2018 Behavioral Health Services
A network education presentation
Coding disclaimer

- Participants may claim up to one continuing education unit (CEU) or continuing medical education (CME) unit commensurate with the extent of their participation in this activity.
- Questions regarding continuing education should be directed to continuing-education@anthem.com.
- Coding guidance in this presentation is not intended to replace official coding guidelines or professional coding expertise. Providers are required to ensure documentation supports all codes submitted for conditions and services.
- Questions regarding claims and reimbursement should be directed to Provider Services at:
  - Hoosier Healthwise (1-866-408-6132).
  - Healthy Indiana Plan (1-844-533-1995).
  - Hoosier Care Connect (1-844-284-1798).
Agenda

This presentation will cover the following Anthem Blue Cross and Blue Shield (Anthem) behavioral health topics:

• Provider enrollment
• Access standards and access to care
• Outpatient treatment services
• Bridge appointments
• Intensive outpatient program (IOP)
• Applied behavioral analysis
• Opioid treatment services and substance use disorder (SUD)
• Claim completion tips
• Q&A and resources
Provider enrollment

Anthem credentials behavioral health practitioners, including psychiatrists and physicians, who are:

• Certified or trained in addiction, child and adolescent, and geriatric psychiatry.
• State-licensed doctoral-level and clinical psychologists who are Health Service Providers in Psychology (HSPPs).
• State-licensed master-level clinical social workers, mental health counselors, and marriage and family therapists.
• Nationally and state-certified and state-licensed master-level clinical nurse specialists or psychiatric nurse practitioners.

For information about joining our provider network, please visit https://mediproviders.anthem.com/in/pages/join-our-network.aspx.
Access standards and access to care

Prior authorization (PA) and timeliness of decisions:
• Routine pre-service (nonurgent) requests: within seven calendar days of the request
• Urgent pre-service requests: within three business days of the request
• Urgent concurrent requests: within one business day or within three calendar days, if additional information is requested
• Retrospective reviews: 30 calendar days

Access to care standards:
• Emergent: immediately
• Emergent, not life-threatening or crisis stabilization: within six hours of request
• Urgent: within 24 hours of referral/request
• Routine behavioral health visit: within 10 business days of request
• Outpatient following discharge from an inpatient hospital stay: within seven days of discharge
Outpatient treatment services

Services must be billed under the NPI number of the medical doctor or HSPP. Please note, Anthem does not recognize the HO modifier.

- **Modifier AH**: Clinical psychologist — not licensed HSPP
- **Modifier AJ**: Licensed clinical social worker
- **Modifier SA**: Nurse practitioner
  - Clinical nurse specialist
- **Modifier HE**: Licensed mental health counselor
  - Licensed marriage and family therapist
Outpatient treatment services (cont.)

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:

- Advanced practice nurse who is a licensed RN with a master’s degree in nursing, with a major in psychiatric or mental health nursing from an accredited school of nursing
- Independent practice school psychologist
- Licensed clinical social worker (LCSW)
- Licensed marriage and family therapist (LMFT)
- Licensed mental health counselor (LMHC)
- Licensed psychologist
- Master’s degree in social work, marital and family therapy, or mental health counseling
- Licensed clinical addiction counselors (LCAC)
Outpatient treatment services (cont.)

PA requirements have been removed for same-day services, but PMP notification letter or the Behavioral Health Treatment Data Sharing form are required within five days of the initial diagnostic review.

<table>
<thead>
<tr>
<th>Procedure code:</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>90785</td>
<td>Interactive complexity add-on code</td>
</tr>
<tr>
<td>90791</td>
<td>Psychiatric diagnostic evaluation¹</td>
</tr>
<tr>
<td>90792</td>
<td>Psychiatric diagnostic evaluation, with medical service¹</td>
</tr>
<tr>
<td>90832</td>
<td>Individual psychotherapy (20-30 minutes)¹</td>
</tr>
<tr>
<td>90833</td>
<td>30-minute psychotherapy add-on</td>
</tr>
<tr>
<td>90834</td>
<td>Individual psychotherapy (45-50 minutes)¹</td>
</tr>
<tr>
<td>90836</td>
<td>45-minute psychotherapy add-on</td>
</tr>
<tr>
<td>90837</td>
<td>Psychotherapy (60 minutes), with patient and/or family member¹</td>
</tr>
<tr>
<td>90838</td>
<td>60-minute psychotherapy add-on</td>
</tr>
<tr>
<td>90839</td>
<td>Crisis intervention¹</td>
</tr>
<tr>
<td>90840</td>
<td>Crisis intervention – each additional 30 minutes</td>
</tr>
</tbody>
</table>

1. May be subject to National Council on Compensation Insurance code edits and may require appropriate modifier (59, XE).

