

## HEALTH HOME Shadow Billing Guidelines (Excludes PACT)

Non-Face to Face Activities				
Code	Description	Documentation	Time / Duration	Team Member
<i>Comprehensive Care Management</i>				
T2022	<p><b><u>Clinical Services</u></b></p> <ul style="list-style-type: none"> <li>Monitoring of individual and population health status and service use to determine adherence to or variance from best practice guidelines;</li> <li>Development and dissemination of reports that indicate progress toward meeting outcomes for consumer satisfaction, health status, service delivery and costs</li> </ul>	<p><i>Services that are not specific to an individual enrollee are not counted toward minimum billable requirement.</i></p>	Count at least 15 minutes of clinical staff time per calendar month	Physician, RN or LBHP or LPN w/in scope of practice
T2022	<p><b><u>Clinical Services</u></b></p> <ul style="list-style-type: none"> <li>Performing medication reconciliation and overseeing the consumer's self-management of medications;</li> <li>Monitoring the consumer's condition (physical, mental, social);</li> <li>Psychiatric Consultation;</li> <li>PCP consultation on best practice protocol</li> </ul>	<p><b><u>General</u></b> Record date and amount of time spent providing non-face- to face services (preferably start/stop time)</p> <ul style="list-style-type: none"> <li>Clinical staff furnishing services (with credentials)</li> <li>Brief description of services</li> </ul> <p>Must be part of the patient centered plan</p>	Count at least 15 minutes of clinical staff time per calendar month	Physician, APRN, PA
T2022	<p><b><u>Clinical Services</u></b></p> <ul style="list-style-type: none"> <li>Consultation with team about identified health conditions of their consumers;</li> <li>Initially reviewing consumer records and patient history and reviewing and signing off on health assessments.</li> </ul>	<p><b><u>General</u></b> Record date and amount of time spent providing non-face- to face services (preferably start/stop time)</p> <ul style="list-style-type: none"> <li>Clinical staff furnishing services (with credentials)</li> <li>Brief description of services</li> </ul> <p>Must be part of the patient centered plan</p>	Count at least 15 minutes of clinical staff time per calendar month	RN (or LPN w/in scope of practice) or LBHP w/in scope of practice
T1012	<p><b><u>Health Risk Appraisal (HRA)</u></b></p> <ul style="list-style-type: none"> <li>Wellness plan development; A systematic approach to collecting information from individuals that identifies risk factors, provides individualized feedback, and links the person with at least one intervention to promote health, sustain function and/or prevent disease.</li> </ul>	<p>May be furnished through an interactive telephonic or web-based program or community encounter with team member</p> <p>For <u>new</u> enrollees, a HRA must be completed before or as part of a Health Risk Assessment/physical exam within 2 weeks of HH enrollment</p> <p>For established (<u>grandfathered</u>) consumers, available data should be accessed (SoonerCare provider portal, OKDHS Child Portal, EHR, PCP data) and reviewed for critical health needs and the HRA must be completed no later than the next care plan update.</p>	Count each 15 minutes  (Should take no longer than 20 minutes to complete)	Any Qualified Team Member
S9482	<p><b><u>Report Preparation - Children's Specialty Assessment</u></b> Time spent preparing specialty reports (SNCD, Ohio Scales, etc.)</p>	<p>Refer to ODMHAS Services Manual</p> <p>Clinical Evaluation And Assessment For Children In Specialty Settings</p>	Up to 6 hours of NF2F time allowed for report prep.	WFCM FSP

