



RICK SNYDER
GOVERNOR


STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

MEMORANDUM

DATE: January 18, 2018

TO: Prepaid Inpatient Health Plan (PIHP) Executive Directors
Community Mental Health Services Program (CMHSP) Executive Directors
PIHP Chief Financial Officers
CMHSP Chief Financial Officers

FROM: Jeffery L. Wieferich, M.A., LLP 
Director
Division of Quality Management and Planning

SUBJECT: Assertive Community Treatment (ACT) Service Clarifications

The purpose of this memo is to provide information on three areas of concern that have been brought to the attention of BHDDA surrounding ACT services. These concerns include:

1. The use of telemedicine as part of ACT,
2. Reporting of pre-admission screens for ACT consumers, and
3. The unbundling of the ACT service to bill out components to other insurance.

Each of these will be addressed separately.

The use of telemedicine as part of ACT

Through consultation with the Centers for Medicare and Medicaid Services (CMS), the use of telemedicine is allowed as part of the ACT benefit. As ACT is a bundled service, the use of telemedicine as part of ACT needs to be described as "telepractice" to avoid confusion with the state plan benefit that describes telemedicine and the allowable services under that benefit. Due to the need to show this difference, when a telepractice service is used in ACT, the encounter must be reported as H0039 with the modifier of "95" – (H0039 95). The use of the "GT" modifier is no longer approved when reported with the H0039 code. It should further be noted that due to the nature of ACT, only psychiatric services can be provided as part of telepractice. The April 1, 2018 Medicaid Provider Manual (MPM) will reflect this new information, however, this practice can begin immediately.

Reporting of pre-admission screens for ACT consumers

ACT is all inclusive service and requires 24 hour a day, 7 day a week crisis availability that is provided by the multi-disciplinary team. The inclusive nature and availability of the ACT team results in the pre-admission screens for inpatient admission to be included as part of the ACT bundle of services. ACT consumers seeking inpatient psychiatric admission should be screened by an ACT team member as that team member would be in the best position to not

only approve an admission but also divert it. When a pre-admission screen is completed as part of an ACT service, the encounter must be reported as H0039 with the "TG" modifier – (H0039 TG). The use of the modifier with the ACT code allows for the continued monitoring of the required pre-admission screens related to the performance measures and the timeframe for the disposition. The April 1, 2018 MPM will reflect this new information, however, this practice can begin immediately.

The unbundling of the ACT service to bill out components to other insurance

The memorandum from Tom Renwick on October 16, 2017 provided information on the provision of ACT services related to third-party liability as described in the new managed care rule. It indicated that Medicaid is considered the payer of last resort when an ACT consumer has another insurance that does not cover ACT and further clarified that components of ACT are not required to be unbundled to bill the other insurance carriers. This information was verified by CMS. While there is no requirement to unbundle components of ACT services, it is not prohibited and is a permissible practice if your organization chooses this approach.

The language that is being added to the MPM related to telepractice and the pre-admission screens has been attached. These are considered technical changes so there will be no review or comment period on these changes.

Questions or concerns may be directed to Alyson Rush via telephone at 517-335-0250 or via email at rusha@michigan.gov.

cc: Lynda Zeller
Tom Renwick
Brenda Stoneburner
John Duvendeck
Alyson Rush

Medicaid Provider Manual Technical Changes for Assertive Community Treatment for April 1, 2018

Telepractice Information

MMPM Section 4.3. *Team Composition and Size*, the word telemedicine has been replaced with **telepractice** in both the ACT physician and nurse practitioner descriptions.

The following descriptive language further clarifies the practice and provides the telepractice modifier:

Telepractice is the use of telecommunications and information technologies for the provision of psychiatric services to ACT consumers and is subject to the same service provisions as psychiatric services provided in person. The telepractice modifier, 95, must be used in conjunction with ACT encounter reporting code H0039 when telepractice is used.

All telepractice interactions shall occur through real-time interactions between the ACT consumer and the Physician's/Nurse Practitioner's from their respective physical locations. Psychiatric services are the only ACT services that are approved to be provided in this manner.

Refer to the General Information for Providers Chapter of this manual for the complete Health Insurance Portability and Accountability Act (HIPPA) compliance requirements for the provision of telepractice services.

Pre-Admission Screening

MMPM Section 4.3. *Availability of Services*, an additional bullet with the following language has been added to specify the ACT team responsibilities and modifier for pre-admission screening:

The ACT team is responsible for performing the required pre-admission screen for all beneficiaries enrolled in an ACT program seeking inpatient psychiatric admission.

Pre-admission screens for ACT beneficiaries must be reported by including the TG modifier with the ACT encounter code of H0039.