



JEB BUSH, GOVERNOR

RHONDA M. MEDOWS, MD, FAAFP, SECRETARY

December 18, 2003

Dear Community Mental Health Services Provider:

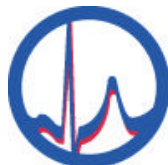
The proposed implementation date for the revised Community Mental Health Services Coverage and Limitations Handbook has been changed from January 1, 2004 to July 1, 2004. Until July 1, 2004, mental health services providers will continue to bill services as described in the current version of the Community Mental Health Services and Limitations Handbook in conjunction with the new HIPAA code conversion chart. The new behavioral health services and rates are scheduled to go into effect on July 1, 2004.

This change in implementation dates is being made to accommodate provider planning, budgeting and staffing issues related to the new handbook policies and procedures. It is anticipated that the new handbook will be distributed to providers by March 1, 2004. If you have any questions please contact Marilyn Wilson at (850) 488-5546.

Sincerely,

Robert E. Maryanski,
Acting Chief for Medicaid Services

cc: AHCA Area offices
Marilyn Wilson
Alan Strowd
Paul Pearce, First Health Services
Utilization Management Specialists
Celeste Putnam, DCF
Florida Council for Behavioral Health Services



Crosswalk of Old CMH & TCM Codes to New CMH & TCM Codes

Old Code	Code Description	New Code	Effective Date of New Code	Fee Schedule for New Code on 10/16/2003	Comments/Special Notes
W1023	Mental Health Day Treatment	H2012	10/16/2003	\$40.74	
	Mental Health Day Treatment (Clubhouse)	H2030	07/01/2004	Unknown	
	Mental Health Day Treatment (Supported Employment)	H2025	07/01/2004	Unknown	
W1027	Bio-Psychosocial Evaluation	H0031 HN	10/16/2003	\$48.00	
W1030	Psychiatric Evaluation	H2010 HP	10/16/2003	\$180.00	
	Psychiatric Evaluation by non MD	H2010 HO	07/01/2004	Unknown	
W1031	Psychiatric Review of Hospital Records	H2010 HN	10/16/2003	\$25.95	
W1034	Group Medical Therapy	H2010 HM	10/16/2003	\$17.30	
W1036	Interpretation or Explanation of Results of Psychiatric Exam	H2010	10/16/2003	\$36.67	New Code Description = Medical/Psychiatric Service to Interpret or Explain the Results of a Psychiatric Exam
W1037	Office and Outpatient Visit (New Patient)	H0002	10/16/2003	\$43.62	New Code Description = Office and Outpatient Visit
W1038	Office and Outpatient Visit (Established Patient)				
W1039	Limited Functional Assessment	H0031 HM	10/16/2003	\$15.00	
W1040	Behavioral Health Overlay Services (Juvenile Justice)	H2022 HY	10/16/2003	\$35.00	
W1041	Behavioral Health Overlay Services (Child Welfare)	H2022	10/16/2003	\$32.75	
W1044	Basic Living Skills Training	H2014	10/16/2003	\$25.00	New Code Description = Living Skills & Rehab/Counseling. When provided on the same day must bill 2 units to equal the old W1044 & W1046 service codes. When only 1 service provided, bill 1 unit of H2014.
W1046	Social Rehabilitation and Counseling	H2014			
W1048	In-depth Assessment - (New Patient)	H0031 HO	10/16/2003	\$125.00	
W1049	In-depth Assessment (Established Patient)	H0031 TS	10/16/2003	\$100.00	
W1050	Medical/Psychiatric Services	H2010	10/16/2003	Pymt Requires Special Billing of 2 Units @ \$36.67	Provider must bill two (2) units @ \$36.67 each in order to receive an appropriate payment, which equals the old W1050 service code
W1058	Specialized Therapeutic Foster Care - Level 1	S5145	10/16/2003	\$87.30	
W1059	Comprehensive Behavioral Health Assessment	H0031 HA	10/16/2003	\$48.50	
W1060	Specialized Therapeutic Foster Care - Level 2	S5145 HE	10/16/2003	\$135.80	
W1061	Crisis Intervention	S5145 HK	10/16/2003	\$135.80	
W1064	Rehabilitation Day Treatment	H2017	10/16/2003	\$32.98	
W1067	Development of the Individualized Treatment Plan (New Patient)	H0032	10/16/2003	\$97.00	New Code Description = Development of the Individualized Treatment Plan
W1068	Development of the Individualized Treatment Plan (Established Patient)				
W1069	Treatment Plan Review	H0032 TS	10/16/2003	\$48.50	
W1070	Clinic Visit	H0046 HE	10/16/2003	\$11.64	
	Clinic Visit (Specimen Collection)	H0046	07/01/2004	Unknown	
	Methadone Maintenance	H0020	10/16/2003	\$67.48	New "Weekly" Service
W1071	Intensive Therapeutic On-Site Services	H2021	10/16/2003	\$48.50	
	Intensive Therapeutic On-Site Services (School-based services only)	H2021 HA	07/01/2004	Unknown	
W1072	Home and Community-based Rehabilitative Services	H2021 HM	10/16/2003	\$9.70	
W1073	Psychological Testing	H0031	10/16/2003	\$19.40	
W1074	Individual/Family Therapy	H0004	10/16/2003	\$55.00	
W1075	Group Therapy	H0004 HQ	10/16/2003	\$20.00	
W1080	Specialized Therapeutic Group Care	H0019	10/16/2003	\$180.00	
W9891	Children's Mental Health Targeted Case Management	T1017 HA	10/16/2003	\$10.00	
W9892	Adult Mental Health Targeted Case Management	T1017	10/16/2003	\$10.00	
W9899	Intensive Case Management Team Services	T1017 HK	10/16/2003	\$10.00	
W1054	Child Welfare Targeted Case Management	T1016	10/16/2003	\$450.00	