Fax forms to 1-866-877-5229 within 5 days of the initial visit. Form goes to PMP, and authorization will be entered into system.
Outpatient treatment services (cont.)

<table>
<thead>
<tr>
<th>Procedure code</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>90846</td>
<td>Family therapy, without patient¹</td>
</tr>
<tr>
<td>90847</td>
<td>Family therapy, with patient¹</td>
</tr>
<tr>
<td>90849</td>
<td>Medical psychotherapy, multi-family group¹</td>
</tr>
<tr>
<td>90853</td>
<td>Group therapy¹</td>
</tr>
<tr>
<td>99406</td>
<td>Behavior change — smoking (3-10 minutes)¹</td>
</tr>
<tr>
<td>99407</td>
<td>Behavior change — smoking (more than 10 minutes)¹</td>
</tr>
<tr>
<td>99408</td>
<td>Alcohol and/or substance abuse structured screening 15-30 min¹</td>
</tr>
<tr>
<td>99409</td>
<td>Alcohol and/or substance abuse structured screening &gt;30 min¹</td>
</tr>
<tr>
<td>96150</td>
<td>Assessment health/behavior — initial¹,²</td>
</tr>
<tr>
<td>96151</td>
<td>Assessment health/behavior — subsequent¹,²</td>
</tr>
<tr>
<td>96152</td>
<td>Intervention health/behavior — individual¹,²</td>
</tr>
<tr>
<td>96153</td>
<td>Intervention health/behavior — group¹,²</td>
</tr>
<tr>
<td>96154</td>
<td>Intervention health/behavior — family, with patient¹,²</td>
</tr>
<tr>
<td>96155</td>
<td>Intervention health/behavior — family, without patient¹,²</td>
</tr>
<tr>
<td>99201-99205; 99211-99215</td>
<td>Pharmacological management (for evaluation and management E&amp;M visits)</td>
</tr>
</tbody>
</table>

1. May be subject to NCCI code edits and may require appropriate modifier (59, XE).
2. Requires PA as part of ABA services for autism spectrum disorder (ASD).
Outpatient treatment services (cont.)

Add-on codes for psychotherapy:

- Codes 90833, 90836 and 90838 are add-on codes to be appended to the appropriate evaluation and management (E&M) office visits.
- They do not require PA.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Minutes</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>90833</td>
<td>Psychotherapy, 30 minutes with patient when</td>
<td>30</td>
<td>List separately in addition to the code for primary procedure</td>
</tr>
<tr>
<td></td>
<td>performed with an E&amp;M service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90836</td>
<td>Psychotherapy, 45 minutes with patient when</td>
<td>45</td>
<td>List separately in addition to the code for primary procedure</td>
</tr>
<tr>
<td></td>
<td>performed with an E&amp;M service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90838</td>
<td>Psychotherapy, 60 minutes with patient when</td>
<td>60</td>
<td>List separately in addition to the code for primary procedure</td>
</tr>
<tr>
<td></td>
<td>performed with an E&amp;M service</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: E&M codes 99201-99205 (new patient) 99211-99215 (established patient) for pharmacological management visits.
Bridge appointments

Anthem recommends that bridge appointments:

• Occur for members who are discharged from an acute psychiatric facility.
• Take place prior to the patient leaving the facility and entail a face-to-face visit that lasts for at least 15 minutes.
• Are conducted by a licensed mental health practitioner.
• Are billed on form UB-04, using HCPCS code R1015 and revenue code 0513.
• Are supported by medical record documentation that includes the reason the bridge appointment service was necessary.
Inpatient and partial hospitalization services

Inpatient services:
- All inpatient services require PA, which can be received by calling the appropriate intake department 24/7.
- Anthem does not accept the *Universal Prior Authorization (UPA)* form for inpatient services.
- Case management (CM) support is available for help with inpatient services.

Partial hospitalization services:
- All partial hospitalization services require PA, which can be received by calling the appropriate intake department 24/7.
- Anthem does not accept the *UPA* form for partial hospitalization services.
- Partial hospitalization should be billed on the *UB-04* form with CPT code H0035 with revenue codes 912 or 913.
Intensive outpatient program service (IOP)

Notes about IOP:

• PA is required; call the appropriate intake department for help obtaining PA.
• IOP services cannot be authorized via the Behavioral Health Outpatient Treatment Request Form.
• For members who have both managed care benefits and Medicaid Rehabilitation Option (MRO) benefits, you must bill IOP services through the MRO benefit package under the fee-for-service delivery systems.

IOP facility — Use CPT code 90899 with revenue code 905 for psychiatric and 906 for chemical dependency.

