




HEALTH CARE
AUTHORITY

Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Dana Flannery, Medicaid Director

Letter of Direction #23

Date: October 10, 2024
To: Turquoise Care Managed Care Organizations
From: Dana Flannery, Director, Medical Assistance Division 
Subject: Comprehensive Addiction Recovery Act (CARA) program
Title: Billing and Reimbursement Guidance for Comprehensive Addiction Recovery Act (CARA) Program-Plan of Safe Care in the Hospital Setting

The purpose of this Letter of Direction (LOD) is to provide the Turquoise Care (TC) Managed Care Organizations (MCOs) with information on billing guidance for implementing plan of care reimbursement for infants (birth to one year of age) in the Comprehensive Addiction Recovery Act (CARA) program. These are infants who have prenatal exposure to substances (through a positive toxicology and/or mother's disclosure) and **require a complete** plan of safe care, prior to a hospital discharge, that includes ongoing wraparound services and family referrals to **voluntary** support and treatment services once discharged. The CARA Plan of Safe Care (POSC) is meant to facilitate communication and coordination among service providers to support the wellbeing of the infant, as well as identify services for the caregiver(s).

Effective October 1, 2024, MCOs will reimburse hospitals for the development and initiation of plans of care services for infants in the CARA program to ensure community transition.

Inpatient Hospital Setting:

To ensure that reimbursement to hospitals that provide a POSC to CARA Medicaid eligible infants is reasonable and adequate, the MCO's will allow hospitals providers to bill and be paid for plans of care services separately and in addition to the inpatient hospital stay. The separation of reimbursement for these services applies to both the Medicaid Fee-for-Service (FFS) and Turquoise Care programs.

- 1. Provider Eligibility Requirements:** Medicaid enrolled hospitals.
- 2. MCO Member Eligibility requirements: (Eligibility must be documented in the eligible infant's medical record.)**

- a. Medicaid eligible infants who have prenatal exposure to substances as defined by positive toxicology reports for infants or pregnant person or disclosure by pregnant person.

3. Prior Authorization: No prior authorization is required.

4. Billing & Reimbursement:

- a. **Hospital:** The hospital provider will bill and be paid for the infant’s and mother’s inpatient stay just as they do now. The plans of care services for CARA infants will be billed as an outpatient hospital service on the UB 04 claim format using the infant’s information. The hospital provider will bill and be paid for a complete POSC, prior to a hospital discharge, that includes ongoing wraparound services and family referrals to voluntary support and treatment services once discharged and should not bill for POSC that the MCO Care Coordinator has completed.

The claim will be submitted using the infant’s billing information and the following revenue code and a procedure code & modifier combination. This billing requirement will keep the claim for plans of care services from denying against the inpatient hospital claim:

- i. **Revenue Code:** 0220 SPECIAL CHARGES - GENERAL CLASSIFICATION
- ii. **Procedure Code:** Enter the appropriate POSC procedure code and modifier from Table 1: “Plan of Safe Care Procedure Codes & Modifiers.”
- iii. **The hospital is reimbursed** at the OPSS Fee Schedule rate published at <https://www.hca.nm.gov/providers/fee-schedules/>

b. Table 1: Plan of Safe Care Procedure Codes & Modifiers

Procedure Code	Description	Modifier
	Attending Physician	
99238	Hospital discharge day management, 30 minutes or less	U1 Hospitals
99239	Hospital discharge day management, more than 30 minutes	U1 Hospitals
	Physicians/qualified nonphysician, other than the attending physician	
99231	Hospital discharge day management, 30 minutes or less	U1 Hospitals
99232	Hospital discharge day management, more than 30 minutes	U1 Hospitals
99233	Subsequent hospital care with moderate level of medical decision making, if using time, at least 50 minutes	U1 Hospitals

5. Submitting a claim for CARA POSC Services

The MCOs must allow and reimburse providers who have met the requirements and provide CARA POSC services as of October 1, 2024. MCOs are directed to implement changes

associated with these instructions, including system changes and provider contract negotiations as needed, no later than 90 days from the date of issuance of this directive. Health Care Authority (HCA) directs the MCOs to provide biweekly updates to HCA on the status of implementation.

This LOD will sunset upon the inclusion in the New Mexico Administrative Code (NMAC) 8.308.9 Managed Care Program.