

## ACT Conference DMAP / Billing Breakout Session with Chad Scott

- 1) Billing for group services – bill the ACT code for each ACT group member. No group code per se. **Correct.**
- 2) H0046 can be provided to ACT recipients in conjunction with H0039. **Correct.**
- 3) Chad will explore ACT nurse injection as administration of medication. QMHP and QMHA required? Physical health or med management administration. **Injection is ancillary service to med management and billed using the H0039.**
- 4) Can bill ACT for med packaging as rehabilitative step (vs. habilitative). **Dispensing is medication management as long as training of some type is involved, billed with H0039.**
- 5) Wellness, exercise, healthy eating skills are rehabilitative and billable through ACT. **If the activity meets the definition of a rehabilitative service (skills training etc.) billable with the H0039.**
- 6) HK clients can be authorized for ACT as part of transition plan for independent living. **Correct.**
- 7) Frequency intensity recommendations for ACT – Chad will check background information. Recommendation is to use ACT standard and individualize based on assessment. **Frequency, intensity and duration is based on the assessed need of individual and no limitation can exist based on program model, access limitation, time limitation etc. Medical necessity is the determining factor.**
- 8) Co-occurring substance use mental health and substance use disorder (MH DX must be primary to bill ACT code). **Correct.**
- 9) Substance use disorder TX should be delivered by QMHP, substance use disorder skills training delivered by QMHA or QMHP (on ACT Team). **Depends on the code, generally QMHP is required for therapy.**
- 10) Billing ACT for providing ACT service to client in inpatient A&D TX – Chad will check. **No, individual will be in other Medicaid funded service for condition other than MH. When the individual is in another setting and diagnosed with MH condition, ACT services can resume.**