



The Georgia Collaborative ASO

DBHDD Provider Manual: Your Guide to Success

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Learning Objectives

- Understand how to utilize the DBHDD Provider Manual as a resource
- Identify the major sections and where needed information is located
- Be able to perform key word/number searches
- Quickly locate eligibility, admission, discharge, and other critical criteria in service definitions
- Understand the purpose and use of code modifiers



Why do I need to know so much about the DBHDD Provider Manual?

Because it is your guide to success!



Top 10 Reasons for Unjustified Claims FY17

1. Does not meet admission criteria
2. Progress note is missing
3. Content does not support units billed
4. Missing / incomplete service order
5. Content does not match service definition



Data from FY17 BHQRs

Top 10 Reasons for Unjustified Claims FY17

6. Content does not support code billed
7. Code is missing / different than code billed
8. Staff credential missing
9. Staff credential not supported
10. Content of note not unique

Most, if not all, of these issues could have been avoided by reviewing and following the Provider Manual.



Outline of the DBHDD Provider Manual



Provider Manual Outline

Table of Contents / Summary of Changes

Part I

Eligibility, Service Definitions, and Service Requirements

Part II

Community Service Requirements for DBHDD Providers

Part III

General Policies & Procedures

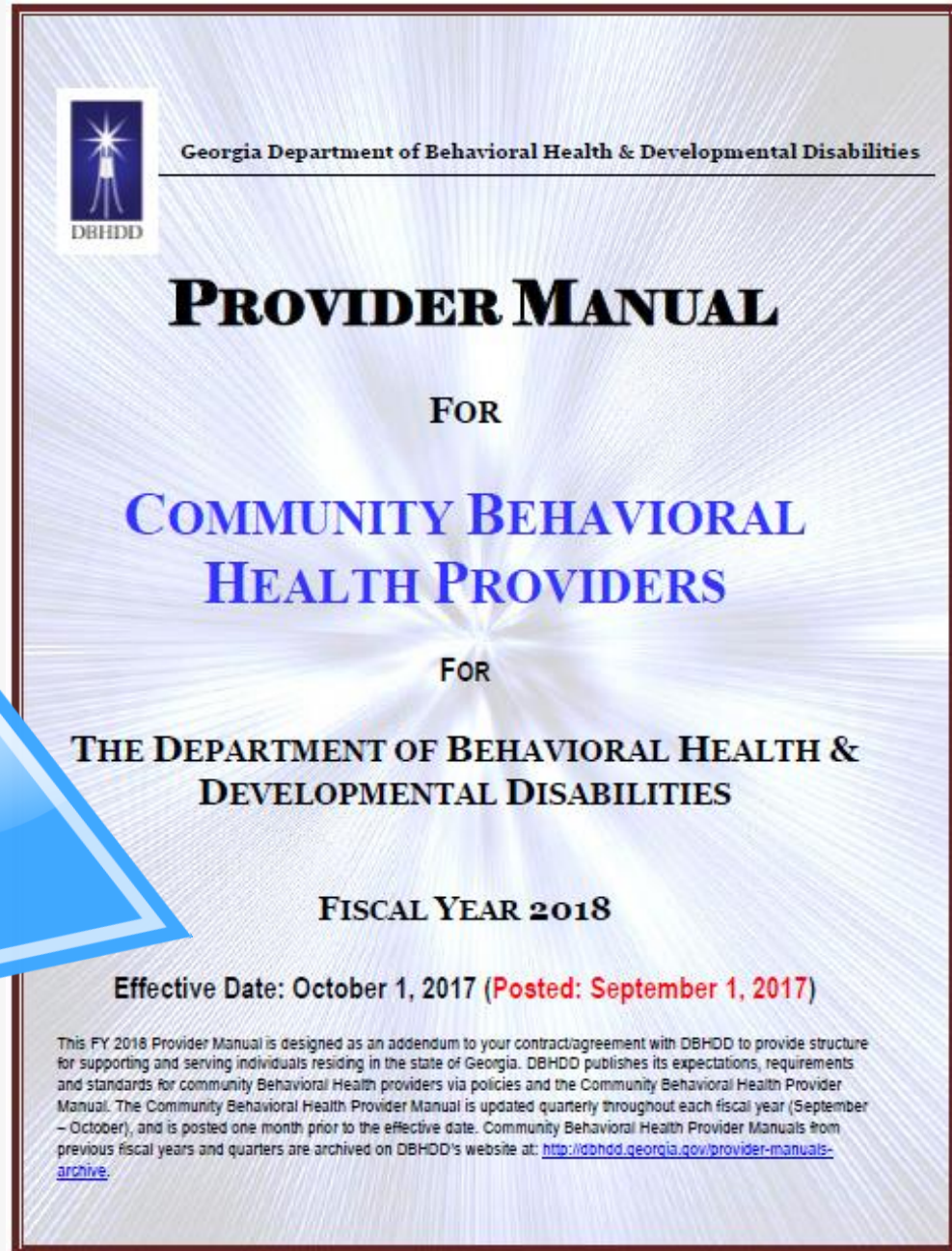
Part IV

Appendices



Start with Current Version

- How do I know if I have the correct version?
- If I don't have it, where do I get it?
- How often is it updated?
- Why is it updated so often?



