Fee-for-Service Behavioral Health 201

Indiana Health Coverage Programs
DXC Technology
Annual Provider Seminar – October 2020

Agenda

- Basic Reminders
- Substance Use Disorder (SUD)
- Crisis Intervention and Intensive Outpatient (IOT)
- Applied Behavioral Analysis (ABA)
- Community Health Workers (CHW)
- Medicaid Rehabilitation Option (MRO)
- Other Services
- Helpful Tools
- Questions

Basic Reminders

General Information

- Rendering providers should register on the IHCP provider portal for maintenance and update capabilities
  - Updating or adding tax identification number, social security number, and date of birth
  - Updating licensure
  - Name changes
  - Specialty changes
- PA is required for certain services that exceed 20 units per member, per billing provider, per rolling 12-month period.
- Procedure codes subject to 20 units per rolling year:
  - 90832-90834
  - 90836-90840
  - 90845-90853
  - 90899
- Initial Evaluations- 90791, 90792
  - Two units allowed when member is separately evaluated by physician/ HSPP/APRN and a mid-level practitioner

Change in Coverage

- Coverage can change – for example, from FFS to managed care, or from one managed care entity (MCE) to another
- Member's new Prior Authorization (PA) contractor must honor all existing PAs for one of the following durations, whichever comes first:
- The first 30 calendar days, starting on the member's effective date in the new plan
- The remainder of the PA dates of service
- Until approved units of service are exhausted

Presumptive Eligibility (PE)

- Community Mental Health Centers (CMHC), Federally Qualified Health Centers (FQHC), and Rural Health Centers (RHC) can do PE enrollment for members in need of mental health services
- Adult PE members are covered under the Fee For Service (FFS) plan. Claims go to DXC
- PA requirements for PE members is the same as full Medicaid requirements and are obtained through the DXC PA Contractor unit
- Medicaid Rehabilitation Option (MRO) coverage is only offered to women who are pregnant while enrolled in Presumptive Eligibility

Trivia Time!

- When there is a change in coverage, the new payer contractor must honor previous payers authorizations, including….

- The first 30 calendar days, starting on the member's effective date in the new plan
- The remainder of the PA dates of service
- Or…._____

type your answer in the chat window

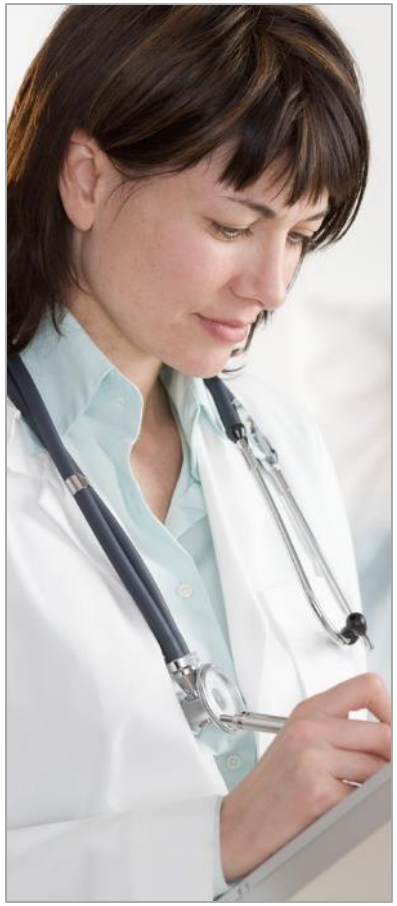
Trivia Time!

- When there is a change in coverage, the new payer contractor must honor previous payers authorizations, including….

