



# 2022 IHCP Works Seminar Behavioral Health (BH)

**Presented By: Amanda Deaton**

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# Agenda

- About MDwise
- Commonly Used Acronyms
- Behavioral Health Provider Enrollment
- Covered Services
- Types of Behavioral Health (BH) Services
  - Outpatient Behavioral Health - Professional and Facility
  - Crisis Intervention
  - Intensive Outpatient Treatment (IOT)
  - Opioid Treatment Program (OTP)
  - Psychotherapy Services
  - Substance Use Disorder (SUD)
- Behavioral Health Resources



## About MDwise

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# About MDwise

## Our Mission

To enhance client satisfaction and lower total health care costs by improving the health status of members through the most efficient provision of quality health care services.

- MDwise is local and Indiana's only non-profit, provider-sponsored health plan.
- Owned by McLaren Health Care Corporation, a provider-owned, not-for-profit integrated health system with multi-state experience committed to better serving Hoosier families.
- MDwise administers Medicaid and Medicare programs throughout Indiana to ensure all families receive high-quality and affordable health care.
- MDwise has a large network of doctors, specialists, and hospitals throughout Indiana.



# Commonly Used Acronyms

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# Commonly Used Acronyms

ABA	Applied Behavioral Analysis	LCSW	Licensed Clinical Social Worker
ASAM	American Society of Addiction Medicine	LMFT	Licensed Marriage and Family Therapist
BH	Behavioral Health	LMHC	Licensed Mental Health Counselor
CMHC	Community Mental Health Center	LOC	Level of Care
CPT	Current Procedural Terminology	MCE	Managed Care Entity
DOS	Date[s] of Service	OMPP	Office Of Medicaid Policy and Planning
DMHA	Division of Mental Health and Addiction	OTP	Opioid Treatment Program
FSSA	Family and Social Services Administration	OTS	Opioid Treatment Services
HCPCS	Healthcare Common Procedure Coding System	OUD	Opioid Use Disorder
HSP	Health Service Provider in Psychology	PA	Prior Authorization
IHCP	Indiana Health Care Programs	PHP	Partial Hospitalization Program
IOT	Intensive Outpatient Treatment	PMP	Primary Medical Provider
LCAC	Licensed Clinical Addiction Counselor	SUD	Substance Use Disorder





# Behavioral Health Provider Enrollment

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# Who can Enroll as a Behavioral Health provider?

- The MDwise Behavioral Health network is made up of a variety of provider types that deliver behavioral health and substance use disorder services.
- BH Provider Types and Specialties listed on the [IHCP Behavioral Health Services Module](#) and the [IHCP Provider Enrollment Module](#) can enroll as a rendering provider.





# Behavioral Health Provider Enrollment

To become a provider, visit [MDwise.org](https://MDwise.org), under the **For Providers** menu and select [Become a Provider](#).

The screenshot displays the MDwise website interface. At the top left is the MDwise logo, labeled 'A McLaren Company'. The main navigation bar includes links for Home, For Members, For Providers, Become a Member, Events, and About Us. The 'For Providers' link is highlighted with a red box, and its dropdown menu is open, listing various resources. The 'Become a Provider' option at the bottom of this menu is also highlighted with a red box. Other visible elements include a 'Find a Doctor' button, a 'Quick Links' section with links to Provider Prior Authorization Guide, Hoosier Healthwise Handbook, and HIP Handbook; a 'myMDwise Member Portal Login' section; and a 'Become a Member' section with a link to 'Apply for Hoosier Healthwise'.

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HIP Handbook




myMDwise  
**Member Portal Login** – Manage your health care plan  
Members [click here to sign up for your](#)

**Become a Member**

How do I apply or enroll for MDwise health insurance?  
[Apply for Hoosier Healthwise](#)

# Behavioral Health Provider Enrollment

MDwise utilizes the [IHCP MCE Practitioner Enrollment Form](#) to enroll behavioral health providers.

