



Mississippi Department of Mental Health
Provider Bulletin
Number PR0121

Subject:

Newly Established Contract Service Rates

Issue Date: February 25, 2022

Effective Date: March 1, 2022

Scope

All DMH Certified & Funded *Alcohol & Drug Addiction Treatment* Providers

Purpose

Inform DMH Certified and Funded *Alcohol & Drug Addiction Treatment* Providers of the newly established Contract Service Rates.

Assessment Service Rates were established because of a consensus requested by DMH-certified/funded providers. The intent of this Provider Bulletin is to inform DMH Certified & Funded *Alcohol & Drug Addiction Treatment* Providers of the newly established reimbursement rates for four (4) Assessment types:

Service Description	Procedure Code	Rate	Billing Limitations
1. Functional Assessment at Intake (i.e., Daily Living Activities (DLA-20: Alcohol-Drug))	FAI	\$50.00	YES
2. Functional Re-Assessment	FRA	\$8.00	YES
3. Level of Care Placement Assessment at Intake	SUIPA	\$110.70	YES
4. Level of Care Placement Re-Assessment	SUPRA	\$16.00	YES

Subject

- The *WITS Contract Service Rates (by Service Description and Procedure Code)* is updated and available for providers, in PDF version, on the DMH website: www.dmh.ms.gov. A direct link to the WITS Contract Service Rates document is below: Note: this link changes frequently because it is updated regularly. <http://www.dmh.ms.gov/wp-content/uploads/2019/08/WITS-Contract-Service-Rates-by-Service-Description-02.10.2022.pdf>
- The Purpose of this Bulletin is to provide additional information on the appropriateness and use of the established rates. It is our hope that this resource will serve as reasonable compensation for the completion of required assessments and to help ensure compliance with the *2020 DMH Operational Standards: Provider Bulletin #PR0102*.

Billing Limitations

- DMH funded providers must adhere to billing stipulations for noted rates.
- Billing limitations for the above-mentioned Intake Assessment(s) must not exceed one (1) per unique client ID, per treatment episode.

- Providers are prohibited from billing two procedure codes of the same assessment type within the same treatment episode. Providers may bill one or the other, but not both. For instance, the Intake/Biopsychosocial Assessment and the Level of Care Intake & Placement Assessment are one in the same assessment; with the same rate, therefore, these two assessments cannot be reimbursed concurrently.
- Billing limitations for the above-mentioned Re-Assessment rates are in conjunction with the Re-Assessment Benchmarks noted in the DMH Operational Standards and in Provider Bulletin # PR0102: Level of Care Mandate.
 - Placement in a residential setting (Level 3.1 or higher) must be re-assessed at minimum every fourteen (14) days to ensure level of care appropriateness. Billing limitations: not to exceed twelve (12) re-assessment sessions/units per treatment episode.
 - Placement in an Intensive Outpatient setting (Level 2.1) must be re-assessed at minimum every thirty (30) days to ensure level of care appropriateness. Billing limitations: not to exceed six (6) re-assessment sessions/units per treatment episode.
 - Placement in an Outpatient setting (Level 1) must be re-assessed at minimum every ninety (90) days to ensure level of care appropriateness. Billing limitations: not to exceed two (2) re-assessment sessions/units per treatment episode.
- The established rate for the SUD Level of Care Placement Assessment is the same for either of the three (3) placement assessment options authorized by DMH (reference the *2022 DMH Record Guide* for the DMH pre-approved options).
- DMH funded SUD Providers that offer any of the Level 3 Residential LOC settings are allowed to bill the above-mentioned Assessment rates in additional to the Daily Per Diem Rate.
- DMH funded SUD Providers are prohibited from concurrently billing two funding sources (i.e., DMH, Medicaid, or any other 3rd party insurance company) for the same procedure code (i.e., intake assessment, re-assessment, or etc.) for one unique client. If the client is a Medicaid beneficiary, funded providers are to attempt to secure reimbursement from Medicaid first, as DMH is considered the last “payer of resort”.
- Due to ongoing and emerging changes within DMH’s financial resources (i.e., budget cuts, budget influx, etc. from state and federal funding streams), rates are subject to change. Therefore, providers should be aware that DMH may need to adjust rates to accommodate a demand in services.
- Funding is contingent upon availability.

For extenuating circumstances, considerations, or if you have questions about the content in this document, please contact Misty Bell, Director of the DMH Division of Alcohol & Drug Addiction Treatment Services, at Misty.Bell@dmh.ms.gov or (601) 359-6247.

End of Provider Bulletin