Start with Current Version

The screenshot shows a web browser window with the URL <https://dbhdd.georgia.gov/community-provider-manuals>. The page header includes the DBHDD logo and the text "Department of Behavioral Health and Developmental Disabilities". A search bar is located in the top right corner. The main navigation menu contains links for "About DBHDD", "DBHDD Services", "Provider Information", "Hospitals", "Newsroom", and "For Employees". The "Provider Information" section is active, displaying a sidebar with links such as "Applications for New & Existing Providers", "Improving Health Outcomes Initiative Collaborative Learning Center", "Filling the GAP: Georgia Access Point", "Background Policy & Cogent Information", "Community Provider Manuals", "DUI Intervention Program", and "Toolkit". The main content area features the heading "Community Provider Manuals" and a description of the manuals. It lists three manuals for FY 2018, each with a link and an update date of June 1, 2017. A "Stay Connected" section includes social media icons for Twitter, Facebook, and YouTube, and an RSS feed icon. A large blue arrow points from the "Stay Connected" section towards the URL at the bottom of the slide.

<https://dbhdd.georgia.gov/community-provider-manuals>



Summary of Changes

Page #3

SUMMARY OF CHANGES TABLE

UPDATED FOR OCTOBER 1, 2017

As a courtesy for Providers, this Summary of Changes is designed to guide the review of new and revised content contained in this updated version of the Provider Manual. The responsibility for thorough review of the Provider Manual content remains with the Provider.

Item #	Topic	Location	Summary of Changes
1	Peer Support Whole Health and Wellness-Group Service Definition	Part I, Section III	Service Definition added to allow PSWHW group modality to be provided. Effective 10/1/2017.
2	Peer Support Whole Health and Wellness-Individual Service Definition	Part I, Section III	The current PSWHW service is modified to add the qualifying word "Individual" to differentiate this service from the new service added as Item 1 above. Effective 10/1/2017.
3	Adolescent Substance Abuse Intensive Outpatient Services	Part I, Section III	Admission criteria #1 modified to provide additional clarity.
4	Adolescent Substance Abuse Intensive Outpatient Services	Part I, Section III	Staffing Requirements, Item 1 is edited to remove underline and strike-throughs from previous manual versions.
5	Adolescent Substance Abuse Intensive Outpatient Services	Part I, Section III	Various elements added to emphasize the role and participation of family in the adolescent's treatment and support (Required Components, Clinical Operations).
6	Adolescent Substance Abuse Intensive Outpatient Services	Part I, Section III	A draft service with a To-Be-Determined (TBD) date is added as a preview of changes expected later in FY18 to bundle elements of the service to an hourly rate.



Provider Manual Part I



Pop Quiz!

- **T/F:** The reimbursement rate for Assertive Community Treatment (ACT) is the same regardless of practitioner or location of the service.

■ **TRUE!**

Assertive Community Treatment

Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
Assertive Community Treatment	Practitioner Level 1, In-Clinic	H0039	U1	U6			\$32.46	Practitioner Level 3, Out-of-Clinic	H0039	U3	U7			\$32.46
	Practitioner Level 2, In-Clinic	H0039	U2	U6			\$32.46	Practitioner Level 4, Out-of-Clinic	H0039	U4	U7			\$32.46
	Practitioner Level 3, In-Clinic	H0039	U3	U6			\$32.46	Practitioner Level 5, Out-of-Clinic	H0039	U5	U7			\$32.46
	Practitioner Level 4, In-Clinic	H0039	U4	U6			\$32.46	Practitioner Level 1, Via interactive audio and video telecommunication systems	H0039	GT	U1			\$32.46
	Practitioner Level 5, In-Clinic	H0039	U5	U6			\$32.46	Practitioner Level 2, Via interactive audio and video telecommunication systems	H0039	GT	U2			\$32.46
	Practitioner Level 1, Out-of-Clinic	H0039	U1	U7			\$32.46	Multidisciplinary Team Meeting	H0039	HT				\$0.00

Provider Manual, Part I Sections

Part I

Eligibility, Service Definitions, and Service Requirements

- **Section I: Eligibility of Individuals Served**
- **Section II: Orientation to Services Authorization Options**
- **Section III: Service Definitions**
- **Section IV: Practitioner Detail**
- **Section V: Service Code Modifier Descriptions**

Provider Manual, Part I Section I

Part I

Eligibility, Service Definitions, and Service Requirements

- **Section I: Eligibility of Individuals Served**

1. **Access (brief screening through GCAL)**
2. **Core Customer Classification & Eligibility**
3. **Priority for Services (target populations C&A / Adult)**
4. **Services Authorization (through ASO)**
5. **Approved Diagnoses (Appendix B) & Exceptions**

Provider Manual, Part I Section II

Part I

Eligibility, Service Definitions, and Service Requirements

- **Section II:** Orientation to Services Authorization Options

Level of Service: Outpatient

Level of Service	Type of Service	Type of Care Code	Type of Care Description	Service Class Code	Service Group Code	Service Class Name	Initial Auth		Concurrent Auth		Max Daily Units
							Max Auth Length	Max Units Auth'd	Max Auth Length	Max Units Auth'd	
Outpt	MH, MHSU	ACT	ACT	ACT	20601	Assertive Community Treatment	90	240	90	240	60
				CT1	21202	Community Transition Planning	90	50	90	50	12
Outpt	SU	AMBDTX	AMBULATORY DETOX	OPD	21102	Ambulatory Detox	14	32	varies	varies	24
				BHA	10101	BH Assmt & Service Plan Development	14	32	varies	varies	24
				DAS	10103	Diagnostic Assessment	14	2	varies	varies	2
				CAO	10104	Interactive Complexity	14	22	varies	varies	4