		
<b>IHCP MCE PRACTITIONER ENROLLMENT FORM</b>		
This form is used to enroll participating practitioners with any of the Indiana Health Coverage Programs (IHCP) managed care entities (MCEs).		
Please select the programs for which this form applies: <input type="checkbox"/> Healthy Indiana Plan (HIP) <input type="checkbox"/> Hoosier Healthwise <input type="checkbox"/> Hoosier Care Connect		
Please indicate if this is a new enrollment or an enrollment update: <input type="checkbox"/> New enrollment <input type="checkbox"/> Update (fill out updated information ONLY)		
If an update, please explain what is being updated: _____		
<b>PRACTITIONER DATA</b>		
Council for Affordable Quality Healthcare (CAQH) Number _____		
Practitioner First Name _____	MI _____	Last Name _____ Suffix _____
Degree (check one): <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DMD <input type="checkbox"/> DPM <input type="checkbox"/> CRNA <input type="checkbox"/> NP <input type="checkbox"/> CNM <input type="checkbox"/> Other: _____		
Social Security Number _____	Date of Birth _____	Gender: <input type="radio"/> Male <input type="radio"/> Female
National Provider Identifier (NPI) _____	Taxonomies (list all) _____	
DEA # _____	CSR # _____	
License Number & State _____	UPIN _____	IHCP Provider ID _____
Enrolling as: <input type="checkbox"/> PMP with Panel <input type="checkbox"/> Physician Specialist <input type="checkbox"/> NP Supporting a PMP <input type="checkbox"/> Behavioral Health <input type="checkbox"/> NP Supporting a Specialty <input type="checkbox"/> Certified Mid-Wife <input type="checkbox"/> Prenatal Care Coordinator <input type="checkbox"/> Other		
Primary Specialty _____	Secondary Specialty _____	NP Specialty-Supported? <input type="radio"/> Yes <input type="radio"/> No
Are you: <input type="checkbox"/> A Locum Tenens? <input type="checkbox"/> Hospital-Based Physician? <input type="checkbox"/> Hospitalist?		
The National Committee for Quality Assurance (NCQA) requires that health plans assess the cultural, ethnic, racial, and linguistic needs of members of the practitioners in the network. Please provide the following information:		
Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (please specify) _____		

# Behavioral Health Provider Enrollment

- Providers must complete and submit the applicable forms and supporting documents.
- [Step-by-step instructions](#) are outlined on our website.

## Become a Provider & Provider Network Participation

### Provider Network Participation

Thank you for your interest to participate in our network. Before proceeding, please review the "How to enroll with MDwise" section below. The How to Enroll section offers information for providers interested in participating in the MDwise Provider Network.

#### **How to Enroll with MDwise**

Please refer to the [step-by-step instructions](#) to assist you with enrolling in the MDwise network. Once you complete the applicable IHCP MCE Enrollment forms and compile the required documents, submit them either to MDwise Provider Enrollment at [prenrollment@mdwise.org](mailto:prenrollment@mdwise.org), or via fax at 317-822-7310. Providers also have the option of submitting paper request via mail to:

MDwise Provider Enrollment  
PO Box 441423  
Indianapolis, IN 46244

If the submission is received by MDwise Provider Enrollment at [prenrollment@mdwise.org](mailto:prenrollment@mdwise.org), the submitter will receive an automated email acknowledgment within one hour of submission with the submission tracking number. If the submission is received by MDwise Provider Enrollment via fax or mail, each submission is still assigned a tracking number that will be faxed or mailed back within five (5) business days of receipt.



# Behavioral Health Covered Services

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# Behavioral Health Covered Services

MDwise provides coverage for inpatient and outpatient behavioral health services, including mental health and addiction treatment services in accordance with IHCP guidelines.

## **Outpatient BH Services include but are not limited to:**

- Crisis Intervention
- Intensive Outpatient Treatment (IOT)
- Opioid Treatment Program (OTP)
- Psychotherapy Services
- Applied Behavioral Analysis (ABA)

## **Inpatient BH Services include but are not limited to:**

- Partial Hospitalization Program (PHP)
- Residential Substance Use Disorder (SUD) Treatment

**Note:** Many of these services have prior authorization requirements. For a comprehensive list, please see [Prior Authorization Resource](#) at MDwise.org.