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Face- to-Face Activities				
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<i>Comprehensive Care Management</i>				
	<p><b><u>Comprehensive Assessments (CA)</u></b></p> <p>The purpose of the CA process is to:</p> <ul style="list-style-type: none"> <li>• determine the individual's problems, strengths, needs, abilities and preferences</li> <li>• develop a social (extent of natural supports and community integration); and</li> <li>• determine medical history, and</li> <li>• determine functional level and degree of ability versus disability, and</li> <li>• engage with collateral contacts for other assessment information</li> </ul>	<p>An initial biopsychosocial assessment is required of each individual to determine the appropriate level of care. (H0031 – PG038) The CA builds from the initial assessment to identify needs.</p> <p>The CA must be completed in a timely manner, consistent with the client's immediate needs, but no later than 30 working days after admission to the HH.</p> <p>The CA must include Involvement of the consumer and consumer's family in the process and their preferences or referrals to services.</p> <p>The results shall be documented in the medical record by appropriate team member w/in scope of practice</p>		<i>Any member of the team provides input within scope of practice</i>
<b>T1017</b>	<p><b><u>Comprehensive Assessment: Extended Psychosocial</u></b></p> <p>Includes an extended assessment of the following:</p> <ul style="list-style-type: none"> <li>• Education and/or employment;</li> <li>• Social development and functioning;</li> <li>• Activities of daily living; and</li> <li>• Family structure and relationships.</li> </ul>	<p>The extended psychosocial assessment includes all components of the initial assessment. Count the additional time required when the consumer requires additional assessment time due to complex needs.</p> <p>The information gathering may be collected with or without the consumer present.</p>	Count each 15 minutes	Any team member performing within scope of practice;
<b>T1016</b>	<p><b><u>Comprehensive Assessment: Child Functional Assessment</u></b></p> <ul style="list-style-type: none"> <li>• Strengths and Needs Assessment;</li> <li>• Ohio Scales Rating;</li> <li>• Assembling Wraparound team</li> </ul>	<p>A functional assessment is required for all enrolled children.</p> <p>Refer to ODMHAS Services Manual, Clinical Evaluation And Assessment For Children In Specialty Settings (See S9482)</p>	Count each 15 minutes	WFCM
<b>T1001</b>	<p><b><u>Comprehensive Assessment: Medical, dental and other health needs – Adults</u></b></p> <ul style="list-style-type: none"> <li>○ May include some reconciliation with biometrics obtained by the provider (e.g., blood lipids and glucose, blood pressure, etc.).</li> </ul>	<p>A Health Risk Assessment must be completed within 30 days of new enrollment, or; referral may also be made to a primary care provider for physical examination, to be completed by the time of the first patient-centered plan revision (within three months).</p> <p>Information may be gathered from the consumer's primary health care provider (if any), contingent upon the consumer's consent.</p>	Count each 15 minutes	RN

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Code	Description	Documentation	Time / Duration	Team Member
<i>Comprehensive Care Management (cont'd)</i>				
	<p><b><u>Comprehensive Assessment:</u></b>  <i>Health Screening and Assessment for Children - Early Periodic Screening Diagnostic and Treatment (EPSDT) Screening</i>  <i>Dental Assessment</i></p>	<p>An up to date EPSDT must be completed within 30 days of enrollment.</p> <p><u>Recommendations for Child Health Checkups</u> (SoonerCare website)</p> <p>The American Academy of Pediatrics recommends a follow-up health assessment within 60-90 days of placement in foster care</p>		Primary Care Provider
	<p><b><u>Comprehensive Assessment:</u></b>  <i>Other assessments</i></p> <ul style="list-style-type: none"> <li>• Psychiatric Diagnostic Assessment</li> <li>• Psychological Assessment</li> <li>• Psychological Testing (Children)</li> <li>• Educational Needs</li> </ul>	<p>Refer when medically necessary;            Use Appropriate CPT codes if applicable</p>		Appropriate team member
T1017	<p><b><u>Review of Integrated Care Plan (Adult)</u></b>            (Initial treatment plan can be paid out of PG038)</p>	<p>See 450:17-5-153 through 450:17-5-154</p>	<p>Count per 15 minutes</p>	CMII or higher
T1016	<p><b><u>Review of Integrated Care Plan (Child)</u></b>            (Initial treatment plan can be paid out of PG038)</p>	<p>See 450:17-5-153 through 450:17-5-154.</p>	<p>Count per 15 minutes</p>	WFCM
H0032	<p><b><u>Service Plan Update (Low Complexity)</u></b></p>	<p>Refer to ODMHAS Services Manual</p>		LBHP

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Non Face- to-Face Activities				
Code	Description	Documentation	Time / Duration	Team Member
<i>Care Coordination; Health Promotion; Individual and Family Support</i>				
<b>T2022</b>	<p><b><u>Clinical Services</u></b></p> <ul style="list-style-type: none"> <li>○ 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</li> <li>○ Provide education and address questions from patient, family, guardian, and/or caregiver</li> </ul>	<p><b><u>General</u></b></p> <p>Record date and amount of time spent providing non-face- to face services (preferably start/stop time)</p> <ul style="list-style-type: none"> <li>• Clinical staff furnishing services (with credentials)</li> <li>• Brief description of services</li> </ul> <p>Must be part of the patient centered plan</p>	Count at least 15 minutes of clinical staff time per calendar month	RN, LPN or LBHP w/in scope of practice  Physician, APRN, PA (Count if <i>services are not part of billable E&amp;M visit</i> )
<b>T1017 T1016</b>	<p><b><u>Non-Clinical Services:</u></b></p> <ul style="list-style-type: none"> <li>• Participating in the creation and update of the Health Passport for every enrolled DHS custody child;</li> <li>• Ensuring receipt of all recommended EPSDT screens;</li> <li>• Ensuring that every enrollee is aligned with or linked with a PCP available through the HH, within the first 3 months of enrollment in HH</li> </ul>	<p><b><u>General</u></b></p> <p>Record date and amount of time spent providing non-face- to face services (preferably start/stop time)</p> <ul style="list-style-type: none"> <li>• Clinical staff furnishing services (with credentials)</li> <li>• Brief description of services</li> </ul> <p>Must be part of the patient centered plan</p>	Count each 15 minutes	Any qualified team member
<b>S5185</b>	<p><b><u>Medication Reminder</u></b></p> <ul style="list-style-type: none"> <li>○ Telephone Prompt for each consumer that has at least one or more billable F2F services</li> <li>○ Delivery of Medication</li> </ul>	May be used by non-PACT provider	Count each 15 minutes	Any qualified team member