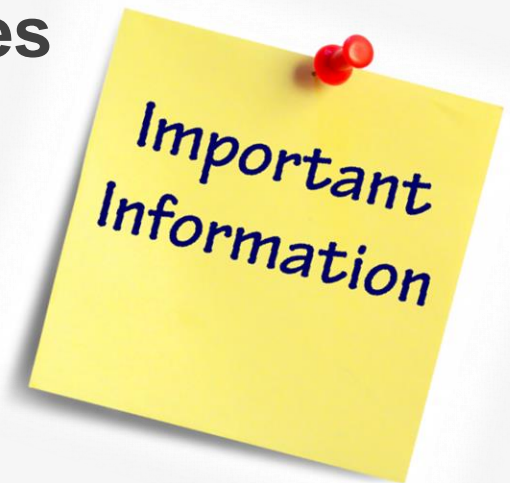
Provider Manual, Part I Section III

Part I

Eligibility, Service Definitions, and Service Requirements

■ **Section III: Service Definitions**

- **Child & Adolescent Non-Intensive Outpatient Services**
- **Child & Adolescent Specialty Services**
- **Adult Non-Intensive Outpatient Services**
- **Adult Specialty Services**



Service Definition Outline (modified)

- **Name of Service**
- **Transaction Code(s)**
- **Unit Value / Utilization Criteria**
- **Service Definition**
- **Admission / Continuing Stay / Discharge Criteria**
- **Clinical Exclusions**
- **Required Components**
- **Clinical Operations**
- **Service Accessibility**
- **Billing / Reporting / Documentation Requirements**



Service Definition: Example

Psychosocial Rehabilitation-Individual

Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate
Psychosocial Rehabilitation	Practitioner Level 4, In-Clinic	H2017	HE	U4	U6		\$20.30	Practitioner Level 4, Out-of-Clinic	H2017	HE	U4	U7		\$24.36
	Practitioner Level 5, In-Clinic	H2017	HE	U5	U6		\$15.13	Practitioner Level 5, Out-of-Clinic	H2017	HE	U5	U7		\$18.15
Unit Value	15 minutes							Utilization Criteria	TBD					
Service Definition	<p>Psychosocial Rehabilitation-Individual (PSR-I) services consist of rehabilitative skills building, the personal development of environmental and recovery supports considered essential in improving a person's functioning, learning skills to promote the person's self-access to necessary services and in creating environments that promote recovery and support the emotional and functional improvement of the individual. The service activities of Psychosocial Rehabilitation-Individual include:</p> <ol style="list-style-type: none"> 1. Providing skills support in the person's self-articulation of personal goals and objectives; 2. Assisting the person in the development of skills to self-manage or prevent crisis situations; 3. Individualized interventions in living, learning, working, other social environments, which shall have as objectives: <ol style="list-style-type: none"> a. Identification, with the person, of strengths which may aid him/her in achieving recovery, as well as barriers that impede the development of skills necessary for functioning in work, with peers, and with family/friends; b. Supporting skills development to build natural supports (including support/assistance with defining what wellness means to the person in order to assist them with recovery-based goal setting and attainment); c. Assistance in the development of interpersonal, community coping and functional skills (which may include adaptation to home, adaptation to work, adaptation to healthy social environments, learning/practicing skills such as personal financial management, medication self-monitoring, symptom self-monitoring, etc.); d. Assistance in the acquisition of skills for the person to self-recognize emotional triggers and to self-manage behaviors related to the behavioral health issue; e. Assistance with personal development, work performance, and functioning in social and family environments through teaching skills/strategies to ameliorate the effect of behavioral health symptoms; f. Assistance in enhancing social and coping skills that ameliorate life stresses resulting from the person's mental illness/addiction; g. Assist the person in his/her skills in gaining access to necessary rehabilitative, medical, social and other services and supports; h. Assistance to the person and other supporting natural resources with illness understanding and self-management (including medication self-monitoring); and i. Identification, with the individual and named natural supporters, of risk indicators related to substance related disorder relapse, and the development of skills and strategies to prevent relapse. <p>This service is provided in order to promote stability and build towards functioning in the person's daily environment. Stability is measured by a decreased number of hospitalizations, by decreased frequency and duration of crisis episodes and by increased and/or stable participation in community/work activities. Supports based on the person's needs are used to promote recovery while understanding the effects of the mental illness and/or substance use/abuse and to promote functioning.</p>													
Admission Criteria	<ol style="list-style-type: none"> 1. Individuals with one of the following: Mental Health (MH) Diagnosis, Substance-Related Disorder, Co-Occurring Substance-Related Disorder and MH Diagnosis, Co-Occurring MH Diagnosis and Developmental Disabilities (DD), or Co-Occurring Substance-Related Disorder and DD and one or more of the following: 2. Individual may need assistance with developing, maintaining, or enhancing social supports or other community coping skills; or 3. Individual may need assistance with daily living skills including coordination to gain access to necessary rehabilitative and medical services. 													



