5.15 Interdisciplinary Team Treatment Planning Service

Coverage

Interdisciplinary Team Treatment Planning meetings are collaborative, face-to-face treatment planning meetings. Based on the initial assessment, the treatment coordinator and the individual, and, if the individual is a minor, the minor’s parent, guardian, or primary caretaker, will develop a treatment plan in collaboration with family or others designated by the individual (with proper consent), and others involved in the individual’s care and other OMHC staff, as appropriate.

The individual is an active participant in this process and must sign agreement with the plan. If the individual is unwilling to sign agreement with the plan, the individual’s treatment coordinator will verify the individual’s verbal agreement with the plan and document the rationale for the individual’s refusal to sign. If the individual is a minor, the minor’s parent or guardian, or the minor’s primary caretaker must sign agreement with the plan. With proper consent, family or others designated by the individual, including the individual’s caregivers, may sign the plan.

At least two licensed mental health professionals who collaborate about the individual’s treatment must sign the plan. If the individual is receiving medication management prescribed through the OMHC, whoever prescribes the medication, the OMHC psychiatrist or Certified Psychiatric Nurse Practitioner in psychiatry, must sign the plan.

Service Rules

A consumer may receive up to two Interdisciplinary Team Treatment Planning meetings per calendar year. Meetings may only be billed only once every 120 days.

This service is available for OMHCs only.
The mental health service provider is expected to exchange information and coordinate care with the consumer’s primary care physician and other treatment (i.e. substance abuse treatment) providers when clinically appropriate.

Consumers with Medical Assistance and Uninsured Eligible consumers are eligible for Interdisciplinary Team Treatment Planning services.

Service Providers

Interdisciplinary Team Treatment Planning meetings are provided by OMHCs approved under COMAR 10.21.20.

Authorization for this service is not required. The provider may bill for one Interdisciplinary Team Treatment Planning meeting every 120 days per consumer, but no more than two per calendar year. In order to submit a claim for this service, the consumer must be present and seen face to face. Claims are submitted on CMS 1500 forms (See Chapter 16). Dually eligible (Medicare/Medicaid) consumers should submit claims directly to ValueOptions® Maryland. It is not necessary to submit these claims to Medicare. Each unit should correspond to the date of service. Only one code (H0032) may be billed per 120 day period, and no more than two per calendar year. Claims must specify ICD-9 code (not DSM IV-TR code) for reimbursement.