Justice-Involved (JI) Pre-Release Services

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Through a federal Medicaid 1115 demonstration waiver, Medi-Cal provides limited coverage for certain services provided to JI members up to 90 days prior to their expected date of release from a youth correctional facility, jail or prison, collectively referred to as correctional facilities (CFs).

This section includes instructions on how to bill for JI pre-release services.

Definitions

For the purposes of this policy, the following definitions shall apply.

‹‹Care Management

Care management is provided in the period up to 90 days immediately prior to the member's expected date of release from a CF and is intended to facilitate reentry planning into the community to support the coordination of services delivered during the pre-release period and upon reentry, ensure smooth linkages to social services and support and ensure arrangement of appointments and timely access to appropriate care and pre-release services delivered in the community.›› Services shall include all of the following:

- Conducting a health risk assessment, including screening for mental health and substance use disorder (SUD) needs to determine appropriate behavioral health linkage and referrals, as appropriate.
- Assessing the needs of the member to inform development, with the member, of a discharge/reentry person-centered care plan, with input from the clinician providing consultation services and the CF's reentry planning team.

Note: ‹‹While the person-centered care plan is created in the pre-release period and is part of the care management pre-release service to assess and address physical and behavioral health needs and Health Related Social Needs, the scope of the plan extends beyond the release date.››

- Obtaining informed consent, when needed, to furnish services and/or to share information with other entities to improve coordination of care.
- Providing behavioral health links with designated county behavioral health agencies and/or managed care plan (MCP) care managers (including potentially a care management provider, for which all members eligible for pre-release services will be eligible) which includes sharing discharge/reentry care plans with the appropriate delivery system (for example, Specialty Mental Health Program, county Mental Health Plan, Drug Medi-Cal [DMC]/Organized Delivery System [DMC/ODS] and/or MCP) reentry.

- Ensuring that necessary appointments are arranged with physical and behavioral health care providers and, as relevant to care needs, with specialty county behavioral health coordinators and managed care providers.
- Making warm handoffs to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, transportation, childcare, child development and mutual aid support groups.
- ‹‹Providing a warm handoff, as appropriate, to post-release care managers who will provide services under Medi-Cal policy or other waiver or demonstration authority.››
- Ensuring that, as allowed under federal and state laws and through consent with the member, data is shared with MCPs, and, as relevant, to physical and behavioral health providers to enable timely and seamless warm handoffs.
- Conducting follow-up with community-based providers to ensure engagement was made with the member and community-based providers as soon as possible and no later than 30 days from release.
- Conducting follow-up with the member to ensure engagement with community-based providers, behavioral health services and other aspects of discharge/reentry planning, as necessary, no later than 30 days from release.

‹‹For county behavioral health agencies providing in-reach behavioral health care management, care management shall include SUD care coordination (depending on county of residence), peer support services (depending on county of residence) and specialty mental health services (SMHS) targeted case management covered in Medi-Cal policy.››

Physical and Behavioral Health Clinical Consultation Services

Physical and behavioral health clinical consultation services include targeted preventive services related to the qualifying conditions.

Clinical consultation services are intended to support the creation of a comprehensive, robust and successful reentry plan, including conducting diagnosis, stabilization and treatment in preparation for release (including recommendations or orders for needed labs, radiology and/or medications), providing recommendations or orders for durable medical equipment (DME) that will be needed upon release and consulting with the pre-release care manager to help inform them of the pre-release care plan.

Clinical consultation services also provide opportunities for members to meet and form relationships with the community-based providers who will be caring for them upon release, including behavioral health providers.

Services may include, but are not limited to:

- Addressing service gaps that may exist in CFs.
- Diagnosing and stabilizing members while incarcerated, preparing them for release.
- Providing treatment, as appropriate, to ensure control of qualifying conditions prior to release (for example, to recommend medication changes or ordering appropriate DME for post-release) and
- Supporting reentry into the community.