Pop Quiz!

T/F: It is permissible to bill a telephone call to an individual as “out of clinic” (U7) so long as I’m driving while making the call.

False: Telephone call are always billed (*where permitted by service*) as in-clinic contacts (U6).



Provider Manual, Part I Section IV

Part I

Eligibility, Service Definitions, and Service Requirements

- **Section IV:** Practitioner Detail
 - **Appendix A:** Quick reference table that shows whether a particular credential can provide a service and at which practitioner level (U1, U2, U3, U4, U5)

Table A: Service X Practitioner (Close-up)

TABLE A: Service X Practitioner

Service	Phlebotomist	Administrative	Administrative	BA	APRN-CNS	APRN-NP	APRN-CNS-PMH	Pharmacist	LCSW	LPC	LMFT	RN	LMSW	LAPC/ABC	LAMFT/AMFT	Psychologist-C.S.W./PCLMFT's	LPN	Licensed Dietician	MAC	CACU	CADR	CCADR	CCADR-C	CCADR-B	CAC-P (with Bachelor's Degree)	CACI (with Bachelor's Degree)	Addiction Counselor Trainee (with Bachelor's Degree)	Addiction Counselor Trainee (with Bachelor's Degree)	Rem...
AD Peer Support																													
Behavioral Health Assmt			U2	U2	U2	U2	U2	U3	U3	U3	U3	U4	U4	U4	U4			U3	U3	U4	U4	U3	U4	U4 ³	U5 ³	U4 ³	U5 ³		
Case Management	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4			U3	U3	U4	U4	U3	U4	U4 ²	U5 ³	U4 ³	U5 ³	U5 ³	
Community Support	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U5 ¹³		U3	U3	U4	U4	U3	U4	U4 ²	U5 ³	U4 ³	U5 ³	U5 ³	
ADSS	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U5 ¹³		U3	U3	U4	U4	U3	U4	U4 ²	U5 ³	U4 ³	U5 ³	U5 ³	
Community Support Team					U3	U3	U3	U3	U3	U3	U3	U4	U4	U4	U4			U3	U3	U4	U4	U3	U4	U4 ²	U5 ³	U4 ³	U5 ³	U5 ³	
Community Transition Planning	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X ²	X ²	X ²	X ²	
Crisis Intervention	U1	U1	U2	U2	U2	U2	U2	U3	U3	U3	U3	U4	U4	U4	U4 ¹⁶			U3	U3	U4	U4	U3	U4	U4 ²	U5 ³	U4 ³	U5 ³	U5 ³	
Diagnostic Assessment	U1	U1	U2	U2	U2	U2	U2	U3	U3	U3																			
Family Counseling	U2	U2	U2			U2		U3	U3	U3	U3	U4	U4	U4	U4			U3	U3	U4	U4	U3	U4	U4 ²	U5 ³	U4 ³	U5 ³	U5 ³	
Family Training	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4			U3	U3	U4	U4	U3	U4	U4	U5 ³	U4	U5 ³	U5 ³	
Group Counseling	U2	U2	U2			U2		U3	U3	U3	U3	U4	U4	U4	U4			U3	U3	U4	U4	U3	U4	U4 ²	U5 ³	U4 ³	U5 ³	U5 ³	
Group Training	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4	U4			U3	U3	U4	U4	U3	U4	U4	U5 ³	U4	U5 ³	U5 ³	
Individual Counseling	U2	U2	U2			U2		U3	U3	U3	U3	U4	U4	U4	U4			U3	U3	U4	U4	U3	U4	U4 ²	U5 ³	U4 ³	U5 ³	U5 ³	

Pop Quiz!

- **T/F:** I am an LCSW; therefore, I use the U3 modifier regardless of what service I bill.
- **FALSE!**
- Several services are capped; for example, the highest level at which Case Management or PSR-I may be billed is U4.

Provider Manual, Part I Section V

Part I

Eligibility, Service Definitions, and Service Requirements

SECTION V Service Code Modifier Descriptions

Certain services in the Service Guidelines contain specific modifiers. The following is a list of the modifiers included herein and their specific description:

Modifier	Description and Associated Rules
D1	Utility Deposits*
ES	Equipment/Supplies*
ET	Emergency Services
FG	Food/Grocery*
FS	Financial Services*
GT	Via Interactive audio/video telecommunication systems
HA	Child/Adolescent Program
HE	Mental Health Program
HF	Substance Abuse Program
HH	Integrated mental health/substance abuse program
HK	Specialized Mental Health Programs for High-Risk Populations
HQ	Group Setting

HANDOUT



Provider Manual Part II



Provider Manual, Part II Sections

Part II

Community Service Requirements: BH Providers

- **Section I:** Policy & Procedures
- **Section II:** Staff Requirements
- **Section III:** Documentation Requirements

Provider Manual, Part II Section I

Part II

Community Service Requirements: BH Providers

- **Section I:** Policy & Procedure

1. Guiding principles
2. Required business practices & policies
3. Consumer rights
4. Service environment (respectful & appropriate)
5. Infection control
6. Medications
7. Waiver requirements

