

ICC and IHBS Service Code Expansion Training Questions & Answers

1. **Question:** What is the rationale for the Expansion of ICC and IHBS Services to non-CWS clients?

Answer: A group of advocates requested, and the state agreed, that ICC and IHBS be available to clients under the age of 21, eligible for full scope Medi-Cal and meet medical necessity for those services, regardless of CWS involvement.

2. **Question:** Which non-CWS clients are able to receive ICC (SC 82)?

Answer: The ICC (SC 82) definition lists indicators for clients that would benefit from intensive care coordination. Please refer to the website link under question #29 for the service code definition.

3. **Question:** What would ICC (SC 82) services look like for toddlers or preschoolers?

Answer: Regardless of a client's age, ICC services are collaborative efforts that support clients with more intensive mental health needs. The indicators for younger children can include being at risk of, or having experienced disruptions in permanency, stability, safety, and/or well-being.

4. **Question:** If a client is non-CWS, is the BHS provider considered the Care Coordinator?

Answer: Yes, for non-CWS clients, if the need for Intensive Care Coordination is identified, the provider is the Care Coordinator.

5. **Question:** For non-CWS involved clients, where on the client plan would the need for ICC/IHBS (SC 82 & 83) be documented?

Answer: Documentation standards for the client plan with non-CWS clients will remain the same as working with Enhanced/Subclass clients. The client's need for ICC and IHBS can be documented in any of the narratives accompanying the need, goal, objective, and/or intervention as well as in the progress notes for those services.

Please contact QIMatters.HHSA@sdcounty.ca.gov for additional guidance with documentation standards.

6. Question: For the non-CWS clients, do all client plans need to be updated with ICC (SC 82) and IHBS (SC 83) Service codes?

Answer: If providing ICC (SC 82) and IHBS (SC 83), these codes need to be on the client plan, and signed by the client and parent/caretaker during the next direct client service. Until the code(s) are added to the client plan, you may temporarily provide service as an “unplanned service”. Please contact QIMatters.HHSA@sdcounty.ca.gov for additional guidance with documentation standards.

7. Question: Will programs need to “flip the switch” in Client Categories Maintenance (CCM) in Cerner for the non-CWS cases that are receiving ICC/IHBS?

Answer: No, with non-CWS clients, providers will not be “flipping the switch” (i.e. entering Class or Subclass designation in Client Categories Maintenance). For open CWS cases, the requirement to “flip the switch” in the CCM remains the same.

8. Question: Will the previous codes “KTA 82/882” and “KTA 83/883” go away?

Answer: ICC (SC 82/882) and IHBS (SC 83/883) billing codes will be used for both Pathways and non-CWS clients. As of July 1, 2016 the “KTA” specifier will no longer be used.

9. Question: With non-CWS clients, are uninsured clients eligible for ICC and IHBS?

Answer: Service codes are available to all clients regardless of their insurance or Medi-Cal status.

10. Question: Will a provider be at risk during the medical records audit if the provider does not use ICC (SC 82) with a non-CWS client?

Answer: Although there are no current mandates for utilizing ICC (SC 82) for non-CWS clients, it is important to use the ICC (SC 82) when the client presents with the need and the service is indicated. Service codes are always selected based on the mental health service that is provided to the client. Selection of the service code will depend on the service provided to the client. Please contact QIMatters.HHSA@sdcounty.ca.gov for additional information regarding Medical Record Reviews.

11. Question: Will utilizing an ICC service code count towards Family Participation Rate?

Answer: No, the use of ICC service code is separate from Family Participation Rate, which includes only Family Therapy.

12. Question: For non-CWS clients, is it mandated to form a Child and Family Team and have CFT meetings in certain timelines?

Answer: For non-CWS clients, there are currently no mandated timelines for CFT meetings. CFT meetings may be offered to clients and families as clinically indicated. As a reminder, for open CWS clients who meet Pathways to Well-Being Enhanced eligibility criteria, the first CFT meeting must occur within 30 days of establishing eligibility and reconvene at least every 90 days thereafter.

13. Question: For non-CWS clients, who comprises the Child and Family Team?

Answer: For non-CWS clients the team will include at a minimum; the client, family/caregiver, and the client's assigned therapist. Clients and their family/caregivers are encouraged to select other natural supports as team members (ex., extended family, mentor, coach, tribal members, etc.), other service providers, and public system professionals (ex., Probation, Education, Regional Center, etc.)

14. Question: What happens if a non-CWS involved client or family declines CFT meetings?

Answer: For non-CWS involved clients there is no current mandate for Child and Family Team meetings. If a non-CWS involved client or family declines CFT meetings this is a good opportunity for the provider to explain the benefits of teaming and can the provider can utilize ICC (SC 82) for their teaming and collaborative efforts.

15. Question: For non-CWS clients, can you bill ICC without having a formal CFT meeting?

Answer: Yes, ICC (SC 82) can be billed without holding a formal CFT meeting through provider's collaborative/teaming efforts. Please refer to the website link under question #29 for the service code definition.

