

# **Recovery Navigation Program (RNP) Service Provider Billing Manual**



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## 1. Overview

This billing manual is designed to be a reference document for consumers, family members, providers of primary care, behavioral healthcare, social services, and hospitals involved in the Recovery Navigation Program (RNP) service. This manual has been developed by the Rhode Island Executive Office of Health and Human Services (EOHHS), including Medicaid and the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals to guide service implementation and billing.

## 2. Definitions

**Recovery Navigation Program (RNP)** – A non-residential (less than 24 hours), community-based service that assesses, monitors, and provides case management for individuals who are under the influence of substances. The RNP service provides a less-traumatic, less costly setting than the Emergency Department. Individuals are provided case management to connect them to treatment for substance use disorders (SUD).

**Required Services** –RNP providers are required to assess, monitor, and provide case management.

**Eligible RNP Providers** – Providers must be certified by EOHHS to provide RNP services.

**Service Delivery** - RNP is delivered in a person-centered, recovery-oriented, strength-based model of care. A key component is allowing individuals to stabilize in a safe environment and connecting them with the services they need (e.g., outpatient therapy, medication management, medication assisted treatment, detoxification etc.). Assessment and monitoring occurs throughout the duration of the encounter.

## 3. Billing for RNP services and encounter data requirements

RNP providers are paid through a bundled payment. Bundled payments allow multiple disciplines to work with and assess an individual in one single encounter and claim. The RNP provider should submit claims for RNP services using the bundled payment methodology herein. Providers shall bill for Medicaid members only. Providers will use the designated code (H2036) for the bundled daily payment. The encounter rate for this service is \$422.50 per day. A provider shall bill for one unit/day for H2036 for each day that a member received **at least 4 - 15-minute units** of RNP services. The first unit must last a full 15-minutes. These RNP services include SUD Case Management (H0006) and Assessment and Monitoring (H0047).

Here is a billing example:

Claim Line 1 - 1/1/18-1/2/18, H2036, 2 units, billed amount is \$845.00  
Claim Line 2 – 1/1/18-1/1/18, H0006, 4 units, billed amount is \$0  
Claim Line 3 – 1/2/18-1/2/18, H0047, 4 units, billed amount is \$0

Medicaid providers delivering other Medicaid-covered services outside of the RNP service bundle may bill in accordance with the state's billing procedures. This bundle may be billed once daily per Medicaid beneficiary with no restriction on the number of times per month, so long as it does not exceed once per day.

The provider must include the Provider NPI and assigned taxonomy (405300000X) for this bundled service.

Providers are responsible for verifying the member's eligibility before submitting the bills for the bundled payment. The provider shall bill as long as the minimum service requirement for RNP has been met. The provider may not bill while a person is in an institutionalized setting or long-term residential.

Member's will be determined eligible for RNP services based on the following criteria:

- a. Are 18 years of age or older;
- b. Eligible for Medicaid;
- c. Do not reside in an institutional setting;
- d. Immediate need at encounter is substance use related;
- e. Do not have any abnormal vital signs;
- f. Do not have any signs of physical trauma, illness, or environmental emergency;
- g. Are not a danger to self or others.

### **Service Line (aka Shadow) Billing**

As part of the claim submission, the provider shall include codes that match the RNP activities that the client received during the encounter. These activities must be included in the detail/service billing lines. The provider must include at least one detail/service level detail on the claims, billed at \$0.00, to receive payment for the full RNP bundled rate. These services include either SUD Case Management (H0006) or Assessment and Monitoring (H0047).

All RNP services shall be recorded in 15-minute units. The first unit must last a full 15-minutes; additional units during the same encounter shall be rounded up/down as necessary. This level of detail shall be included in the claims submitted to Medicaid.

EOHHS and BHDDH will review the data contained in the submissions for the individuals receiving RNP services to validate that the minimum program standards were provided to the members and to collect data to review the quality of the service.

Process for confirming Medicaid eligibility. Medicaid eligibility will be confirmed using

the [Healthcare Portal](#) (HCP). To access the HCP, providers must obtain a Trading Partner ID (TP ID). Please visit the [HCP](#) page on the EOHHS website for more information on:

- Enrolling as a Trading Partner
- Registering a Trading Partner
- How to use the HCP

Once enrolled, it is the provider's responsibility to ensure recipients are eligible for Medicaid. Providers will need to confirm that recipient's coverage includes Benefit Plan Details that state Categorically or Medically Needy for the dates of service being searched. RNP services are considered out of plan services. If the Medicaid Beneficiary has a managed care plan, services will be billed to Fee-for-Service Medicaid, not the health plan.

#### **4. Discharge Criteria**

Discharge from RNP services shall occur when:

- An individual no longer meets eligibility criteria to participate;
- Individuals and program staff mutually agree to the termination of services;
- Assessments indicate a need for higher or lower level of care; or
- An individual refuses services and requests discharge, despite the team's best efforts to engage with the individual.

#### **5. Notice Process and Appeals**

- Once it is determined an individual shall receive RNP services, providers must complete a form that ensures that the individual has consented to participate in RNP services. This is a voluntary program. If consent is not properly captured and attested to in the member's record, the State reserves the right to recoup any funds paid for the service.
- As part of the initial intake process, members are to be given a written copy of the BHDDH and EOHHS process to file a complaint, appeal a decision or request a hearing. The process to file a complaint with the state mental health authority (BHDDH), is written in the Rule and Regulations for the Licensing of Behavioral Healthcare Organizations, Section 19, Concern and Complaint Resolution Procedure. The Appeal Process is written under the Executive Office of Health and Human Services, Medicaid Code of Administrative Rules, Section 0110 Complaints and Hearings.
- Provider shall maintain all records for any follow up auditing upon the request of the State for the period dictated by State or Federal record retention policy. Patient records shall include documentation of services delivered, resources provided, and any follow-up indicated. This is to include but is not limited to:

1. Date, start time/end time of contact with RNP provider
2. All (intake, COWS, and/or CIWA) completed assessments, dated and signed by RN
3. Progress notes, dated and signed
4. Case management notes/referrals dated and signed
5. Reason for/location of discharge

## **6. Program Integrity**

EOHHS shall engage in periodic audits to review clinical criteria on a sample of members from each provider. The audit may be based on a random sample of members or on a targeted sample of members if there are anomalies in service mix, metrics, staffing, or other programmatic characteristics.

## **7. Other References**

The provider may refer to the certification standards for additional requirements for RNP services.

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**Appendix I**  
**List of Billing and Procedure Codes**

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Program code	Modifier	Service	Rate	Unit Basis
H2036	N/A	RNP Encounter	\$422.50	Daily
H0006	N/A	SUD Case Management	\$0.00	Per 15-minutes
H0047	N/A	Assessment and Monitoring	\$0.00	Per 15-minutes