Fee-for-Service Behavioral Health
Agenda

- Overview
- Outpatient services
- Inpatient services
- Enhanced substance abuse treatment
- Opioid treatment programs
- Other mental health programs
- Helpful tools
- Questions
Overview
Overview

- IHCP provides coverage for inpatient and outpatient behavioral health services, including substance abuse treatment services.
- Reimbursement is available for services provided by:
  - Physicians
  - Psychiatric hospitals
  - General hospitals
  - Psychiatric residential treatment facilities (PRTFs)
  - Outpatient mental health facilities
  - Health Service Providers in Psychology (HSPPs)
  - Advanced practice registered nurses (APRNs)
  - Midlevel practitioners
Overview

- Most services are “carved in” to managed care.
- “Carved-out” and excluded services:
  - Medicaid Rehabilitation Option (MRO)
  - 1915(i) home and community-based services (HCBS)
    - Adult Mental Health Habilitation (AMHH)
    - Behavioral and Primary Healthcare Coordination (BPHC)
    - Child Mental Health Wraparound services (CMHW)
  - PRTF
  - Long-term care services in nursing facility or ICF/IID
  - Inpatient services in state psychiatric facility (590 Program)
  - HCBS waiver services
  - Crisis intervention
- Members may self-refer.
Outpatient services
Outpatient services

- Prior authorization required for certain services that exceed 20 units per member, per provider, per rolling 12-month period
- Physician/HSPP/APRN-directed services for group, family, and individual psychotherapy may be provided by “midlevel” practitioners who are not separately enrolled.
Midlevel services

- Midlevel services are billed using the supervising practitioner’s NPI.
- Appropriate modifier should be used; reimbursed at 75% of allowable fee.
- APRNs who bill for services for members on their primary care panel must use their own NPIs.
All neuropsychology and psychological testing requires prior authorization.

PA must be provided by physician/HSPP/APRN:
- 96101, 96110, 96111, 96118

May be provided by midlevel under supervision:
- 96102, 96119
Psychiatric diagnostic interview examinations

- One unit per member per provider per rolling 12-month period; no PA required
  - 90791, 90792

- Additional units require PA; exception:
  - Two units allowed when member is separately evaluated by physician/HSPP/APRN, and midlevel practitioner
Service limitations

• Procedure codes subject to 20 units per rolling year:
  – 90832-90834
  – 90836-90840
  – 90845-90853
  – 90899
  – 96151-96155 (these codes are not included for DOS after March 26, 2018, per BR201809)

• Procedure codes limited to 8 units per DOS:
  – 96150-96155
E/M and psychotherapy on same day

- Evaluation and management (E/M) services on same day as psychotherapy
- By same physician or other qualified healthcare professional
- Services must be significant and separately identifiable.
- Use codes specific for psychotherapy performed with E/M (90833, 90836, 90838) as add-on codes to the E/M service.
Same-day services

- Psychiatric services (90785-90899) and health and behavioral assessment or intervention (96150-96155) may be required on same day.
- Report the predominant service performed.
- Codes cannot both be billed on same day.
Psychiatric diagnostic evaluations

- Psychiatric diagnostic evaluations (90791 and 90792) may be reported more than once per day.
- Cannot be billed on the same day as an E/M service performed by the same healthcare professional.
- Psychotherapy services, including for crisis, may not be billed on the same day as 90791 and 90792.
Psychotherapy with E/M

- Psychotherapy with medical evaluation and management (90833, 90836, 90838) is considered a medical service.
- Cannot be reimbursed when provided by midlevel practitioners
  - Exception: nurse practitioners and clinical nurse specialists
Primary care services in CMHCs

- Community mental health centers (CMHCs) may provide primary care services.
- Services must be within the provider’s scope of practice.
- Physicians and APRNs can serve as PMPs and maintain panels with the MCE.
- Primary and behavioral health services may be reimbursed for the same DOS when services are rendered by appropriate provider and visits are for distinct purposes.
- National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) edits apply.
Crisis intervention

- Short-term emergency behavioral health services available to any eligible member in crisis
- Reimbursed on fee-for-service (FFS) basis for all members
- Procedure code H2011 (only – without HW modifier)
Outpatient mental health hospital services

