

FAQ 2-23-15

1. **New table will be provided to address these questions.**
 - a. T 2022--Is this accurate for, PACT teams, that only minimal staff can use this code? If that is the case, is H0034 supposed to capture most wellness activities, support, education etc? or Does T1012?
 - b. Does S0215 replace 99082 for travel code? Can I use this with all groups (DMH, Medicaid HH, Medicaid)
 - c. Is Crisis intervention face to face H0036?
 - d. What code should be used for treatment planning meeting without client?
 - e. Will Timelines fall under T2022, if all staff can bill this? If not, what code should be used?
 - f. T2001—Non emergency transport- is this billable time, under H0036, if not wellness related?

2. **Can any and all PACT staff bill the H0036 code? Anyone who can currently bill, can bill within scope of their license.**

3. **Can a team member other than the nurse care manager complete the Health Risk Appraisal with the client? If so, what code would they bill? The current code you gave us is a T1001 which is a nursing assessment code per Medicaid rules. Health Risk Appraisal = wellness activity anyone can bill, see code table for more details.**

4. **Do we have to use RNs as NCM? LPNs can be nurse managers, but they cannot do everything that a RN nurse manager can in a HH, under state law. The HH may have a mix of moderate to high risk adult patients that may require the skill level of a RN instead of LPN. Under "comprehensive care management", it is not w/in LPN scope to assess/diagnose. The HH using a LPN NCM will probably need to refer this function out or make arrangements on site for high risk patients.**

5. **Please provide further explanation of the 6 assessments listed in 450:17-5-151 which state they each have to have a written narrative. This appears to be 6 separate assessments done by different staff. PACT is given 6 weeks to complete these same types of assessments; what is the timeframe given to complete these? Would one bio psychosocial assessment suffice for this requirement if all these areas are addressed and there was one narrative assessment at the end? PACT programs must still adhere to Chapter 55 standards. Please refer to those. We will (as stated in the last PACT meeting), be analyzing possible needed changes in PACT rules for the future. HH high intensity outside of PACT does not have to do these. Yes, one assessment that covers all areas would suffice.**

6. **Will the nurses that will be a part of the health home be required to attend the Wrap 101 trainings? No, but highly recommended.**

FAQ 2-23-15

7. Could you clarify who can bill T2022? In services document it states Health Home Director; Project Director (if they are RN or LBHP) NCM
 - a. If our Health Home Director is CM level staff does this include them? I wasn't sure if the (if they are RN or LBHP) was only intended for the Project Director.
 - b. Would this include a LPN?
 - c. Would this include your LBHP who isn't your Health Home Director or Project Director?
 - d. Page 3 also states under T2022- RN or LBHP may provide some clinical services w/in scope of practice for "communicating and coordinating care with external health care providers (pharmacies, PCPs, FQHC's, home health agencies, etc) and other community service providers utilized by the consumer". Is a LPN allowed to provide this service? **If your HH Director is eligible to bill within the scope of practice for clinical services then yes. Please refer to new table for more details on condos.**

8. What are the educational requirements for a Wellness Coach? **HS diploma and wellness training**