

Provider Memorandum

Critical Update to CMHC Claim and Line Roll-Up Requirements

This memo serves as a reminder that providers need to roll up claim lines for certain behavioral health services with the same procedure/modifier and Recipient Identification Number (RIN) on the same day. This was previously communicated in our [memo of December 10, 2020](#). Example 3 and Additional Claim/Line Scenario Examples on page 3 were updated to provide more clarity.

In alignment with Illinois Department of Healthcare and Family Services (HFS) guidelines issued in April 2017, Molina Healthcare of Illinois (Molina) reminds you of billing guidance for Community Mental Health Center (CMHC) and Behavioral Health Center (BHC) providers.

General Billing Guidelines

General claims submission requirements for CMHC and BHC providers:

- Providers rendering both substance abuse and mental health services from the same site should **not** use the same National Provider Identifier (NPI) number for billing substance abuse and mental health services. Mental health services **must** be billed under a separate NPI number from substance abuse services.
- Providers with multiple certified sites must obtain a unique NPI number for each CMHC site.
- Providers that do not obtain and report a unique NPI for each provider type and provider site may be subject to claims denial.

Claim and Line Roll-Up Guidelines

Molina recognizes only one on-site and one off-site Place of Service (POS) per procedure/modifier and Recipient Identification Number (RIN) per day. As a result, CMHCs and BHCs may encounter a billing issue when billing multiple units or multiple claims of the same service (procedure/modifier combination) to one participant at different on-site and off-site POS on the same day.

When this occurs, providers should **roll up** claim lines for services with the same procedure/modifier, RIN, Date of Service (DOS), and one on-site/off-site POS combination. **Roll-up involves totaling the number of separate units of on-site or off-site services on one service line on a single claim per date of service.**

To submit multiple units of the same procedure/modifier combination rendered to one participant on the same DOS at different on-site/off-site locations, determine the appropriate POS code:

	Two or More Different On-Site POS on the Same Day	Two or More Different Off-Site POS on the Same Day
CMHCs	53	99
BHCs	11	99

Allowable Place of Service (POS) Codes				
On-Site	Off-Site			
11 – Office	03 – School	22 – On-Campus Outpatient Hospital	34 – Hospice	57 – Substance Use Disorder (SUD) Treatment Site
15 – Mobile	04 – Homeless Shelter	23 – Emergency Room- Hospital	51 – Inpatient Psych Facility	71 – Public Health Clinic
20 – Urgent Care Facility	12 – Home	26 – Military Treatment Facility	52 – Psychiatric Facility	99 – Other Place of Service
53 – Community Mental Health Center	13 – Assisted Living Facility	31 – Skilled Nursing Facility	55 – Substance Use Disorder (SUD) Residential	
	14 – Group Home	32 – Nursing Facility	56 – Psychiatric Residential Treatment Facility (PRTF)	
	21 – Inpatient Hospital	33 – Custodial Care Facility		

Claim/Line Scenario Examples

Providers may be reimbursed only once for delivering the same service to the same recipient on the same day. Multiple units of the same service provided to the same recipient on the same day by the same provider **must be rolled up** on one service line on a single claim to avoid a rejection for a duplicate claim.

Example 1: A Mental Health Professional (MHP) at a CMHC provides a total of two units of case management: mental health in the office to a single recipient but at different times of the day, not back-to-back. The service (same code/modifier/POS combination), the provider NPI, the recipient, the DOS, and POS all remain the same. The provider **correctly** bills Molina using the following coding summary:

Service Line	Procedure Code	Modifier(s)	Place of Service	Units
1	T1016	TF	11	2

Example 2: An MHP at a CMHC provides two units of crisis intervention in the office (11, on-site) to a single recipient. Later that same day, the same recipient returns to the same CMHC (53, on-site) and a **different** MHP provides two additional units of crisis intervention to the recipient. The provider **incorrectly** bills crisis intervention on two service lines on a single claim using the following coding summary:

Service Line	Procedure Code	Modifier(s)	Place of Service	Units
1	H2011		11	2
2	H2011		11 (53)	2

This claim was **not** billed correctly. Service line 1 will positively adjudicate, but service line 2 will be denied as a duplicate claim. For CMHC services, the provider is identified at the entity level, not the clinician level. Because the recipient, the service (procedure code/modifier/POS combination), the provider NPI, and the DOS all remained the same, the provider should **roll up** the services and bill crisis intervention on one service line under **on-site POS 11** using the following coding summary:

Service Line	Procedure Code	Modifier(s)	Place of Service	Units
1	H2011		11	4

Example 3: An MHP-level staffer at a CMHC provides three units of Mental Health Assessment in the office to a single recipient. A QMHP-level staffer at the same CMHC provides one additional unit of Mental Health Assessment, also in the office, to the same recipient on the same day. The provider **correctly** bills Mental Health Assessment on two separate service lines using the following coding summary:

Service Line	Procedure Code	Modifier(s)	Place of Service	Units	DOS
1	H0031	HN	11	3	01/01/2020
2	H0031	HO	11	1	01/01/2020

The provider **correctly** separated the services provided onto two distinct service lines using appropriate modifiers to account for the change in the clinician qualification level.

Additional Claim/Line Scenario Examples

Providers delivering the same service to the same client, but from two different POS (under a single CMHC's NPI) on the same day **must** submit the services on two different service lines on a single claim, even if different services, using the appropriate POS codes to distinguish the two services from one another.

Example 4: An MHP at a CMHC provides two units of crisis intervention in the office (11, on-site) to a single recipient. Later that same day, the same MHP provides two more units of crisis intervention to the same recipient, but this time at the recipient's home (12, off-site). The provider **correctly** bills crisis intervention on two separate service lines using the following coding summary:

Service Line	Procedure Code	Modifier(s)	Place of Service	Units
1	H2011		11	2
2	H2011		12	2

The provider **correctly** separated the services provided on two distinct service lines using appropriate on-site and off-site POS codes to account for the change in location.

Example 5: An RSA-level (Rehabilitative Services Associate) staffer at a CMHC provides two units of community support (individual) to a single recipient at the recipient's school (03, off-site). Later that same day, an RSA-level staffer provides three more units of community support (individual) to the same recipient

but this time at the recipient’s home (12, off-site). The provider **incorrectly** bills community support (individual) on two separate service lines using the following coding summary:

Service Line	Procedure Code	Modifier(s)	Place of Service	Units
1	H2015	HM	99 03	2
2	H2015	HM	12	3

This claim was **not** billed correctly. Service line 1 will positively adjudicate, but service line 2 will be denied as a duplicate claim. Although the physical location from which services were delivered changed from a school setting to a home, the POS codes are both off-site. Consistent with the Service Definition and Reimbursement Guide (SDRG), the only POS codes available for CMHC services are office (11), home (12), and other place of service (99). Because the recipient, the service (procedure code/modifier/POS combination), the provider’s NPI, and the DOS all remained the same, the provider should **roll up** the services and bill community support, individual on one service line using off-site POS 99:

Service Line	Procedure Code	Modifier(s)	Place of Service	Units
1	H2015	HM	99	5

Related Information

As stated in a previous Molina provider memo, effective September 1, 2019, Molina will **require** CMHC and Behavioral Health Center (BHC) providers to enroll in the subspecialty that corresponds to the billed service. Please reference [Molina’s CHMC Subspecialty memo](#). Further information is in this [HFS provider bulletin](#) and in the [HFS CMHC Billing Guidelines](#).

Questions?

We’re here to help. Contact your Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your Provider Network Manager, visit [Molina’s Service Area](#) page at MolinaHealthcare.com.

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