Provider Manual, Part II Section II

Part II

Community Service Requirements: BH Providers

- **Section II: Staff Requirements**

1. Overview (overall structure, policies, contracting, etc.)
2. Approved BH practitioners/abbreviated credentials
3. Documentation of supervision for individuals working toward licensure (Supervisee/Trainee)
4. Documentation of supervision of Addiction Counselor Trainees
5. Standard training requirements for Paraprofessionals

Provider Manual, Part II Section III

Part II

Community Service Requirements: BH Providers

■ **Section III: Documentation Requirements**

1. **Overview of Documentation**
2. **Assessment**
3. **Diagnosis**
4. **Order / Recommendation for Course of Treatment**
5. **Individualized Recovery/Resiliency Planning**
6. **Discharge/Transition Planning**



Provider Manual, Part II Section III

Part II

Community Service Requirements: BH Providers

- **Section III: Documentation Requirements (Cont.)**
 7. Discharge Summary
 8. Progress Notes
 9. Event Notes



Important
Information

Table B: Ordering Practitioners

TABLE B: Physicians, Physician’s Assistants and APRNs* may order any service. Please use the table below to determine other appropriately licensed practitioner(s) authorized to recommend/order services.

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Ordering Practitioner Guidelines		Licensed Psychologist	LPC, LMFT, LCSW
Non-Intensive Outpatient Services	Addictive Disease Support Services	X	X
	Behavioral Health Assessment & Service Plan Development	X	X
	Case Management (adults only)	X	X
	Community Support – Individual (youth only)	X	X
	Community Transition Planning	X	X
	Crisis Intervention	X	X
	Diagnostic Assessment	X	X
	Family Outpatient Services (Counseling & Training)	X	X
	Group Outpatient Services (Counseling & Training)	X	X
	Individual Counseling	X	X
	Medication Administration		
	Nursing A/H Services		
	Peer Support-Individual*	X	X
	Peer Support Whole Health & Wellness*	X	X
	Psychiatric Treatment		
Psychological Testing	X	X	
Psychosocial Rehabilitation-Individual (adults only)	X	X	

HANDOUT

Pop Quiz!

A discharge summary is required to be filed in the record within _____ days of discharge:

