977 – Meals, per diem, not otherwise specified
- T1023 – Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter
- T2012 – Habilitation, educational, per diem
- T2014 – Habilitation, prevocational, per diem
- T1016 - Case management, per 15 minutes for community-based services unable to bill

- T2018 – Habilitation, supported employment, per diem
 - T2020 – Day habilitation, per diem
 - T2033 – Residential care, not otherwise specified, waiver, per diem
 - T2038 – Community transition, per service
 - T2040 – Financial management, self-directed, per 15 minutes
 - T2041 – Support Brokerage, self-directed, per 15 minutes
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- Modifiers U1 – UD are state-defined and may be usable to indicate ILOS.

Contact

For comments and questions regarding ILOS, please email the OHA ILOS team at ILOS.info@dhsoha.state.or.us.