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Face- to-Face Activities				
Code	Description	Documentation	Time / Duration	Team Member
<i>Care Coordination; Health Promotion</i>				
<b>T1012</b>	<p><b><u>Wellness</u></b></p> <ul style="list-style-type: none"> <li>○ Wellness Resource Skills Development, Adult</li> <li>○ Wellness Resource Skills Development, Child</li> </ul>	<p>Refer to ODMHSAS Services Manual Refer to RFP, Amendment 2 for definition of Wellness Coach</p> <p>For children, document support, coaching and activities that promote good physical and mental health to individuals, families and groups This service can also be provided by a Children’s Health Home Specialist (CHHS) (Refer to provider qualifications in ODMHSAS rules)</p>	Count each 15 minutes	Wellness coach or Any qualified team member
<b>H0034</b>	<p><b><u>Medication Training and Support</u></b></p> <ul style="list-style-type: none"> <li>• Supportive therapy; Interviews with consumers to discuss health concerns and wellness and treatment goals;</li> <li>• Individual care by NCM for consumers on their caseload</li> <li>•</li> </ul>	<p>Refer to ODMHSAS Services Manual</p> <p>Physician should bill appropriate CPT code</p>	Count each 15 minutes	RN, PA, APRN
<b>T1502</b>	<p><b><u>Oral/Injection Medication Administration</u></b></p>	<p>May be used by non-PACT provider (Time to include observation)</p>	Count each 15 minutes	RN or LPN w/in scope of practice
	<p><b><u>Screening for general health with priority for high-risk conditions:</u></b></p> <ul style="list-style-type: none"> <li>○ Provide or link with Preventive Health screens recommended by USPSTF;</li> <li>○ Screening, monitoring and intervening for metabolic syndrome and related care gaps</li> </ul>	<p><b><u>USPSTF Recommendations</u></b> Preventive screenings, including EPSDT screens are separately reimbursable using appropriate CPT codes.</p> <p>Payable for dual eligible adults and children only</p>		Any Qualified team member

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Face to Face / Non Face to Face Activities				
Code	Description	Documentation	Time/ Duration	Team Member
<i>Care Coordination; Referral to Community Supports</i>				
T1017	<b><u>Basic Case Management</u></b>	<p>Refer to ODMHSAS Services Manual; OHCA rules and any other supplemental case management documents for Description of basic case management.</p> <p>*Electronic communication and telephone calls <b>are not</b> to become the predominant means of providing comprehensive care management/care coordination services and require specific documentation as described below:</p> <p><b><u>*Electronic Communication</u></b> Written electronic communication (e-mail) and leaving voice messages may be documented as non face- to-face functions.</p> <p>Written electronic communication (e-mail) must be about a specific individual and is allowable as non –face-to-face service as long as documentation (a paper copy of the e-mail) exists in the case record.</p> <p>Simply reading emails is not counted toward non-F2F time.</p> <p><b><u>*Telephone calls with collaterals</u></b> Telephone calls with family members, probation officers, and etc. regarding a consumer are counted. When voice messages are used, the case manager must have sufficient documentation justifying a care coordination service was actually provided. Leaving a name and number asking for a return call is not sufficient to count for this activity</p>	Count per 15 minutes	Any qualified team member
G9012	At-Risk Case Management	****INFORMATIONAL ONLY *** (Billable by OKDHS/OJA Case Managers only).	Per Week	At-Risk Case Mgr