16. Question: Can all team members that attend a formal CFT meeting bill for the entire time?

Answer: Yes, this is the same for non-CWS and CWS clients, all service providers that attend a formal CFT meeting can bill for the entire time. Providers are still required to document their specific role in the meeting, document medical necessity, and clearly justify the time being billed. Please contact QIMatters.HHSA@sdcounty.ca.gov for additional information regarding documentation billing standards.

17. Question: When one program is doing a warm hand-off to another BHS Provider and both Programs are open at the same time, can both Programs bill ICC (SC 82)?

Answer: Yes, both Programs can utilize ICC (SC82) as long as the service provided meets the ICC service code definition. Please refer to the website link under question #30 for the service code definition. If a youth resides in a group home, ICC (SC 82) can be billed within 30 days of discharge for the purposes of discharge planning.

18. Question: For non-CWS clients receiving day treatment services, if a CFT meeting is held outside of day treatment hours, is the service billable?

Answer: Yes, if a CFT meeting is held outside of Day Treatment hours, the day treatment provider can utilize the ICC (SC 82). Documentation must justify why the service is occurring outside the Day Treatment hours (i.e. Parents/Caretaker not available during Day Treatment hours). If a youth resides in a group home and is receiving Day Treatment, ICC (SC 82) can be billed within 30 days of discharge for the purposes of discharge planning.

19. Question: Normally, BHS providers cannot bill Collateral (SC 33) when planning/talking with psychiatrist, case manager, AOD counselor, etc. within the same program, can they now?

Answer: Members of the Child/Family Team from the same program can bill ICC (SC 82) if the need is indicated and the service is not just a routine status update or “touching base” on how the client is doing. Each ICC progress note should contain elements of collaboration, teaming and/or discussion of support

systems as well as documentation substantiating medical necessity and the reason for Intensive Care Coordination. Please refer to the ICC (SC 82) definition link under question #30 for service code definition.

20. Question: For non-CWS clients receiving ICC, is IHBS (SC 83) essentially a replacement for rehab (SC 34 & 36)?

Answer: If a client is receiving ICC (SC 82), rehab services would generally become IHBS (SC 83), the program should choose the service code that best matches the service.

21. Question: Can IHBS (SC 83) be billed for rehab services conducted by telephone, particularly for family support partners who do a lot of telephone calls?

Answer: No, IHBS (SC 83) cannot be used for phone contact because IHBS are community based services. Providers have a full menu of service codes to choose from, pick the code that best matches the service being provided.

22. Question: For non-CWS clients, when ICC (SC 82) is indicated, are there any scenarios when case management would be billed?

Answer: Yes, providers have a full menu of service codes to choose from. Providers should use their clinical judgement in choosing the code that most appropriately fits the service being provided.

23. Question: What would distinguish a service as collateral (SC 33) vs ICC (SC 82)?

Answer: ICC (SC 82) is indicated based on the complex mental health needs of the client and the level of intensity of services required in order to ensure that these needs are met. ICC always occurs through an identified team of supports that assist with stabilization, referred to as the Child and Family Team.

24. Question: Will ICC be provided to out of county non-CWS clients who are receiving services at a San Diego program?

Answer: Yes, for non-CWS out of county clients, providers can utilize ICC (SC 82) service codes when the need and service is indicated.

25. Question: Are all clients involved in Wrap programs automatically eligible for ICC (SC 82) and IHBS (SC 83) service?

Answer: Yes, as stated in the ICC service code definition, Wraparound is an intensive service which indicates the need for ICC. Utilization of IHBS is based on clinical need as determined by the provider and with Child and Family Team input.

26. Question: Does WRAP use a separate note for each staff that attends a single CFT meeting?

Answer: When billing ICC (SC82), each individual must document their own progress note which documents their unique service, the medical necessity of the service, and the time billed is clearly substantiated. Contact QM at QIMatters.HHSA@sdcounty.ca.gov for additional information if needed.

27. Question: Will non-CWS clients receiving TBS be able to receive ICC (SC 82)?

Answer: Yes, TBS is an intensive service that indicates the need for ICC. Please refer to the ICC (SC 82) definition link under question #30 for service code definition.

28. Question: If a BHS Provider attends a meeting with TBS and the family, which service code should be used (33 or 82)?

Answer: Anytime a BHS Provider attends a CFT meeting, the ICC (SC 82) should be used. For other meetings and services, BHS Providers have a full menu of codes to select from, choose the code that most appropriately fits the service being provided.

29. Question: Is TBS considered a lockout?

Answer: No, TBS is not considered a lock out. If a client is receiving TBS, ICC (SC 82) is available.

30. Question: How do programs access the ICC and IHBS code definitions and Expansion power point presentation?

Answer: <http://theacademy.sdsu.edu/programs/bheta/pathways/> under the heading **ICC AND IHBS EXPANSION.**

