



## Care Coordination Services

**Care Coordination**, as defined in BHIN 24-001, consists of activities to provide coordination of SUD care, mental health care, and primary care, and to support the beneficiary with linkages to services and supports designed to restore the beneficiary to their best possible functional level. Care Coordination can be provided in clinical or non-clinical settings **and can be provided face-to-face, be telehealth or by telephone**. It includes one or more of the following components:

- Coordinating with primary care and mental health care providers to monitor and support comorbid health conditions.
- Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary/ specialty medical providers.
- Ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, and mutual aid support groups.
- Care Coordination is covered as a service component of most DMC-ODS levels of care (i.e., outpatient, intensive outpatient, partial hospitalization, residential, inpatient, NTP's, withdrawal management, MAT, recovery services).

Per the DMC-ODS Billing Manual v.2-0 (Optum.com) [DMC-ODS Billing Manual v 2.0](#) and the DMC-ODS Service Table v. 2-0 (Optum.com) [DMC-ODS Service Table v 2.0](#),

Care coordination can be claimed using the dedicated codes in service table, on the same day as other outpatient, residential, or inpatient services appropriate for the client's level of care.

There are several procedure codes that a program can use to bill for Care Coordination activities. See the [SmartCare --> Billing tab](#) on Optum.com for the latest *SmartCare Service Code Crosswalk* to reference all procedure codes and allowable disciplines to bill.

When **lockout** situations occur, there are Outpatient Overridable Lockout codes that can be used in order to continue to provide Care Coordination services. These can be found in the DMC-ODS Service Table v. 2-0 (Optum.com) [DMC-ODS Service Table v 2.0](#)

Care Coordination can **also** be claimed as a **standalone** DMC-ODS service. When DMC-ODS providers provide Care Coordination services to a member who is not actively receiving treatment at a level of care (e.g., they are attempting to engage in treatment or the providers are coordinating a referral), the Care Coordination procedure code can be used to claim for Care Coordination.

- **MAT/NTP Service codes may be billed with care coordination codes. See the DMC-ODS Service Table for more information.**

When Care Coordination is provided as a standalone service in a residential or inpatient level of care (LOC) it can be claimed by outpatient, residential, or inpatient providers. When billed as a standalone service, the rates are the outpatient rates for these procedure codes.

**For more information on Care Coordination:**

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- Definition of Care Coordination services: BHIN 24-001 [DMC-ODS BHIN 24-001](#)
- Find the credentials that can bill for these Care Coordination codes: DMC-ODS Service Table v. 2-0 (Optum.com) [DMC-ODS Service Table v 2.0](#)
- Verify unit information and for other billing questions, see: DMC-ODS Billing Manual v.2-0 (Optum.com) [DMC-ODS Billing Manual v 2.0](#) DMC-ODS Service Table v. 2-0 (Optum.com) [DMC-ODS Service Table v 2.0](#)

