

**CHILDREN'S MENTAL HEALTH BUREAU
Developmental Services Division - DPHHS**

**Medicaid Mental Health Plan and
Mental Health Services Plan (MHSP) for Youth
Services Excluded from Simultaneous Reimbursement August 1st, 2011.**

The following matrix identifies services with an “x” that will not be reimbursed when provided on the same day per ARM 37.87.901. All services must be medically necessary per ARM 37.82.102 (18).

	PHP	Day Tx	CSCT	OP	Respite	TGH	Mod TFC	Mod TFOC	Perm TFOC	TCM**	PRTF
PHP		X	X	X							X
Day Tx	X		X								X
CSCT	X	X									X
OP	X					X**			X		X
Respite						X					X
TGH				X**	X		X	X	X		X
Mod TFC						X		X	X		X
Mod TFOC						X	X		X		X
Perm TFOC				X		X	X	X			X
TCM **											X
PRTF	X	X	X	X	X	X	X	X	X	X	

PHP - Partial Hospital: Acute: H0035 U8, H0035 U7 and Sub-Acute: H0035 U6, H0035

Day Tx – Day Treatment: H2012 HA (includes ½ Day Tx)

CSCT – Comprehensive School and Community Treatment: H0036

OP – Outpatient Therapy: 90804, 90806, 90810, 90812, 90846, 90847, 90849, 90853, 90857

Respite – S5150 HA

TGH – Therapeutic Group Home S5145

Mod TFC – Moderate level Therapeutic Family Care: H2020

Mod TFOC- Moderate level Therapeutic Foster Care: S5145 HR

Perm TFOC – Permanency level Therapeutic Foster Care: S5145 HE

TCM – Targeted Case Management: T1016 HA

PRTF – Psychiatric Residential Treatment Facility & PRTF Assessment Services: Revenue code 124,183 & 220

CBPRS – Refer to ARM 37.87.703 for services excluded from simultaneous reimbursement with CBPRS: individual CBPRS H2019 and group CBPRS H2019 HQ.

** Outpatient therapy requires prior authorization for youth in a TGH effective July 1, 2012.

**limited care coordination is allowed for a youth in a PRTF, TCMs may provide care coordination.