Behavioral health clinical consultation includes clinical assessment, member education, therapy, counseling and peer supports.

Laboratory and Radiology Services

‹‹Laboratory and radiology services are provided and billed consistent with Medi-Cal policy.››

Medications and Medication Administration

Medications and medication administration are provided consistent with Medi-Cal policy.

Medication-Assisted Treatment (MAT)

MAT for opioid use disorders (MOUD) includes all medications approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders as authorized by the Social Security Act Section 1905(a)(29).

MAT for alcohol use disorders (MAUD) and non-opioid SUDs includes all FDA-approved drugs and services to treat alcohol use disorders and other SUDs.

Psychosocial services delivered in conjunction with MOUD as covered in the State Plan 1905(a)(29) MAT benefit, and MAUD and non-opioid SUDs as covered in the State Plan 1905(a)(13) rehabilitation benefit, includes assessment, individual/group counseling, patient education and prescribing, administering, dispensing, ordering, monitoring and/or managing MAT.

Services may be provided by CFs that are not DMC-certified providers as otherwise required under the State Plan for the provision of the MAT benefit.

Community Health Worker Services

Community Health Worker (CHW) services are provided consistent with Medi-Cal CHW policy specifications. Supervisors of in-reach CHWs are able to bill Medi-Cal under fee-for-service for delivery of CHW services provided prior to release.

Services Provided Upon Release

Services provided upon release include:

- Covered outpatient prescribed medications and over-the-counter drugs (a minimum 30-day supply as clinically appropriate, consistent with approved Medi-Cal policy).
- DME consistent with Medi-Cal policy requirements.

Note: Medi-Cal will not cover DME that is provided to a member prior to their release date. CFs may bill Medi-Cal for all Medi-Cal policy covered DME provided to the member only upon the day of release when considered medically necessary if prescribed by a physician, nurse practitioner, clinical nurse specialist or physician assistant after a face-to-face evaluation. DME, medical supplies, orthotics and prosthetics follow the applicable Medi-Cal fee-for-service *Treatment Authorization Request* (TAR) requirements. Refer to the *TAR Overview* section in Part 1 of the Provider Manual and the *TAR Completion* section in Part 2 of the Provider Manual for more instructions on TAR submission.

- ‹‹Medical supplies consistent with Medi-Cal policy.››

Episode of Incarceration

An episode of incarceration is each new set of 90-day pre-release services.

Overview of Covered Services

Covered services are established to achieve the following specific goals:

- The diagnosis, treatment and stabilization of qualifying physical and behavioral health conditions, inclusive of physical health conditions, mental health conditions and SUD. As a result, the JI Reentry Initiative includes covered services such as:
  - Physical and behavioral health clinical consultations and other outpatient provider services such as evaluation and management of procedures intended to diagnose, stabilize and treat
  - Diagnostic and treatment services including laboratory services, radiology services and medication administration ordered by physical and behavioral health care providers to support diagnosis, stabilization and treatment
  - MAT for members who have a SUD, inclusive of medications, medication administration, assessments and counseling and therapy to treat the SUD
  - DME and medical supplies to ensure members have access to any necessary supplies and equipment for a successful reentry. DME and medical supplies are covered benefits prescribed by JI providers during the pre-release period that will be available upon release. Medi-Cal fee-for-service prior authorization applies to these items
    - ❖ Items such as, but not limited to, hearing aids, eyeglasses, dental work, inpatient services and transportation are not reimbursable as JI pre-release services. Prescriptions for orthotics and prosthetics, DME, medical supplies and associated items should be provided to ensure members have access to them upon release for a successful reentry. These are covered benefits prescribed by JI providers during the pre-release period that will be available upon release
- Care management, reentry coordination and support will be provided for the period up to 90 days prior to release. This is intended to facilitate reentry planning to support the coordination of services. It will strive to ensure smooth transitions and access to social services and support. This connectivity allows arrangement of appointments and timely access to appropriate care for reentry services that are provided in the community and require coordination between the pre-release care manager, the post-release enhanced care management (ECM) provider rendering care management services (if different from the pre-release care manager) and clinical providers (including county behavioral health providers if a behavioral health link is required).
- Facilitate linkages with post-release providers, including provider-to-provider conferences and consultations between pre- and post-release providers and facilitating relationship building between the member and their post-release providers including their post-release ECM provider, CHWs, behavioral health providers and any physical health primary care or specialty providers.