1. 30
2. 60
3. 90
4. Based on internal agency policy

Pg. 318



Provider Manual Part III



Provider Manual, Part III

Part III

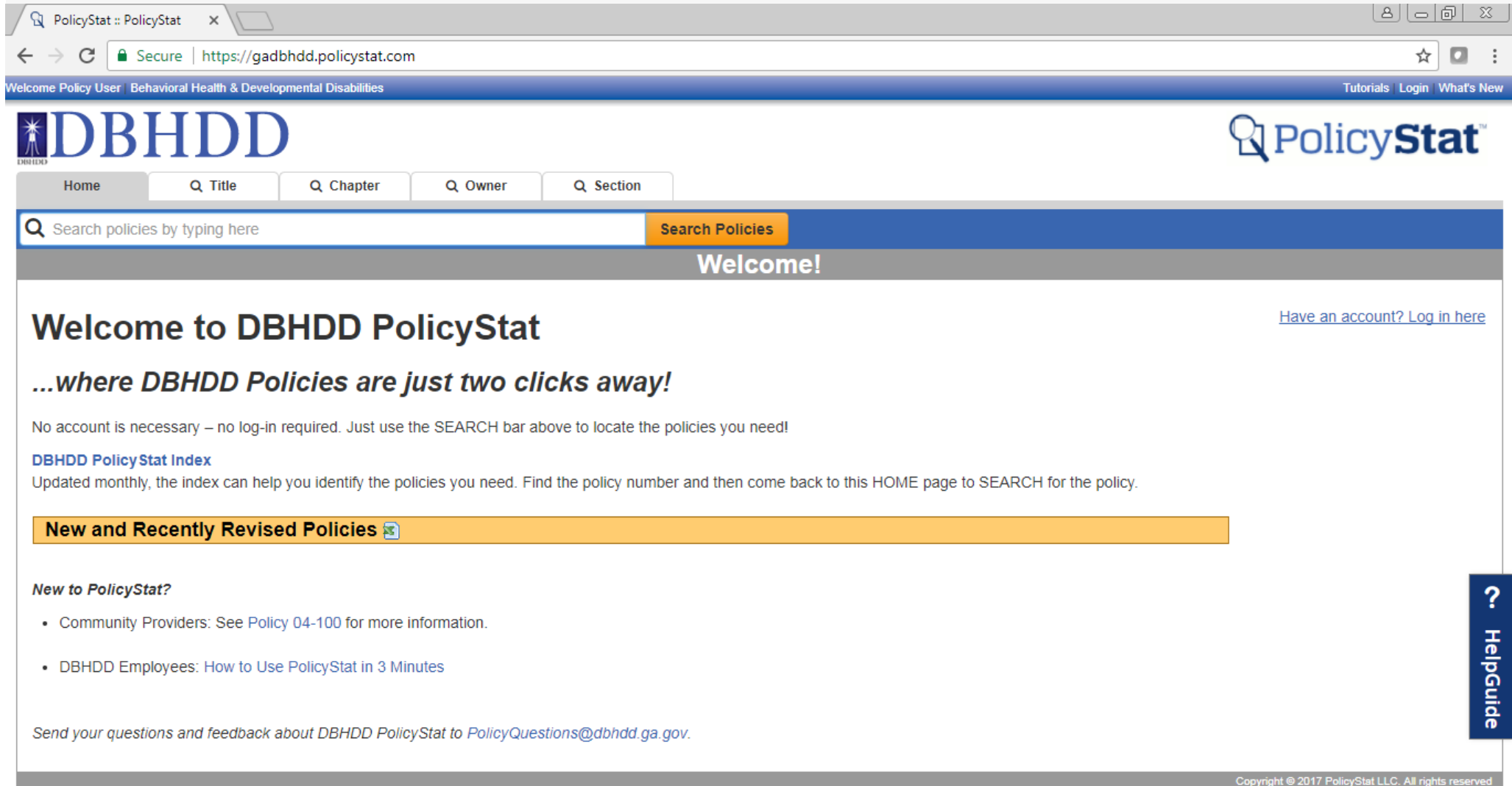
General Policies & Procedures

All policies are here:

<https://gadbhdd.policystat.com/>



PolicyStat Home Page



The screenshot shows a web browser window with the URL <https://gadbhdd.policystat.com>. The page header includes the text "Welcome Policy User | Behavioral Health & Developmental Disabilities" and navigation links for "Tutorials", "Login", and "What's New". The main content area features the DBHDD logo on the left and the PolicyStat logo on the right. Below the logos is a navigation menu with "Home" selected, and search filters for "Title", "Chapter", "Owner", and "Section". A search bar is present with the placeholder text "Search policies by typing here" and a "Search Policies" button. The main heading is "Welcome to DBHDD PolicyStat" with a sub-heading "...where DBHDD Policies are just two clicks away!". A paragraph states "No account is necessary – no log-in required. Just use the SEARCH bar above to locate the policies you need!". Below this is a link to the "DBHDD PolicyStat Index" with a brief description. A yellow banner highlights "New and Recently Revised Policies" with a calendar icon. A section titled "New to PolicyStat?" contains a list of links: "Community Providers: See Policy 04-100 for more information." and "DBHDD Employees: How to Use PolicyStat in 3 Minutes". At the bottom, there is a contact instruction: "Send your questions and feedback about DBHDD PolicyStat to PolicyQuestions@dbhdd.ga.gov". A vertical "HelpGuide" button is located on the right side of the page. The footer contains the text "Copyright © 2017 PolicyStat LLC. All rights reserved."

PolicyStat :: PolicyStat x

Secure | <https://gadbhdd.policystat.com>

Welcome Policy User | Behavioral Health & Developmental Disabilities [Tutorials](#) [Login](#) [What's New](#)

DBHDD **PolicyStat**

Home

Welcome!

Welcome to DBHDD PolicyStat

[Have an account? Log in here](#)

...where DBHDD Policies are just two clicks away!

No account is necessary – no log-in required. Just use the SEARCH bar above to locate the policies you need!

DBHDD PolicyStat Index
Updated monthly, the index can help you identify the policies you need. Find the policy number and then come back to this HOME page to SEARCH for the policy.

New and Recently Revised Policies 📅

New to PolicyStat?

- Community Providers: See [Policy 04-100](#) for more information.
- DBHDD Employees: [How to Use PolicyStat in 3 Minutes](#)

Send your questions and feedback about DBHDD PolicyStat to PolicyQuestions@dbhdd.ga.gov.

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HelpGuide



PolicyStat: Example

<https://gadbhdd.policystat.com/policy/3912910/>

The screenshot shows a web browser displaying the PolicyStat website. The address bar shows the URL <https://gadbhdd.policystat.com/policy/3912910/latest/?showchanges=true>. The page header includes the DBHDD logo and the PolicyStat logo. A navigation menu contains links for Home, Title, Chapter, Owner, and Section. A search bar is present with the text "Search policies by typing here" and a "Search Policies" button. There are also links for "Printer Friendly" and "Email Copy".

The main content area displays the following information:

- Current Status:** Active
- Policy Stat ID:** 3912910
- Organization:** Georgia Department of BEHAVIORAL HEALTH and DEVELOPMENTAL DISABILITIES (DBHDD)
- Creation:** 9/30/2014
- Last Reviewed:** 8/8/2017
- Last Revision:** 8/8/2017
- Next Review:** 8/8/2018
- Owner:** Monica Johnson, MA, LPC: Director, Division of Behavioral Health
- Chapter:** BH Community Services
- Section:**

A "Show Changes" button with a double-headed arrow icon and a "Learn more" link are located to the right of the owner information.

The main title of the policy is **CCP Standard 12 - Accreditation, Certification & Licensing, 01-212**.

APPLICABILITY

Comprehensive Community Providers (CCPs)

POLICY

CCPs are required to meet all applicable statutory requirements, rules, regulations, licensing, accreditation and contractual or agreement requirements. This includes DBHDD requirements reflected in the policy titled [Accreditation and Standards Compliance Requirements for Providers of Behavioral Health Services, 01-103](#). In the event that the above requirements and standards are more stringent than these DBHDD Standards, providers shall defer to those requirements which are most stringent.





