
CHAPTER 42: MULTI-SYSTEMIC THERAPY

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CLAIMS RELATED INFORMATION**Claims Filing (Billing)**

MST services must be billed using the electronic 837P transaction or the most current hard copy CMS-1500 claim form. Filing electronically is preferred.

Separate line items are available to accommodate reporting of different places of service on the same date.

Telephone conversations with MST families and collateral contacts are billable as long as they are related to a service intervention provided to an eligible recipient, rather than administration-related. Thus, a collateral contact with a school teacher would be billable, while a call to schedule an appointment or supervisory discussion between staff members would not.

NOTE: *Billing Medicaid Recipients Reminder* - Recipients shall not be held responsible for claims denied due to provider error. Medicaid providers are also reminded that if they accept Medicaid reimbursement for services rendered, any reimbursement is considered payment in full for those services and the Medicaid recipient cannot be billed for the difference.

Reimbursement Methodology

Reimbursement is a prospective flat rate fee for service for each approved unit. One-quarter hour (15 minutes) is the standard unit of service and covers both service provision and administrative costs.

Partial units are billed by adding up the total minutes for the specified date of service; dividing by 15 and round down to the nearest whole number.

Services are billed with procedure code H2033, by date of service and in 15 minute increment/units of service. This procedure code is used to bill for any services provided by the MST team, including assessment and ongoing treatment.

The procedure code is billed with the modifier HN to signify that the services were rendered by a bachelor's level therapist. The fee is 80% of the fee on file for H2033. Providers must bill using usual and customary rate. Providers cannot bill more for Medicaid recipients than for other patients receiving the same service.