Clinical Consultation Services

Outpatient physical and non-specialty mental health services may include, but are not limited to:

- History and physical initial visit, initial consults and follow-up provider clinical consultation visits.
- Telehealth consultation services and coordination of care conferences to support reentry coordination and facilitate linkages to other providers.
- Evaluation and management visits by physical, occupational or speech therapists or other professionals for identifying necessary physical health care services and DME recommendations (for example, providing recommendations or prescriptions as they pertain to laboratory or radiology services, discharging medications or DME) and
- Outpatient services and procedures (for example, administration of physician administered drugs [PADs]).

Behavioral health services may include, but are not limited to:

- DMC/DMC-ODS outpatient services including assessment, care coordination, counseling, family therapy, patient education, recovery services, SUD crisis intervention, MOUD and MAUD.
- SMHS
  - Mental health services including assessment, plan development, therapy, rehabilitation and collateral
  - Medication support services

Telehealth Consultation Services

All care management, community health worker and clinical consultation services provided through telehealth must be in accordance with Medi-Cal policy. Refer to the *Medicine: Telehealth* section in Part 2 of the Provider Manual for Medi-Cal policy regarding telehealth.

Diagnostic and Treatment Services - Laboratory

All laboratories must have current certification with the federal Clinical Laboratory Improvement Amendments (CLIA) and a copy of the current lab license or lab registration issued by the California Department of Public Health.‹‹All JI laboratory services can be prescribed and billed by embedded and in-reach providers, consistent with their scope of practice.››

Prescribed laboratory services are provided by:

- Laboratories that are currently enrolled in Medi-Cal under the provider type “Clinical Laboratory” and laboratories that are billed using this specific provider type on claims for reimbursement.
- Onsite CLIA-certified laboratories using the “Exempt from Licensure Clinic” provider type.

Diagnostic and Treatment Services - Radiology

‹‹JI radiology services can be prescribed and billed by embedded and in-reach providers for the diagnosis or treatment of qualifying medical conditions under pre-release services.›› Radiology services can be provided by:

- In-reach radiologists, radiology groups and licensed portable radiology imaging companies that are currently enrolled in Medi-Cal under their designated provider types (physician/surgeon, physician/surgeon group, portable imaging, respectively) as applicable.
- Radiological services provided directly by or under contract of the CF, following appropriate licensing and certification standards, which is billed under the Exempt from Licensure Clinic provider type.

Medication Administration

For medications that are dispensed from the pharmacy in non-patient specific formulations but are then delivered in patient-specific dosing using a clinic administered pathway, CFs are required to use the medication administration billing codes billed through Medi-Cal including PADs.

MAT

The scope of allowable services includes medications and medication administration for addiction treatment, also known as MOUD, MAUD and MAT for other SUDs, both during the pre-release period and to have in-hand upon release.

Provider Types

All covered services are provided by either an in-reach or embedded provider. All participating providers must:

- Be licensed, registered, certified or otherwise appropriately credentialed as a recognized practitioner under California State scope of practice statutes or Medi-Cal policy.
- Provide services within their individual scope of practice and, as applicable, receive supervision required under their scope of practice laws or Medi-Cal policy.
- Have necessary experience and receive appropriate training, as applicable, to a given CF prior to furnishing demonstration-covered, pre-release services under the JI Reentry Initiative and
- In-reach providers must receive appropriate security oversight by a CF.