IOP professional — Bill code S9480 for psychiatric and H1005 for chemical dependency.
Applied behavioral analysis (ABA)

ABA therapy is covered for ASD. Please note that ABA:

- Requires PA.
- Is covered from the time of initial diagnosis through 20 years of age, based on medical necessity for the treatment of ASD.
- Must be delivered by an appropriate provider, such as:
  - HSPP
  - Board-certified assistant behavior analyst (BCaBA)
  - Board-certified behavior analyst (BCBA)
  - Board-certified behavior analyst, doctorate (BCBA-D)
  - Registered behavioral technician (RBT)
- Providers must bill the appropriate codes using level of care modifiers U1, U2 or U3.
Provider requirements (opioid treatment services):

- Enrolled through Indiana Health Coverage Programs (IHCP) with additional services provided specializing in an opioid treatment program (OTP)
- Maintain a Drug Enforcement Administration (DEA) license
- Maintain certification from the State’s Division of Mental Health and Addiction (DMHA)

OTP providers must enroll with Anthem by submitting an online Provider Maintenance Form (PMF). In the comments section, indicate OTP provider for Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect.

As of September 1, 2017, IHCP began covering the rendering and reimbursement of opioid treatment services. Refer to IHCP Bulletin 201755 for billing guidance and program details.
Opioid treatment services (cont.)

Code H0020 — Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)

- Reimbursement for code H0020 will be based on daily bundled rates.
- Rates include reimbursement for the following services:
  - Oral medication administration, direct observation, daily
  - Methadone, daily
  - Drug testing, monthly
  - Specimen collection and handling, monthly
  - Pharmacologic management, daily
  - One hour of case management, weekly
  - Group/individual psychotherapy, as required by the Division of Mental Health and Addiction (DMHA)
  - Hepatitis A, B and C testing, as needed
  - Pregnancy testing, as needed
  - One office visit per 90 days
  - Tuberculosis testing, as needed
  - Syphilis testing, as needed
  - Complete blood count, as needed
Pregnant members and opioid treatment

Individuals who are presumptively eligible for IHCP due to pregnancy are eligible for OTP services only if services are billed with specific pregnancy-related diagnoses.

- ICD-10 codes include but are not limited to:

  - O99.320: Unspecified trimester
  - O99.321: First trimester
  - O99.322: Second trimester
  - O99.323: Third trimester

Use additional codes from F11-F16 and F18-F19 to identify manifestations of drug use. The comprehensive list of Presumptive Eligibility for Pregnant Women (PEPW) diagnosis codes is available on the Code Sets/Tables page at http://provider.indianamedicaid.com.
Substance use disorder (SUD) treatment

Provider requirements for substance use disorder treatment:

- Designated by DMHA as offering American Society of Addiction Medicine (ASAM) Patient Placement Criteria Level 3.5 and/or 3.1
- Enrolled with IHCP as provider type 35 and specialty 836
- Service may require contract amendment or PMF submission; refer to contract manager for direction

Beginning March 1, 2018, IHCP expanded coverage of SUD treatment to include residential treatment. Refer to IHCP bulletins BT201801 and BT201821 for billing guidance and program details.
**CMS-1500 — tips for claim completion**

When completing the claim, remember:

- Although the member is the patient, both sides of the *CMS-1500* form need to be completed.
- Box 31 needs to contain the name of the IHCP supervising provider.
- Box 24D should include the modifiers noted below.
- Box 24J should be populated with the supervising provider’s NPI (the person noted in box 31).
When completing the claim, remember:

- Box 25 should be populated with the pay to TIN.
- Box 33 should be populated with the service location address and nine-digit ZIP code on file with IHCP.
- Box 33a should be populated with the group’s NPI number.
- Box 33b should be populated with the group’s taxonomy number and qualifier if required.
- Box 32 is not required.
- Payment is remitted to the address on file with IHCP, not to the location indicated in box 33.
UB-04 — tips for claim completion

When completing the claim, remember:

• Do not file professional services on a UB-04 form.
• Field 1 requires address and nine-digit ZIP code that is on file with IHCP.
• Field 56 should be populated with the facility NPI.
• Field 81cca should be populated with B3 qualifier and taxonomy code.
• Field 76 should be populated with the attending NPI. Attending physicians do not have to be contracted with Anthem, but must be IHCP-enrolled.
• Present on admission (POA) is required on all claims submitted with bill types 11X and 12X, unless the organization is exempt. Organizations that are exempt from POA should include their taxonomy code in box 81.
Behavioral Health Network Relations consultants

North region — Open
Middle region — Alisa Phillips
South region — Matthew McGarry
Resources — IHCP bulletins


Questions?
Thank you

• Thank you for attending today’s presentation!
• Please ensure that you pick up/download the CEU and CME certificates.
• Please take a brief moment to share your thoughts and suggest coding topics for future presentations at https://www.surveymonkey.com/r/RL2D7GR.

www.anthem.com/inmedicaiddoc

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