October 31, 2003

Dear Medicaid Community Mental Health Services Provider:

This letter provides you with two important changes in community mental health services policy.

1. **Provider Qualifications**

Effective for dates of service on and after April 1, 2004, Florida Medicaid will change the staff requirement for whom may render *Community-Based Wrap-Around Services (H2021)*, replacing *Intensive Therapeutic On-Site Services (W1071)*. If you elect to provide these services, please ensure that by April 1, 2004, your agency conforms to the new policy requirement.

Effective April 1, 2004, these services must be provided by an individual with:

- A master’s degree from an accredited university or college with a major in the field of counseling, social work, psychology, nursing, rehabilitation, special education, health education, or a related human services field; and
- Two years of professional experience providing services to persons with mental health or substance abuse disorders; or
- Who is under the supervision of a licensed practitioner of the healing arts.

We encourage you to use the time between now and April 1, 2004 to make any necessary changes in personnel so you will be prepared to provide these services. Medicaid is excited about offering these new services, as they will provide a unique set of intensive community-based services, including maximizing of natural supports for children and adolescents with serious emotional disturbances.

2. **Interim Policy for Community Mental Health Services Procedure Codes**

The chart below explains the interim policy that will be in place for billing all community mental health procedure codes for dates of service on or after October 16, 2003 until January 1, 2004.
## Interim Policy for Community Mental Health Procedure Codes

<table>
<thead>
<tr>
<th>Old Code</th>
<th>New Code</th>
<th>Code Description</th>
<th>Effective Date of New Code</th>
<th>Fee Schedule for New Code on 10/16/2003</th>
<th>Comments Special Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>W1036</td>
<td>H2010</td>
<td>Interpretation or Explanation of Results of Psychiatric Exam</td>
<td>10/16/2003</td>
<td>$36.37</td>
<td>Bill 1 unit</td>
</tr>
<tr>
<td>W1044</td>
<td>H2014</td>
<td>Basic Living Skills Training</td>
<td>10/16/2003</td>
<td>$25.00</td>
<td>When provided on the same day bill 2 units to equal the old W1044 &amp; W1046 codes. When only 1 service provided, bill 1 unit of H2014.</td>
</tr>
<tr>
<td>W1046</td>
<td>H2014</td>
<td>Social Rehabilitation and Counseling</td>
<td>10/16/2003</td>
<td>$32.98</td>
<td>Prior authorization (when applicable)</td>
</tr>
<tr>
<td>W1050</td>
<td>H2010</td>
<td>Medical/Psychiatric Services</td>
<td>10/16/2003</td>
<td>Payment Requires Special Billing of 2 Units @ $36.37</td>
<td>Bill two (2) units @ $36.37 each in order to receive an appropriate payment, which equals the old W1050 service code</td>
</tr>
<tr>
<td>W1064</td>
<td>H2017</td>
<td>Rehabilitation Day Treatment</td>
<td>10/16/2003</td>
<td>$32.98</td>
<td>Prior authorization (when applicable)</td>
</tr>
</tbody>
</table>

You have recently received a Medicaid document that includes an Advance Update to Appendix J. This appendix contains information on the national standard procedure codes that have replaced local procedure codes. Please note that when a modifier code is listed with the national code, the modifier must be entered on the claim form for appropriate reimbursement.

Please contact your area Medicaid office if you have any questions.

Sincerely,

Bob Sharpe
Deputy Secretary for Medicaid

cc: Alan Strowd, Medicaid Contract Management
AHCA Area Medicaid Offices