In-Reach Provider

An in-reach provider is any community-based, Medi-Cal-enrolled provider who provides JI services to the JI population, whether in-person or by telehealth, or a provider who is supervised by an enrolled Medi-Cal provider.

In-reach providers may provide all categories of covered pre-release services, subject to any normal exclusions under existing Medi-Cal fee-for-service policy. In-reach providers must be enrolled Medi-Cal providers or supervised by an enrolled Medi-Cal provider.

Below is a list of Medi-Cal provider types eligible to provide pre-release services as an in-reach provider:

- Associate clinical social workers (when supervised by a licensed billable behavioral health practitioner)
- Associate marriage and family therapists (when supervised by a licensed billable behavioral health practitioner)
- Associate professional clinical counselors (when supervised by a licensed billable behavioral health practitioner)
- Audiologists
- Clinical laboratories
- Community health workers
- Doulas
- Drug Medi-Cal clinic
- Drug Medi-Cal heroin detox
- Drug Medi-Cal licensed SUD treatment professional
- Durable medical equipment provider
- Exempt from licensure clinics
- ‹‹Federally Qualified Health Centers (FQHCs)››
- Group certified nurse practitioners
- Group respiratory care practitioners
- ‹‹Indian Health Services/Memorandum of Agreement 638, Clinics (IHS-MOAs)››
- Licensed clinical social workers
- Licensed marriage and family therapists
- Licensed midwives
- Licensed professional clinical counselors

- Nurse midwives
- Nurse practitioners
- Occupational therapists
- Orthotists
- Physical therapists
- Physician assistants
- Physicians/surgeons
- Podiatrists
- Portable imaging
- Prosthetists
- ‹‹Psychological Associate (when supervised by a licensed billable behavioral health psychologist)››
- Psychologists
- Respiratory care practitioners
- ‹‹Rural Health Clinics (RHCs)››
- Speech and language pathologists
- ‹‹Tribal FQHCs››

Embedded Provider

Embedded providers are the professional and ancillary health care staff employed or contracted by CFs who are responsible for the provision of health care services in CFs prior to release. The Department of Health Care Services (DHCS) recognizes that in some counties, the department of health or county behavioral health agency will provide behavioral health services to CFs and also provide community-based services. For these counties, the determination of embedded or in-reach/community-based would be based on the role of the provider at that moment. If the provider is furnishing services in their role as a contracted entity and performing services that CFs are required to provide, those services would be considered embedded services.

Embedded providers render services under provider type 45 (Exempt from Licensure Clinic). ‹‹CHW services may only be provided by in-reach providers consistent with Medi-Cal CHW billing policy specifications.›› Additionally, medications are billed by Medi-Cal enrolled pharmacies to Medi-Cal Rx consistent with existing Medi-Cal billing practices. Refer to “Definitions” for a list of covered services under the JI Reentry Initiative.

Each CF will be identified by an organizational National Provider Identifier (NPI) which may be unique or shared with other facilities within the same organization. CFs that enroll as embedded providers are classified as provider type Exempt from Licensure Clinic and must enroll each clinic as a separate site. CFs that are part of the California Department of Corrections and Rehabilitation (CDCR) may bill using the same NPI and identify by their physical location. CDCR prisons use provider type 45. Providers are to use aid code I2-I6 appropriately as described in the *Aid Codes: Master Chart* section in Part 1 of the Provider Manual. Bundle five (5) for care management, referenced below under the heading Care Management Bundles, will not require a JI aid code.