# Reimbursement

## Hoosier Healthwise Providers

- Contracted Providers: 100% IHCP Medicaid fee schedule amount
- Non-contracted Providers: 98% of the IHCP Medicaid fee schedule for medically necessary services

## Healthy Indiana Plan (HIP) Providers

- MDwise will cover and reimburse medically necessary mental health care services, including substance abuse services.
- Contracted/Non-contracted Providers:
  - Medicare reimbursement, if available
  - 130% of Medicaid rates if the service does not have a Medicare reimbursement rate





# Outpatient Behavioral Health Professional and Facility

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# Outpatient Behavioral Health – Professional Services

- For services rendered on an outpatient basis, providers must identify and itemize services rendered on the professional claim form (CMS-1500/837P).
- Providers are to follow [IHCP billing guidelines](#).
- Providers may bill directly for services rendered, using an individual NPI as the rendering provider on the claim.
- Covered procedure codes can be found on the [IHCP Behavioral Health Services Code Table](#)

# Outpatient Behavioral Health – Facility Services

- For services rendered at the facility, bill the appropriate clinic or treatment room revenue code on the institutional claim form (UB-04/837I).
- Providers must follow [IHCP billing guidelines](#).
- The most common revenue codes billed include, but are not limited to:
  - Behavioral Health Treatments/Services
    - 900, 907, 914, 915, 916, and 918

# Outpatient Behavioral Health – Facility Services

- More information on covered services can be found on the [IHCP Behavioral Health Services Module](#).

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<b>Code</b>	<b>Behavioral Health Treatments/Services</b>
900	General
907	Community Behavioral Health Program (Day Treatment)
914	Individual Therapy
915	Group Therapy
916	Family Therapy
918	Testing

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# Crisis Intervention

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# Crisis Intervention

## **What is Crisis Intervention?**

Crisis intervention is a short-term behavioral health service available twenty-four (24) hours per day, seven (7) days per week. The goal of crisis intervention is to resolve the crisis and transition the member to routine care and stabilization.



# Crisis Intervention

- Crisis intervention does not require prior authorization.
- Crisis intervention includes, but is not limited to:
  - Assessment, planning and counseling specific to the crisis
  - Intervention at the site of the crisis (when clinically appropriate)
  - Pre-hospital assessment
- Crisis intervention services are billed using procedure code H2011 – Crisis intervention service, per fifteen (15) minutes.

# Crisis Intervention - Providers

The following IHCP-enrolled behavioral health providers may be reimbursed for Crisis Intervention services on the professional claim:

<b>Provider Specialty</b> <i>(under type 11 – Behavioral Health Provider)</i>	<b>Provider Specialty Code</b>
Outpatient Mental Health Clinic	110
Community Mental Health Center	111
Health Service Provider in Psychology (HSPP)	114
Licensed Psychologist	616
Licensed Independent Practice School Psychologist	617
Licensed Clinical Social Worker	618
Licensed Marriage and Family Therapist	619
Licensed Mental Health Counselor	620
Licensed Clinical Addiction Counselor	621

# Crisis Intervention - Providers

The following IHCP-enrolled behavioral health facilities may be reimbursed for Crisis Intervention services when billing on the institutional outpatient claim:

<b>Provider Specialty</b> <i>(under type 01 – Hospital)</i>	<b>Provider Specialty Code</b>
Acute Care	010
Psychiatric Facility	011



# Intensive Outpatient Treatment (IOT)

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# Intensive Outpatient Treatment (IOT)

- Is planned and organized with mental and behavioral health professionals and provides multiple treatment components for the rehabilitation of alcohol, drug abuse and/or psychiatric care in a group setting.
- Is a treatment program that operates:
  - at least three (3) consecutive hours per day
  - at least three (3) days per week
- Includes the following components:
  - Individual, family and group therapies
  - Skills training
  - Medication training and support
  - Peer recovery services
  - Care coordination
  - Counseling

# Intensive Outpatient Treatment (IOT)

- IOT is available to members of all ages. Must be provided in an age-appropriate setting for members less than twenty-one (21) years of age.
- IOT services require Prior Authorization.
- IOT can be used for behavioral health and SUD treatment service components.
- Provision of at least 120 minutes of therapeutic interventions per three (3) hour session is required.