- Hospitals bill for “facility use” associated with outpatient mental health hospital services.
- Billed on UB-04, Provider Healthcare Portal institutional claim, 837I electronic transaction
- Individual, group, and family counseling procedure codes should be used with:
  - Revenue code 513 (for DOS before March 15, 2018)
  - Revenue codes 900, 907, 914, 915, 916, 918 (for DOS after March 14, 2018) – See IHCP provider banner page BR201807.
- Can be reimbursed for up to two individual sessions and one group session on the same day
- Reimbursement is based on statewide flat fee amount.
ABA therapist provider specialty

- ABA certified therapist must enroll:
  - Provider type 11 – Mental Health Provider
  - Provider specialty 615 – ABA therapist
- Must be:
  - HSPP
  - Board-certified as BCBA or BCBA-D
- Can be billing, group, or rendering provider
- Reimbursement can be made only to enrolled ABA therapists and enrolled school corporations.
- Provider bulletin BT201774
Applied Behavioral Analysis (ABA) Therapy

- Treatment of autism spectrum disorder (ASD) for members under 21
- Prior authorization required; initial PA covers six months.
- Generally, therapy limited to a period of three years; treatment beyond three years may be approved, if medically necessary.
- Therapy not to exceed 40 hours per week.
ABA therapy qualified providers

- Initial diagnosis and comprehensive diagnostic evaluation:
  - Physician, HSPP, pediatrician, psychiatrist, other behavioral health specialist trained in treatment of ASD

- Therapy services:
  - HSPP
  - Licensed or board-certified behavior analyst:
    - Bachelor’s level (BCaBA)
    - Master’s level (BCBA)
    - Doctoral level (BCBA-D)
  - Credentialed registered behavior technician (RBT)
ABA therapy supervision, billing

- RBT services must be supervised and reimbursed at 75% of allowable fee.
- BCaBA services must be supervised.
- BCaBA and RBT services must be billed under physician/HSPP provider number.
- Modifiers:
  - U1, U2, U3 to indicate educational level of provider
  - XE, XP, XU to identify two or more distinct services
Inpatient services
Inpatient services

• Available in freestanding psychiatric hospitals or psychiatric units of acute care hospitals with 16 beds or less; no age restrictions
• Available in freestanding psychiatric hospitals or psychiatric units of acute care hospitals with 17 beds or more (including institutions of mental disease) only for individuals under 21 or over 64 UNLESS the individual has a primary SUD diagnosis.
  – SUD waiver allows inpatient residential SUD treatment for members 21 through 64 years of age regardless of the size of the facility.
  – SUD waiver applies to FFS and managed care members.
  – Residential SUD treatment requires enrollment as provider type 35/836 (Addiction Services/SUD Residential Addiction Facility).
  – See [BT201801](#).

• All admissions require prior authorization.
Inpatient reimbursement

- Inpatient psychiatric services reimbursed on an all-inclusive per diem level-of-care (LOC).
  - If DRG 740, 750-760
- Substance abuse and chemical dependency admissions reimbursed on diagnosis-related group (DRG).
- Services excluded from LOC per diem and billed separately on a CMS-1500 professional claim form:
  - Direct-care services of physicians, including psychiatric evaluations
  - E/M rounding performed by nurse practitioner or clinical nurse specialist
Change in coverage during stay

- Coverage can change during the stay – for example, from fee-for-service to managed care, or from one MCE to another.
  - If LOC reimbursement, each plan is responsible for its own days.
  - If DRG reimbursement, the plan in effect on the day of admission is responsible for all days.
Expanded substance abuse treatment
Inpatient coverage expanded for:
  - Opioid use disorder (OUD)
  - Other substance use disorders (SUD)
For members age 21 through 64 in IMDs
IMDs are psychiatric hospitals (provider type 01 and provider specialty 011) with 17 or more beds.
Up to 15 days in a calendar month
Reimbursed on DRG methodology
Residential substance abuse treatment

- Short-term, low- and high-intensity residential treatment, with average length of 30 calendar days
- In settings of all sizes, including IMDs
- PA required for all stays
- Reimbursed on per diem basis:
  - H2034 U1 or U2 – Low-intensity residential treatment
  - H0010 U1 or U2 – High-intensity residential treatment
Residential substance abuse treatment

- Billed on CMS-1500 professional claim
- Physician visits and physician-administered medications reimbursed outside the per diem rate.
- Not eligible for HAF payments
- Requires new enrollment as billing provider:
  - Provider type 35 – Addiction Services
  - Provider specialty 836 – SUD Residential Addiction Treatment Facility
- Requires Division of Mental Health and Addiction (DMHA) certifications
Opioid Treatment Programs (OTPs)
OTP enrollment