Provider Responsibilities

Pre-Release Care Managers

The pre-release care manager is responsible for the following:

- Conducting a health risk assessment, including assessment for behavioral health needs and level of care, as appropriate.
- Assessing the needs of the member to develop a person-centered reentry care plan with input from the clinician providing consultation services and the CF's reentry planning team.
- Scheduling and coordinating clinical consultation services, inclusive of medical appointments, behavioral health assessments or treatment services as necessary.
- Coordinating pre-release medication, including MAT, for in-facility and upon release.
- Coordinating SUD care.
- ‹‹Developing a reentry care plan.››
- Obtaining any needed informed consent to furnish services and/or share information with other entities to improve coordination of care.
- Obtaining consent for the member to receive services via telehealth.
- Sharing the final reentry care plan with community-based providers, electronically, if possible.
- Coordinating post-release DME and post-release supply of medications, including MAT.
- Coordinating with the member's post-release providers, including specialty behavioral health providers or other community-based providers on an as needed basis.
- Participating in and coordinating behavioral health linkages for anyone with an identified behavioral health need, which includes, but is not limited to:
  - Connecting to and providing warm handoffs to peer support services through county behavioral health, depending on county of residence,
  - Connecting to and providing warm handoffs to SMHS targeted case management services, as needed, and
  - Coordinating professional-to-professional clinician handoffs, as needed

- Sharing relevant information and the reentry plan with post-release support and providers as allowable, consistent with federal and state privacy laws and per the member's consents (for example, post-release care manager, family members, MCP) and
- Providing warm handoffs with designated MCP care managers and ECM providers, which includes sharing discharge/reentry care plans with MCPs upon reentry and post-release ECM providers.

Providers Rendering MOUD

The provider rendering MOUD is responsible for the following:

- Assessment of members who screened positive for opioid use disorder, using the American Society of Addiction Medicine (ASAM) criteria to determine the appropriate level of treatment when applicable.
- Treatment planning, consistent with Medi-Cal requirements, including *California Code of Regulations,* Title 9, 10305 – Patient Treatment Plans for applicable narcotic treatment provider services, in collaboration with the member.
- Management of opioid withdrawal with agonist medication using evidence-based tools and interventions.
- Timely introduction of the appropriate form of MAT. This includes access to buprenorphine and naltrexone for members 16 years of age or older and access to agonist and other medications as appropriate for members 18 years of age or older.
- Timely continuation of any MAT prescribed in the community, for the duration of incarceration. Embedded providers must use the Drug Enforcement Agency 72-hour emergency rule for methadone, where needed, and policies and procedures to support evidence-based dosing, urine drug screening, diversion control and member expectations/consent.
- ‹‹Tapering or discontinuing MAT as determined by both the clinician and the member, and on a case-by-case basis in accordance with evidence-based practices.
- Providing evidence-based individual behavioral therapy, evidence-based group therapy, peer support services and psychoeducation.››
- Maintenance of continuity of care by transitioning to a community provider (including but not limited to MAT access through primary care and SUD treatment) through close coordination with pre- and post-release care management.

Providers Rendering MAUD

The provider rendering MAUD is responsible for the following:

- Assessment of members who screened positive for alcohol use disorder, using the ASAM criteria to determine the appropriate level of treatment when applicable.
- Treatment planning, consistent with Medi-Cal requirements, in collaboration with the member.
- Management of alcohol withdrawal using evidence-based tools and interventions.
- Timely introduction of appropriate MAT.
- Timely continuation of any MAT prescribed in the community, for the duration of incarceration.
- Following of policies and procedures to support evidence-based treatment of alcohol use disorder and member expectations/consent.
- ‹‹Tapering or discontinuing MAT as determined by both the clinician and the member, and on a case-by-case basis in accordance with evidence-based practices.
- Providing evidence-based individual behavioral therapy, evidence-based group therapy, peer support services and psychoeducation.››
- Maintenance of continuity of care by transitioning to a community provider (including but not limited to MAT access through primary care and SUD treatment) through close coordination with pre- and post-release care management.

