

Community Integrated Recovery Center (CIRC) Value-Based Payment (VBP) Case Rate Adjudication

This bulletin is to alert Providers to billing procedure updates for the CIRC case rate. Effective December 1, 2023, CBH will resume automatic payment of CIRC case rates as outlined in CBH [Provider Bulletin 22-26](#).

Providers will continue to bill for CIRC services as listed on Schedule A. Providers will no longer bill for the CIRC case rate. The case rate will be paid automatically when the Provider successfully bills for the required number of qualifying 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 (4) separate days during a calendar month. Billable services may be the same or any combination of CIRC LOCs, with the following exceptions:

- ➔ 700-11 WHOQOL-BHREF Assessment-Non-Billable: Providers are required to bill 700-11, but it does not count toward the monthly minimum.
- ➔ 700-33 CIRC Tobacco Cessation: LOC can only count for up to two of the four encounters required.
- ➔ 700-34 Outpatient Medical Evaluation and Management of New Patient: LOC can only count for up to two of the four encounters required.

The Provider must also successfully adjudicate 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.

- ➔ All treatment services will be set at a zero rate on the Provider's contract (Schedule A).
- ➔ The case rate will be included on the Provider's contract (Schedule A) and will include a dollar amount, BUT providers should not bill directly for this service. If the case rate for CIRC service is billed, the claim will be rejected.
- ➔ Case rate payments include all services provided at contracted CIRC programs.

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- ➔ Providers should submit all claims for every service that was delivered to the Member. Claim submission should not be restricted to the fewest number of billable services that are minimally required for the case rate payment.
- ➔ Multiple services may be provided in one day, but only one service will be counted each day to substantiate payment.
- ➔ The case rate will be retracted when the supporting claims are backed out, either via provider self-audits or CBH Compliance audit.
- ➔ CIRC was designed to reduce members' use of other behavioral health services including Targeted Case Management. CBH will continue to assess impacts on other services to determine the overall cost-effectiveness of CIRC programs.

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