Provider Manual Part IV

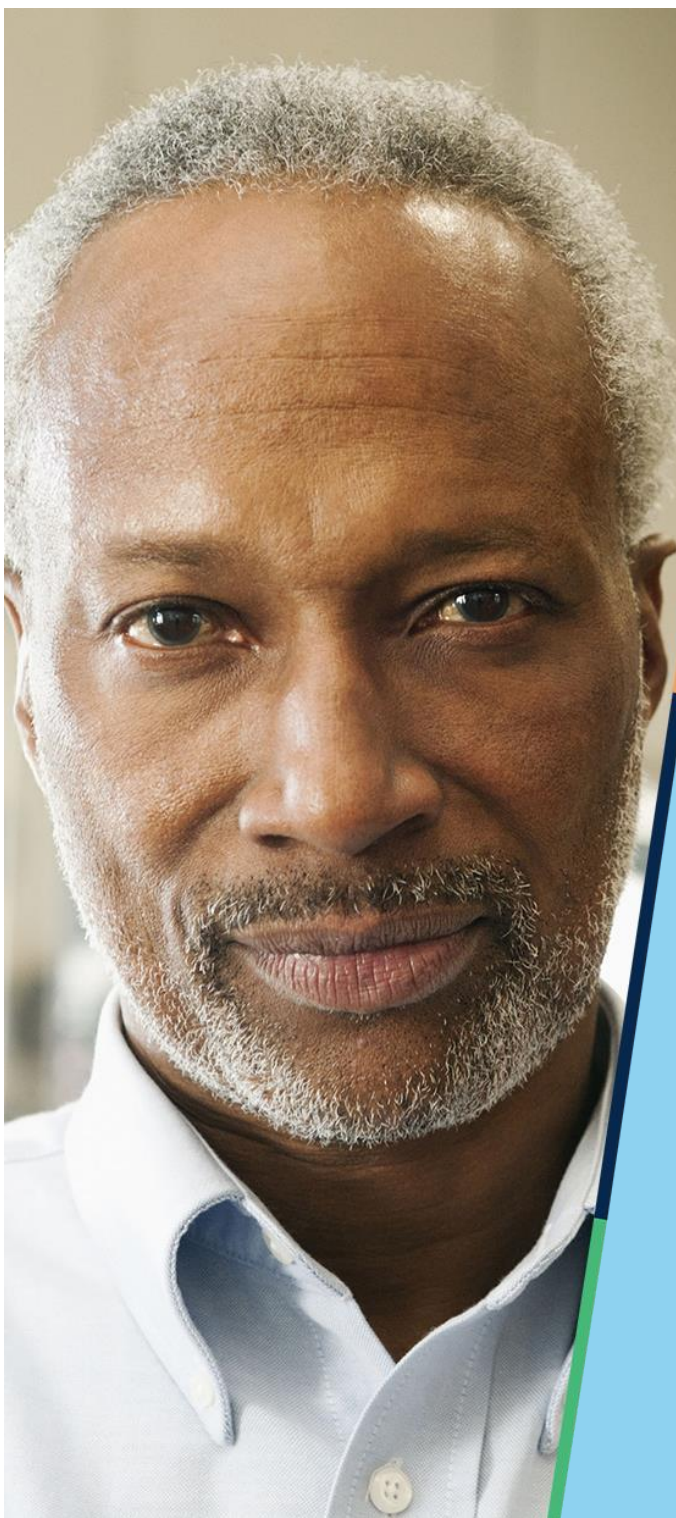


Provider Manual, Part IV

Part IV

Eligibility, Service Definitions, and Service Requirements

- **Appendix A:** Glossary of Terms
- **Appendix B:** Valid Authorization Diagnoses
- **Appendix C:** Valid Claims Diagnoses
- **Appendix D:** Addiction Counselor Trainee Supervision Form



**The Provider
Manual is 371
pages long, how
do I find what
I'm looking for
quickly?**



Key Word, Number, Code Searches

Enter your search criteria here and it will highlight every occurrence in the document.



Find x

Nursing Assessment and Health Services										
Transaction Code	Code Detail	Code	Mod 1	Mod 2	Mod 3	Mod 4	Rate	Code Detail	Code	Mod 1
Nursing Assessment/ Evaluation	Practitioner Level 2, In-Clinic	T1001	U2	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	T1001	U2
	Practitioner Level 3, In-Clinic	T1001	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	T1001	U3
	Practitioner Level 4, In-Clinic	T1001	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	T1001	U4
RN Services, up to 15 minutes	Practitioner Level 2, In-Clinic	T1002	U2	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	T1002	U2
	Practitioner Level 3, In-Clinic	T1002	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	T1002	U3
LPN Services, up to 15 minutes	Practitioner Level 4, In-Clinic	T1003	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	T1003	U4
Health and Behavior Assessment, Face-to-Face w/ Patient, Initial Assessment	Practitioner Level 2, In-Clinic	96150	U2	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	96150	U2
	Practitioner Level 3, In-Clinic	96150	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	96150	U3
	Practitioner Level 4, In-Clinic	96150	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	96150	U4
Health and Behavior Assessment, Face-to-Face w/ Patient, Re-assessment	Practitioner Level 2, In-Clinic	96151	U2	U6			\$38.97	Practitioner Level 2, Out-of-Clinic	96151	U2
	Practitioner Level 3, In-Clinic	96151	U3	U6			\$30.01	Practitioner Level 3, Out-of-Clinic	96151	U3
	Practitioner Level 4, In-Clinic	96151	U4	U6			\$20.30	Practitioner Level 4, Out-of-Clinic	96151	U4
Unit Value	15 minutes						Utilization Criteria	16 units (32 for A		
	1. This service requires face-to-face contact with the youth/family/caregiver to monitor, evaluate, assess, and/or carry out orders of appro									