Billing Codes

The following billing codes are specific to JI pre-release services. Providers of clinical consultation can bill any outpatient service within the scope of their practice using existing codes and policies as defined in a respective section of the Provider Manual. ‹‹Modifier U8 is required on all JI services billed to simplify JI claim identification and processing.››

Warm Handoff

The purpose of a warm handoff is to allow for professional-to-professional communication and coordination between pre- and post-release health care providers, including the building of a robust care plan. The following codes may be billed for warm handoffs as described below.

Table of Warm Handoff Codes and Descriptions

Code/Service	Description	Base Rate	Additional
99367/Behavioral Health	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	$48.26	Eligible rendering provider must be a physician (Doctor of Medicine [MD]/Doctor of Osteopathic Medicine [DO])
99368/Behavioral Health	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	$31.44	Eligible rendering provider may be a pharmacist, doctor of philosophy in philosophy/psychology, LCSW, professional clinical counselor, MFT, PA, NP, clinical nurse specialist or registered nurse
99451/Physical Health	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time (5 to 15 mins)	$31.80	N/A

‹‹Codes 99367 and 99368 are reimbursable once per day, different provider. Code 99451 is reimbursable once per day per rendering provider.›› Services may be rendered at a CF, via telehealth or any other place of service approved for Medi-Cal. In-reach providers will bill via the Short-Doyle Program for their participation in the Behavioral Health warm handoff. In-reach providers may also bill any of these services with modifier QJ when providing services in-person to receive a 10 percent bump of the base rate.

Care Management Bundles

To address the complexities CFs may face when billing for pre-release services, five (5) bundles with specific rates have been created for care management services. The services will be overseen by a licensed care manager and do not include CHW services provided outside of the bundled services.

Table of Care Management Bundles

Bundle Type: Name	**Procedure Code**	**Description**	**Frequency**
Bundle 1: Health Risk Assessment/Whole Person Needs Assessment	G9001	Coordinated care fee, initial rate	One (1) time, per member, any provider, within the same episode of incarceration
Bundle 2: Care Coordination	G9002	Coordinated care fee	Up to eight (8) times per week, per member, any provider, maximum of 13 times per member, any provider, within the same episode of incarceration
Bundle 3: Care Manager Warm Handoff	G9012	Other specified case management service not elsewhere classified	One (1) time, per member, any provider, up to two (2) times max within the same episode of incarceration

Table of Care Management Bundles (continued)

Bundle Type: Name	Procedure Code	Description	Frequency
Bundle 4: Reentry Care Plan	T2024	Service assessment/plan of care development, waiver	One (1) time, per member, any provider, within the same episode of incarceration
Bundle 5: Post-Transition Support	G9002	Coordinated care fee	Up to seven (7) times per week (five [5] by the post-release ECM provider and two [2] by the pre-release care manager – two [2] times within one [1] week post-release), maximum of 11 times (nine [9] by the ECM provider and two [2] by the pre-release care manager – two [2] times within one [1] week-post release, per member, any provider), within 28 calendar days from the release date per episode of incarceration

In-reach providers may bill bundles one (1) to four (4) with modifier QJ when providing services in-person to receive a 10 percent bump of the base rate. Bundle five (5) must be billed with modifier XE.

For detailed descriptions of documentation requirements for billing each bundle, refer to the *Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative* found on the Resources page of the DHCS website under the Guiding Documents, Communications and Resources heading.

Below is a list of Medi-Cal provider types eligible to provide care management bundled services as an in-reach provider:

- Audiologists
- Care coordinator agencies
- Certified nurse midwife
- Certified nurse practitioner
- Clinic exempt from licensure
- Community-based organizations
- Community clinic
- Community outpatient hospital
- County clinics not associated with hospital
- County hospital outpatient
- Federally Qualified Health Center (FQHC)/Rural Health Clinics (RHCs)
- Free clinic
- Group certified nurse practitioner
- Home health agencies
- Licensed clinical social worker – individual
- Licensed clinical social worker – group
- Licensed midwives
- Licensed professional clinical counselor – individual
- Licensed professional clinical counselor – group
- Marriage and family therapist – individual
- Marriage and family therapist – group
- Personal care agency
- Physicians
- Physicians group
- Podiatrists
- Psychologists
- Private non-profit proprietary agency
- Rehabilitation clinic
- Surgical clinic

Behavioral Health

Behavioral health codes are typically billed via the Short-Doyle Program, but for JI pre-release services the following behavioral health CPT® and HCPCS codes will be billed under standard Medi-Cal fee-for-service practices.