- The first 30 calendar days, starting on the member's effective date in the new plan
- The remainder of the PA dates of service
- Until approved units of service are exhausted

Substance Use Disorder (SUD)

Residential Substance Use Treatment



- Short-term, low- and high-intensity residential treatment, with average length of 30 calendar days
- In settings of all sizes, including Institutions for Medical Disease (IMD)
- 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

Physician visits and physician administered drugs separately

Residential SUD Provider Criteria

- Provider must meet Division of Mental Health and Addiction (DMHA) designation
- Provider type 35, specialty 836, enroll as a billing provider type
- Billing done on professional claim form
- Physician, Physician Assistant, or Advanced Practice Registered Nurse (APRN) must see member face to face every seven days
- Paid on a per diem reimbursement methodology

SUD Member Criteria

- Must have an addiction diagnosis as primary
- Applies to all programs and benefit plans including Presumptive Eligibility with the exception of:
  - Pkg E- Emergency services only
  - Family Planning – only pays for family planning services
  - QMB Only- only pays for Medicare coinsurances/deductibles
  - SLMB- Specified low income Medicare beneficiaries

SUD Prior Authorization (PA) Requests

PA requirements include:

- Residential or Inpatient SUD treatment prior authorization request form
- Initial assessment for SUD treatment admission
- Reassessment form for continued SUD treatment
- Requires all necessary documentation to demonstrate medical necessity
- PA requests must include U1 or U2 modifier

Trivia Time!

- In which IHCP provider reference module can you find information on how to do your revalidation?

A. Provider Healthcare Portal module

B. Third Party Liability module

C. Provider Enrollment module

D. Provider and Member Utilization & Review module

type your answer in the chat window

Trivia Time!

- In which IHCP provider reference module can you find information on how to do your revalidation?

A. Provider Healthcare Portal module

B. Third Party Liability module

C. Provider Enrollment module

D. Provider and Member Utilization & Review module

Crisis Intervention

Crisis Intervention

- Crisis intervention is available to all members. Crisis intervention is a short-term emergency behavioral health service, available 24 hours a day, 7 days a week

- Crisis intervention does not require prior authorization
  - H2011 – Crisis Intervention service, per 15 minutes

- Peer recovery services are available without prior authorization up to 365 hours (1,460 units) per rolling 12-month period

  - Additional units may be authorized via the PA process
  - H0038 - Self-help/peer service, per 15 minutes
  - HW modifier no longer required

Trivia Time!

- Your client has Medical Review Team coverage only. Will they be covered for group psychotherapy?

A. Yes

B. No

C. Depends on his diagnosis

D. Only if there are 10 or more in the therapy session

type your answer in the chat window

Trivia Time!

- Your client has Medical Review Team coverage only. Will he be covered for group psychotherapy?

A. Yes

B. No 

C. Depends on his diagnosis

D. Only if there are 10 or more in the therapy session

Intensive Outpatient Therapy (IOT)

Intensive Outpatient Treatment (IOT)

- Structured treatment program that operates at least 3 hours per day, at least 3 days per week for the rehabilitation of drug/alcohol use or severe mental health diagnosis in a group setting

- Available for all ages

- Each 3 hour session must included 2 hours of the following:
  - Group or Individual therapy
  - Skills training
  - Medication training
  - Peer recovery services

- IOT is billed as 1 unit for each 3 hour program per day

IOT Provider Qualifications

- The following providers are authorized to deliver IOT:
  - Licensed professional
  - QBHPs – Qualified behavioral health professional
  - OBHPs – Other qualified behavioral health professional

- In response to House Enrolled Act 1326, a licensed addiction counselor (LAC) or licensed clinical addiction counselor (LCAC) is no longer required to be a direct service provider when IOT is provided for an IHCP member who has a SUD diagnosis

- See BT202082

IOT Billing Guidelines

- 905- Behavioral health treatments/services – intensive outpatient services-psychiatric on the UB-04 claim form

  OR

- S9480 on the CMS 1500 claim form

- 906 - Behavioral health treatments/services – intensive outpatient services-chemical dependency on the UB-04 claim form

  OR

- H0015 on the CMS 1500 claim form

  - Procedure codes are not allowed when billing revenue codes 905 or 906
  - Rev codes will be considered stand-alone and will be reimbursed a flat rate per day

IOT Billing Guidelines

- Rev code 905- requires PA- pays $159.30 per day/adult
- HCPCS S9480 requires PA- Pays $159.30 per day/adult
- Rev code 906 – requires PA- pays $159.30/adult
- HCPCS H0015 requires PA- pays $159.30/per day/adult

Your PA request must match exactly the rev code or HCPCS you will be billing

Trivia Time!