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Face to Face / Non Face to Face Activities				
Code	Description	Documentation	Time/ Duration	Team Member
<i>Comprehensive Transitional Care</i>				
<b>T1016</b> <b>T1017</b> <b>T2022</b>	<p><b>Transitional Case Management</b></p> <ul style="list-style-type: none"> <li>See Outpatient in Inpatient Setting for Adults; Service coordination for children in RBMS and PRTF settings. May include certain NF2F activities that do not duplicate facility activities.</li> <li>May include arranging transportation</li> </ul>	<p>Payment will continue if adult or child enrollee has been admitted to URC, crisis center, residential or community IP setting less than 17 beds, or IP Med/Surgical Hospital.</p> <p>Payment will not be made for individuals 22-64 in IMD or for inmates.</p>	Per 15 minutes	<p>Qualified Case Mgr</p> <p>NCM</p> <p>Hospital Liaison</p>
	<p><b>MOUs</b></p> <p>Developing and maintaining contractual and data sharing agreements, policies, procedures, that support and define roles for effective collaboration with the health home and its local network (primary care, specialists, behavioral health providers, hospitals)</p>	<p>This non-productive time was considered in the development of the PMPM rate; It cannot be billed separately; and <u>is not</u> counted as one of the minimum HH billable activities.</p>		<p>HH Director, Project Director, NCM or other qualified staff</p>
Face to Face Activities				
<i>Individual and Family Support</i>				
<b>T1027</b>	<b>Family Training and Support</b>	Refer to ODMHSAS Services Manual	Per 15 minutes	Any qualified team member
<b>T1012</b>	<b>Wellness Skills Development</b>	Refer to ODMHSAS Services Manual Refer to RFP Amendment 2 for qualifications of Wellness Coach	Per 15 minutes	Any qualified team member

## HEALTH HOME Shadow Billing Guidelines (Excludes PACT)

Transportation / Travel				
Code	Description	Documentation	Time/ Duration	Team Member
<b>Arranging Non-Emergency Transportation</b>				
<b>T1017</b>	<p>Transportation for a HH enrollee is not included in the rate. SoonerCare contracts with a broker to ensure Non-Emergency Transportation (NET) and may be available for HH enrollees.</p> <p>Not all SoonerCare members are eligible for SoonerRide (See OAC 317:30-5-327) and not all covered services are eligible. (Refer to OAC 317:30-5-327.1 and OAC 317:30-5-241.3(b)(5)(A) regarding travel time to group PSR treatment).</p> <p>In order to avoid overlap and possible duplication with transportation programs under other federal funding authorities, SoonerCare does not contract for NET for covered services to schools, day programs and group skills training programs. The service site or a community organization often provides or funds transportation to these activities. The HH care coordinator should work with the consumer and/or family to determine the program that best fits the needs of the HH enrollee.</p>	<p>SoonerRide NET services must be scheduled with the transportation broker.</p> <p>Transportation is provided by SoonerRide when <u>medically necessary</u> in connection with examination and treatment to the nearest appropriate facility.</p> <p>Preventive Health and Wellness programs are essential to help people stay health and improve their health; however general NET coverage guidelines exclude transportation to group programs.</p>	Per 15 minutes	Any Qualified team member
<b>T2001<sup>1</sup></b>	<p><b><u>Participating in an Appointment</u></b> See also definition of “medical escort at OAC 317:30-5-326.1)</p> <p>Sitting in an appointment with a doctor or provider with the consumer while receiving treatment to assist the consumer in advocating for their needs or to assist in coordination of care.</p>	<p>Count all time spent in direct contact with the person, family and/or other parties involved in implementing the care plan.</p> <p>For actual “driving time” spent accompanying a consumer to an appointment – see S0215</p>	Per 15 minutes	Any Qualified team member
<b>Provider Transportation/Driving</b>				
<b>S0215</b>	<ul style="list-style-type: none"> <li>• Time spent conducting outreach without successfully finding an enrolled consumer (services outside the G9001);</li> <li>• Time spent driving to do a home visit when the consumer is not home;</li> <li>• Travel time to and from meetings for the purpose of development or implementation of the individual care plan</li> <li>• Time spent waiting for a consumer during an appointment or escorting a member to an appointment</li> </ul>	<p>The provider should maintain adequate documentation to demonstrate the cost of travel (mileage logs)</p> <p>This non-productive time was considered in the development of the PMPM rate; however up to one hour of travel per month per client, based on a care coordinator’s caseload, will be allowed to count towards the minimum monthly service requirement.</p> <p>For example, for a case load of 20 clients, up to 20 hours of travel will count towards the monthly service requirement.</p>		Any Qualified team member

<sup>1</sup> [OAC 317:30-5-596\(c\)\(i\)](#) excludes sitting in an appointment or escorting as behavioral health case management.