List of Behavioral Health CPT and HCPCS Codes to be Billed Under Fee-for-service Practices

90785	90853	96112	96160
90791	90865	96113	96161
90792	90867 thru 90870	96116	96365 thru 96375
90832	90880	96121	96377
90833	90882	96125	98966 thru 98968
90834	90885	96127	99202 thru 99205
90836 thru 90840	90887	96130 thru 96133	99212 thru 99215
90845	90889	96136	99221 thru 99223
90847	96105	96137	
90849	96110	96146	

Drug Medi-Cal (DMC), Drug Medi-Cal Organized Delivery System (DMC-ODS) and Specialty Mental Health Services (SMHS) providers may render behavioral health services to JI members using the behavioral health codes listed above.

List of Behavioral Health Codes to be Billed Under Fee-for-service Practices (Continued)

99231 thru 99236	99451	H0025	H2019
99242 thru 99245	99484	H0031 thru H0034	H2021
99252 thru 99255	99495	H0038	H2027
99304 thru 99310	99496	H0048 thru H0050	H2035
99341	G0396	H1000	T1001
99342	G0397	H2000	T1006
99344	G2011	H2011	T1007
99345	G2212	H2014	T1013
99347 thru 99350	H0001	H2015	T1017
99366 thru 99368	H0003 thru H0005	H2017	
99408	H0007		
99409			

When billing for CPT codes 90870 and 90880, embedded providers must include a Physician or physician group as the rendering provider on the claim. Failure to do so will result in claim denial.

In-reach providers may also bill any of these services with modifier QJ when providing services in-person to receive a 10 percent bump of the base rate.

CHW Services

For billing codes, frequency limits and modifier requirements for CHW services, refer to the *Community Health Worker (CHW) Preventive Services* section in the Part 2 Provider Manual.

Claim Requirements

Claim Format for Embedded Providers

Embedded providers billing for JI services are considered Institutional providers and should utilize the *837I/UB-04* claim formats. These claim formats require additional codes to be reported as part of the claim. Refer to the Codes Required for *837I/UB-04* Claim Formats table under the Claim-Related Codes heading in this manual section for more information.

Embedded Providers Submitting Claims for DME

Embedded providers must bill for DME on the *UB-04* claim form. For more information on how to bill using the *UB-04* claim form, refer to the *UB-04 Completion: Outpatient Services* section of the Part 2 Provider Manual.

Claim Format for In-reach Providers

Community-based in-reach providers billing for JI services will continue to use existing claim formats appropriate for their respective provider types for all services that are considered reimbursable as fee-for-service claims. Services provided as part of ECM are billed to the MCP.

Claim-Related Codes

See below for a list of codes that are required as part of the *837I/UB-04* claim formats.

Codes Required for *837I/UB-04* Claim Formats

Code Set	Code	Description
Type of Bill (TOB)	079x	Clinic, Other
Revenue Code	0519	Other Clinic
Revenue Code	0780	Telemedicine, General

For more information on how to bill using TOB and revenue codes for the *837I/UB-04* claim formats, refer to the *UB-04 Completion: Outpatient Services* section of the Part 2 Provider Manual.

ICD-10-CM Diagnosis Code Requirements

Diagnosis codes are critical in understanding outcomes from the JI Reentry Initiative. Therefore, ICD-10-CM diagnosis codes are required to be billed on claims. In-reach and embedded providers should adhere to proper sequencing guidelines when reporting diagnosis codes.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.