- Your client is in IOT services. They have attended IOT 12 times in August. How many units can you bill for them for the month?

type your answer in the chat window

Trivia Time!

- Your client is in IOT services. He has attended IOT 12 times in August. How many units can you bill for him for the month?

12

Applied Behavioral Analysis (ABA)

ABA Therapy

- Available for members 20 years of age and younger

- Must have a autism spectrum disorder (ASD) diagnosis

Providers use stimuli and consequences to help improve human behavior through:

- Design
- Implementation
- Evaluation

and stimulate relations between environment and behavior

ABA Therapy Provider Criteria

Billing providers:

Must be IHCP enrolled provider type 11 (mental health) with specialty of 615 (applied behavioral analysis therapist)

Rendering providers:

- Must have a National Provider Identifier (NPI)
  - HSPP- Health service provider in psychology
  - BCBA-D- Board certified behavioral analyst- doctoral
  - BCBA-Board certified behavioral analyst- masters level
  - BCaBA-Board certified behavioral analyst-bachelors level
  - RBT- Registered behavioral technician

ABA Therapy Prior Authorization

Member must have a Autism spectrum disorder diagnosis and be 20 years of age or younger

All ABA therapy requires prior authorization (PA)

PA requests must include:

Individual treatment plan and supporting documentation

Number of hours requested with supporting documentation

- Limited to 40 hours per week for 3 years
- Additional services beyond 3 years may be approved if medically necessary

PA requests for continued ABA therapy will not be approved for longer than a six-month duration and must include an updated treatment plan with the appropriate supporting documentation, as required

ABA PA documentation requirements

- Documentation must describe an individual treatment plan developed by a licensed or certified behavior analyst and includes all the following:
- The identified behavioral, psychological, family, and medical concerns
- Measurable short-term, intermediate, and long-term goals that address the behaviors for which the intervention is to be applied
- Plans for parent/guardian training and school transition
- Documentation that ABA services will be delivered by a provider who is licensed or certified as a behavior analyst

Trivia Time!

- At what age would a member no longer qualify for ABA services?

A. 18

B. 19

C. 20

D. 21

type your answer in the chat window

Trivia Time!

- At what age would a member no longer qualify for ABA services?

21

Community Health Workers

Community Health Workers (CHW)

- A CHW builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy

- A CHW is a frontline public health worker who has an unusually close understanding of the community served

- CHW to serve as a liaison/link/ intermediary between health/social services and the community to facilitate access to services and improve the quality of service delivery

Community Health Workers

- The IHCP covers CHW services when the CHW meets certification requirements, is employed by an IHCP-enrolled billing provider, and renders the service under the supervision of a qualifying IHCP-enrolled provider type

- CHW's are not separately enrolled with the IHCP

- The IHCP will recognize certification from the following entities to demonstrate that the core competencies of a CHW have been met:
  - Mental Health America of Northeast Indiana (MANI)
  - Affiliated Service Providers of Indiana (ASPIN)
  - HealthVisions Midwest

Community Health Workers

- Prior Authorization is not required
- Services must be billed on a professional CMS-1500 claim form or its electronic equivalent
- The supervising provider should be indicated as the rendering provider on the claims
- The CHW worker's name must be included in the claim note

Covered CHW services must be provided face-to-face with the member, individually or in a group, in an outpatient, home, clinic, or other community setting

- Covered CHW services are limited to 4 units (or 2 hours) per day, per member
- Covered CHW services are limited to 24 units (or 12 hours) per month per member

Trivia Time!

