

Medicaid Mental Health Services

The Family and Social Services Administration (FSSA) Indiana Medicaid website provides information on Medicaid benefits, including mental health services. General information (revised) from the Indiana Medicaid website (<http://www.indianamedicaid.com/>) is provided below to offer guidance on Medicaid mental health services. To view the full version of this information, access the Indiana Medicaid website.

If after reviewing this information, you have questions or a child in out-of-home care experiences issues with his/her Medicaid benefits, please contact MEU at MedicaidUnit@dcs.in.gov.

Self-Referral

<https://www.in.gov/medicaid/files/mental%20health%20and%20addiction%20services.pdf>

Members enrolled with an MCE in the HIP, Hoosier Care Connect, or Hoosier Healthwise programs can access behavioral health services – including mental health, psychiatric, substance abuse, and chemical dependency services – on a self-referral basis. A referral from the member's primary medical provider (PMP) is not required.

For psychiatric services, managed care members can self-refer to any Indiana Health Coverage Programs (IHCP) enrolled provider licensed to provide psychiatric services within their scope of practice. However, for behavioral health services from any of the following provider types, self-referrals must be in-network (that is, to providers enrolled within the MCE network):

- Outpatient mental health clinics
- Community mental health centers (CMHCs)
- Psychologists
- Certified psychologists
- Health service providers in psychology (HSPPs)
- Certified social workers
- Certified clinical social workers
- Psychiatric nurses
- Independent practice school psychologists
- Advanced practice nurses (APNs), under *Indiana Code IC 25-23-1-1(b)(3)*, credentialed in psychiatric or mental health nursing by the American Nurses Credentialing Center
- Persons holding a master's degree in social work, marital and family therapy, or mental health counseling, under *405 IAC 5-20-8*

Outpatient Mental Health Services

<https://www.in.gov/medicaid/files/mental%20health%20and%20addiction%20services.pdf>

The IHCP covers outpatient mental health services provided by a licensed medical doctor, doctor of osteopathy, psychologist endorsed as a HSPP, psychiatric hospitals, psychiatric wings of acute care hospitals, and outpatient mental health facilities. Reimbursement is also available for services provided by mid-level practitioners when services are supervised by a physician or a HSPP.

Mid-level practitioners who are eligible to provide outpatient mental health services must have obtained one of the following credentials:

- APN who is a licensed registered nurse (RN) with a master's degree in nursing, with a major in psychiatric or mental health nursing from an accredited school of nursing
- Licensed independent practice school psychologist
- Licensed clinical social worker (LCSW)
- Licensed marriage and family therapist (LMFT)
- Licensed mental health counselor (LMHC)
- Licensed psychologist
- Person holding a master's degree in social work, marital and family therapy, or mental health counseling

These mid-level practitioners cannot be separately enrolled as individual providers to receive direct reimbursement. Mid-level practitioners can be employed by an outpatient mental health facility, clinic, physician, or a HSPP enrolled in the IHCP.

The physician or HSPP is responsible for certifying the diagnosis and supervising the plan of treatment. The physician or HSPP must be available for emergencies and must see the patient or review the information obtained by the mid-level practitioner within seven days of the intake process. During the course of treatment, the physician or HSPP must see the patient again or review the documentation to certify the treatment plan and specific treatment modalities at intervals not to exceed 90 days. All reviews must be documented in writing; a cosignature is not sufficient.

The IHCP requires written evidence of physician or HSPP involvement and personal evaluation to document the member's acute medical needs. If practicing independently, a physician or a HSPP must order therapy in writing.

Prior Authorization

<http://provider.indianamedicaid.com/media/155556/mental%20health%20and%20addiction%20services.pdf>

Prior authorization is required for mental health services provided in an outpatient or office setting that exceed twenty (20) units per recipient, per provider, per rolling twelve (12) month period of time. Providers must attach a current plan of treatment and progress notes explaining the necessity and effectiveness of therapy to the PA form, and retain this information for audit purposes.

For Hoosier Healthwise Package C members, the IHCP covers thirty (30) office visits per member, per rolling calendar year. The IHCP may cover an additional twenty (20) visits with PA for a maximum of 50 visits per year.

Psychiatric Diagnostic Interview Examinations

<https://www.in.gov/medicaid/files/mental%20health%20and%20addiction%20services.pdf>

IHCP reimbursement is available without prior authorization for one unit of psychiatric diagnostic interview examinations per member, per provider, per rolling 12-month period, billed using one of the following CPT codes:

- 90791 – *Psychiatric diagnostic evaluation*
- 90792 – *Psychiatric diagnostic evaluation with medical services*

All additional units of psychiatric diagnostic interviews require prior authorization; with the exception that two units are allowed per rolling 12-month period without PA when the member is separately evaluated by both the physician or HSPP and a mid-level practitioner (one unit must be provided by the physician or HSPP and one unit must be provided by the mid-level practitioner).

Billing

<https://www.in.gov/medicaid/files/mental%20health%20and%20addiction%20services.pdf>

Most behavioral health services are carved into the Healthy Indiana Plan (HIP), Hoosier Care Connect, and Hoosier Healthwise managed care programs. Other than services that are specifically carved out the managed care program, behavioral health services – such as mental health, psychiatric, substance abuse, and chemical dependency services – rendered to IHCP managed care members should be billed to the managed care entity (MCE) with which the member is enrolled, or to the behavioral health organization (BHO) subcontracted by that MCE, if applicable.

Mid-level practitioners who render services must bill using the rendering National Provider Identifier (NPI) of the supervising practitioner (physician or HSPP) and the billing NPI of the outpatient mental health clinic or facility. Providers should use the rendering NPI of the supervising practitioner (physician or HSPP) to bill psychiatric and clinical nurse specialist services. However, when an APN provides services to a member who is on the APN's primary care panel, the APN must bill using his or her own NPI, not that of the supervising practitioner.

Mid-level practitioners must bill procedure codes using the most suitable modifier from the following list:

- AH – Services provided by a clinical psychologist
- AJ – Services provided by a clinical social worker
- HE in conjunction with SA – Services provided by a nurse practitioner or clinical nurse specialist
- HE – Services provided by any other mid-level practitioner as addressed in the 405 IAC 5-20-8 (10)

- SA – Nurse practitioner or clinical nurse specialist in a non-mental-health arena

For claims that providers bill for mid-level practitioner services and bill with the modifiers noted (except modifier SA, which is informational and does not affect reimbursement) the IHCP reimburses at 75% of the IHCP-allowed amount for the procedure code identified. No modifier is needed for HSPPs; the IHCP reimburses HSPPs at 100% of the resource-based relative value scale (RBRVS) fee.

Resources

Additional information on Medicaid mental health services can also be found in the following resources:

- *Indiana Administrative Code Title 405, Article 5. Medicaid Services, Rule 20. Mental Health Services* (405 IAC 5-20), <http://www.in.gov/legislative/iac/t04050/a00050.pdf>
- *IHCP Provider Reference Modules*
 - *Introduction to IHCP:* <https://www.in.gov/medicaid/files/introduction%20to%20the%20ihcp.pdf>
 - *Provider Authorization:* <https://www.in.gov/medicaid/files/prior%20authorization.pdf>
 - *Provider Enrollment:* <https://www.in.gov/medicaid/files/provider%20enrollment.pdf>
 - *Mental Health and Addiction Services:* <https://www.in.gov/medicaid/files/mental%20health%20and%20addiction%20services.pdf>
 - *Therapy Services:* <https://www.in.gov/medicaid/files/therapy%20services.pdf>