DBHDD Provider Manual

Effective: Oct 1, 2017

Test Your Knowledge Answers



October 5, 2017

1. Which of the following is **NOT** a major part of the Provider Manual?

- A. Eligibility, Service Definitions, Service Requirements
- B. Community Service Requirements for BH Providers
- C. General Policies & Procedures
- D. DBHDD Approved Provider List
- E. Appendices

Reference: Page 2

2. A CAC-II may lead an IFI team if:

- A. They also have a Masters degree
 - B. They have 10 years of experience
 - C. They get a waiver from DBHDD
 - D. Those served by the team are diagnosed solely with substance use disorders
-
- *“IFI is provided by a team consisting of the family and the following practitioners: a) One full-time team leader who is licensed (and/or certified as a CAC II if the target population is solely diagnosed with substance related disorders) . . .” (Pg. 73)*

3. True or False?

- ❖ A Registered Nurse (RN) may provide Individual Counseling.

Service	Physician	Psychiatrist	Psychologist	PA	APRN/CNS	APRN/LP	APRN/CNS-PA	Therapist	LCSW	LPC	LMT	RN
AD Peer Support												
Behavioral Health Assmt			U2	U2	U2	U2			U3	U3	U3	U3
Case Management	U4	U4	U4	U4	U4	U4			U4	U4	U4	U4
Community Support	U4	U4	U4	U4	U4	U4			U4	U4	U4	U4
ADSS	U4	U4	U4	U4	U4	U4			U4	U4	U4	U4
Community Support Team					U3	U3			U3	U3	U3	U3
Community Transition Planning	X	X	X	X	X	X			X	X	X	X
Crisis Intervention	U1	U1	U2	U2	U2	U2			U3	U3	U3	U3
Diagnostic Assessment	U1	U1	U2	U2	U2	U2			U3	U3	U3	
Family Counseling	U2	U2	U2			U2			U3	U3	U3	U3
Family Training	U4	U4	U4	U4	U4	U4			U4	U4	U4	U4
Group Counseling	U2	U2	U2			U2			U3	U3	U3	U3
Group Training	U4	U4	U4	U4	U4	U4			U4	U4	U4	U4
Individual Counseling	U2	U2	U2			U2			U3	U3	U3	U3
Intensive Case Management	U4	U4	U4	U4	U4	U4			U4	U4	U4	U4

True!

4. True or False?

- ❖ Verbal orders must be signed by the ordering practitioner within seven calendar days of their issuance.

True!*

**However, verbal orders must be signed within 24 hours in a CSU.*

- *Part II, Section III,4.H.iii.*
- *“Verbal orders must be authenticated by the ordering practitioner’s signature within seven (7) calendar days of the issuance or orders.” (Pg. 315-316)*

5. True or False?

- ❖ A Licensed Professional Counselor (LPC) is permitted to order Diagnostic Assessment.

True! (Table B)

Ordering Practitioner Guidelines	Licensed Psychologist	LPC, LMFT, LCSW
Addictive Disease Support Services	X	X
Behavioral Health Assessment & Service Plan Development	X	X
Case Management (adults only)	X	X
Community Support – Individual (youth only)	X	X
Community Transition Planning	X	X
Crisis Intervention	X	X
Diagnostic Assessment	X	X

6. True or False?

- ❖ MH Peer Support-Individual can be billed by a CPS-AD if they are addressing substance use/abuse.

False!

- *Table A (Handout)*
- *CPS-AD is not able to bill MH Peer Support; either Individual or Program.*

7. An individual's diagnosis must be verified at least . . .

- A. Every six months
 - B. Every concurrent services authorization
 - C. It doesn't matter as long as the diagnosis is verified by MD, APRN, or Psychologist
 - D. Annually
- *Part II, Section III, 3.D*
 - *“At a minimum, all diagnoses must be verified annually by a licensed, licensed clinical social worker, medical doctor, APRN, or PA.”*

8. Supervisee/Trainee Attestations must be updated:

- A. Monthly
 - B. Every semester they are in school
 - C. Semi-Annually
 - D. Annually
 - E. No requirement to update
- *Part II, Section II, 3.2.a.ii*
 - *“The attestation must be updated on an annual basis.”*

9. Which of the following does not require the UK modifier?

- A. A telephone call to a probation officer
- B. CM assists individual in accessing a local food bank
- C. Face-to-face meeting with individual's teacher
- D. CM contact w/individual by phone

- *Part I, Section III (Service Definitions)*

- *“When a billable collateral contact is provided, the UK reporting modifier shall be utilized. A collateral contact is any contact that is not face-to-face with the individual.”*

10. Progress notes are to be written and filed within ____ of provided service.

- A. Pre-established timeframe set by provider policy not to exceed 7 calendar days
- B. 48 hours
- C. 24 hours

- *Part II, Section III, 8.B.iii (Timeliness)*
- *“All activities/services provided are documented . . . within a pre-established time frame set by the provider policy not to exceed 7 calendar days. Best practice standards require progress notes to be written within 24 hours of the clinical or therapeutic activity.”*



Thank you

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The Georgia
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