If a provider wants to know how much the IHCP pays for a CPT code 90853- group therapy, how can they find the answer?

type your answer in the chat window

Trivia Time!

If a provider wants to know how much the IHCP pays for a CPT code 90853- group therapy, how can they find the answer?

Look the code up on the professional fee schedule

Medicaid Rehabilitation Option (MRO)

MRO Services

MRO services include community-based mental healthcare for individuals with serious mental illness, youth with serious emotional disturbance, and/or individuals with substance use disorders

- Specific to Community Mental Health Centers (CMHC)
- Aligns with Behavioral and Primary Healthcare Coordination (BPHC)
- MRO member acquiring BPHC during the MRO segment will have the BPHC units pro rated to align with the MRO package end date
- Members with a MRO package end date transition to Adult Mental Health Habilitation (AMHH) the following day
- Members cannot have a MRO package and AMHH services on the same day

Trivia Time!

??True or False??

A provider has to be enrolled as a CMHC in order to provide MRO services

type your answer in the chat window

Trivia Time!

True or False

A provider has to be enrolled as a CMHC provider type 11-specialty of 111

in order to provide MRO services

Other Services

Adult Mental Health Habilitation

- Adult Mental Health Habilitation (AMHH) services are indicated as a service alternative for members who have achieved maximum benefit from MRO services and whose needs can better be met through habilitation

- The eligibility age is 19 years and older
-
- The required Adult Needs and Strengths Assessment (ANSA) score is 3 and above

- The consumer will be assigned a service package

- See bulletin BT202013

Annual Depression Screening

- The IHCP covers procedure code G0444 – *Annual depression screening, 15 minutes*
- Service is limited to one unit per member, per billing provider, per rolling 12-month period
- PA is not required
- Providers are expected to use validated, standardized tests for the screening

Partial Hospitalization

- Partial hospitalization programs are highly intensive, time-limited medical services intended to provide a transition from inpatient psychiatric hospitalization to community-based care or, in some cases, substitute for an inpatient admission

- The program is highly individualized, with treatment goals that are measureable, functional, time framed, medically necessary, and directly related to the reason for admission

- Programs must include *four to six hours* of active treatment per day and must be provided at least *four days a week*

Psychiatric Residential Treatment Facility (PRTF)

- The IHCP reimburses for medically necessary services provided to children younger than 21 years old in a psychiatric residential treatment facility (PRTF)
- All PRTF services require PA
- Admission criteria:
  - The mental disorder is severe
  - Family functioning or social relatedness is seriously impaired
  - The illness must be of a subacute or chronic nature
  - The member's behavior has disrupted his or her placement in the family, school, or in a group residence
  - The disorder impairs safety, such as threat to harm others

Opioid Treatment Program - 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
- PA 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

Trivia Time!

Is prior authorization required for annual depression screening?

type your answer in the chat window

Trivia Time!

Is prior authorization required for annual depression screening?

No PA Required

Helpful Tools

Helpful Tools

Provider Relations Consultants

Region	Field Consultant	Email	Telephone	Counties Served
1	Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Amber Keegan & Emily Redman (interim)	INXIXRegion4@dxc.com	(317) 488-5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne

Virtual Business Cards

Indiana Medicaid- Region1
Jean Downs
317.488.5071
inxixregion1@dxc.com
DXC Technology

Indiana Medicaid- Region 2
Shari Galbreath
317.488.5080
inxixregion2@dxc.com
DXC Technology

Indiana Medicaid-Region3
Crystal Woodson
317.488.5324
inxixregion3@dxc.com
DXC Technology

Indiana Medicaid- Region 4

317.488.5153
inxixregion4@dxc.com
DXC Technology

Indiana Medicaid- Region 5
Virginia Hudson
317.488.5186
inxixregion5@dxc.com
DXC Technology

Helpful Tools

IHCP website at in.gov/medicaid/providers:

- *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

  *(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)*

Thank you for attending