

Community Integrated Recovery Center Value-Based Payment (Case Rate) Arrangement

This Notice is to alert providers to the temporary suspension of automatic case rate adjudication as described in CBH [Provider Bulletin 22-26](#).

Contracting nuances related to the dual licensure of Community Integrated Recovery Center (CIRC) services resulted in unexpected errors following the switch to automated adjudication on January 1, 2023.

While CBH develops necessary adjudication updates, providers will resume billing for the CIRC case rate as listed on the Schedule A after meeting the required services outlined in the case rate and submitting clean claims for those services.

No change is being made to the number of services required to support the case rate. To qualify for payment, a member must receive a minimum of one billable unit of service on four separate days during a calendar month. Billable services may be the same or any combination of CIRC levels of care (LOCs), with the exception of 700-11 WHOQOL-BHREF Assessment-Non Billable. Providers are required to bill 700-11, but it does not count toward the monthly minimum.

Providers are to bill only one case rate per month per member. The case rate claim is to be billed with a service date matching the calendar month the four qualifying services were provided.

The provider must also have successfully adjudicated claims for the services provided, meet relevant service requirements (i.e., group size, service duration), and have accompanying documentation for each service maintained in the member's clinical record.

CBH will alert providers via a Provider Notice when the automatic adjudication of case rates is re-established.

Should you have any questions, please contact your Claims Analyst.