- OTPs that want to bill for the administration of methadone and other related services must enroll:
  - Provider type 35 – Addiction Services
  - Provider specialty 835 – Opioid Treatment Program
- Must have:
  - Drug Enforcement Administration (DEA) license
  - DMHA certification
- Prior authorization is not required.
OTP bundled rate

- Reimbursement is on a daily bundled rate (H0020) and includes:
  - Oral medication administration, direct observation, daily
  - Methadone, daily
  - Drug testing, monthly
  - Specimen collection and handling, monthly
  - Pharmacologic management, daily
  - One hour of case management per week
  - Group or individual psychotherapy, as required by the DMHA
  - Hepatitis A, B, and C testing, as needed
  - Pregnancy testing, as needed
  - One office visit every 90 days
  - Tuberculous testing, as needed
  - Syphilis testing, as needed
  - Complete blood count, as needed
Other mental health services
Other mental health services

• Bridge appointments
• Partial hospitalization
• Psychiatric residential treatment facilities (PRTFs)
• Screening and brief intervention services
• Tobacco dependence treatment
• Annual depression screening
• Medicaid Rehabilitation Option
• 1915(i) HCBS (AMHH, BPHC, CMHW)
Reminder
The IHCP will mandate a 180-day filing limit for fee-for-service (FFS) claims, effective January 1, 2019. Refer to BT201829, published on June 19, 2018, for additional details.

• The 180-day filing limit will be effective based on date of service:
  – Any services rendered on or after January 1, 2019, will be subject to the 180-day filing limit.
  – Dates of service before January 1, 2019, will be subject to the 365-day filing limit.

*Watch for additional communications!*
Helpful tools
Helpful tools

Provider Relations Consultants

<table>
<thead>
<tr>
<th>REGION</th>
<th>FIELD CONSULTANT</th>
<th>EMAIL</th>
<th>TELEPHONE</th>
<th>COUNTRIES SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois</td>
<td>Jean Downs</td>
<td><a href="mailto:INXIXRegion1@dxc.com">INXIXRegion1@dxc.com</a></td>
<td>(317) 488-5071</td>
<td>Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St.Joseph, Starke, Steuben, Whitley Chicago, Watseka Sturgis</td>
</tr>
<tr>
<td>Michigan</td>
<td>Shari Galbreath</td>
<td><a href="mailto:INXIXRegion2@dxc.com">INXIXRegion2@dxc.com</a></td>
<td>(317) 488-5080</td>
<td>Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware Fountaingrant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Danville</td>
</tr>
<tr>
<td>Illinois</td>
<td>Crystal Woodson</td>
<td><a href="mailto:INXIXRegion3@dxc.com">INXIXRegion3@dxc.com</a></td>
<td>(317) 488-5324</td>
<td>Boonem Hamilton, Hendricks, Johnson, Marion, Morgan</td>
</tr>
<tr>
<td>Illinois</td>
<td>Ken Guth</td>
<td><a href="mailto:INXIXRegion4@dxc.com">INXIXRegion4@dxc.com</a></td>
<td>(317) 488-5153</td>
<td>Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick Owensboro</td>
</tr>
<tr>
<td>Kentucky</td>
<td>Virginia Hudson</td>
<td><a href="mailto:INXIXRegion5@dxc.com">INXIXRegion5@dxc.com</a></td>
<td>(317) 488-5186</td>
<td>Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Hancock, Henry, Jackson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Louisville Cincinnati, Harrison, Hamilton, Oxford</td>
</tr>
<tr>
<td>Ohio</td>
<td></td>
<td></td>
<td>(317) 488-5026</td>
<td>All other out of state areas not previously listed</td>
</tr>
<tr>
<td></td>
<td>Jenny Atkins</td>
<td></td>
<td>(317) 488-5032</td>
<td></td>
</tr>
</tbody>
</table>
Helpful tools

IHCP website at indianamedicaid.com:
• IHCP Provider Reference Modules
• Medical Policy Manual
• Contact Us – Provider Relations Field Consultants

Customer Assistance available:
• Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
• 1-800-457-4584

Secure Correspondence:
• Via the Provider Healthcare Portal
• Written Correspondence:
  DXC Technology Provider Written Correspondence
  P.O. Box 7263
  Indianapolis, In 46207-7263
Questions

Following this session, please review your schedule for the next session you are registered to attend.