# IOT Billing Guidelines - Professional

- Providers that bill claims on a professional claim form (CMS-1500 or the electronic equivalent) should continue to bill as follows:
  - **S9480 Psychiatric IOT** - reimbursed one (1) fee per three (3) hours
  - **H0015 Drug & Alcohol IOT** - reimbursed one (1) fee per three (3) hours
  - No revenue codes are to be billed with professional claims

# IOT Billing Guidelines - Facility

- Facility providers that bill institutional claims (UB-04 claim form or the electronic equivalent) must bill with one of the following revenue codes, based on the type of service rendered:
  - **905** – Behavioral Health Treatments/Services - Intensive Outpatient Services-Psychiatric
  - **906** – Behavioral Health Treatments/Services - Intensive Outpatient Services-Chemical Dependency
  - No HCPCS codes are to be billed in conjunction with the 905 and 906 revenue codes

# IOT Limitations

- Members are limited to procedure codes H0015 and S9480 in a professional setting.
- One (1) unit of the appropriate IOT code is equal to three (3) or more hours, and only one (1) unit is reimbursable per date of service.
- Members are **not** allowed to receive any combination of procedure codes on the same date of service.
- For more information, please refer to the [Behavioral Health Services Provider Module](#).



# Opioid Treatment Program (OTP)

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# Opioid Treatment Program (OTP)

- Opioid Treatment Program (OTP) is defined as a daily bundled service used to treat Opioid Use Disorder.
- OTP includes the daily administration of methadone, either at the OTP provider location or as an authorized take-home dose.
  - The use of other agents (e.g., Suboxone, Subutex, Vivitrol, etc.) with or without the daily services is not considered OTP programming.

# Opioid Treatment Program (OTP)

- Opioid Treatment Program (OTP) daily bundled rates includes reimbursement for the following services:

<b>Daily</b>	Oral medication administration Methadone administration Pharmacology management
<b>Weekly</b>	One (1) hour of case management
<b>Monthly</b>	Drug testing Specimen collection and handling 4 hours of group or individual psychotherapy
<b>Every 90 Days</b>	One (1) office visit
<b>As Needed</b>	Hepatitis A, B, and C testing Pregnancy testing Tuberculous testing Syphilis testing Complete blood count



# Opioid Treatment Program (OTP)

Services are available to eligible IHCP members **aged eighteen (18) and older** who meet the following medical necessity criteria:

- Must be addicted to an opioid drug
- Must have been addicted for at least one (1) year before admission to the OTP
- Must meet the criteria for the opioid treatment services (OTS) level of care

# Opioid Treatment Program (OTP)

Services are available to eligible IHCP members **under the age of eighteen (18)** who meet the following medical necessity criteria:

- Must be addicted to an opioid drug
- Have two (2) unsuccessful attempts at short-term withdrawal management or drug-free addiction treatment within twelve (12) months preceding admission
- Meets the criteria for the opioid treatment services (OTS) level of care

# Opioid Treatment Program (OTP)

- Prior Authorization is not required for MDwise-contracted, IHCP-enrolled OTP providers.
- Prior authorization is required for all out-of-network providers.
- Additional therapy codes are allowed outside of bundle when a relapse occurs.
- Copays may apply to OTP services, depending on the members' health plan.
- For dates of service on or after May 20, 2022, members will be allowed to receive intensive outpatient treatment (IOT) services while undergoing methadone medication-assisted treatment as part of an opioid treatment program.

# OTP Billing Requirements

- OTP providers are reimbursed at a daily bundled rate that includes required opioid treatment services. Providers should bill one (1) unit of HCPCS code H0020 for each day a member presents for treatment.
  - H0020 - Alcohol and/or drug services; methadone administration and/or services (provision of the drug by a licensed program)
- Providers that allow take-home doses of methadone must bill H0020 with modifier UA for each date of service for which a take-home dose of methadone is dispensed.
- Services are bundled. There are not separate claims for services included in the bundle.



# Psychotherapy Services

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# Psychotherapy Services

Psychiatric evaluations including diagnosis of mental illnesses and evaluation of treatment plans.

- Psychiatric services are billed using covered codes within the CPT code range 90785–90899.
- Certain psychiatric HCPCS have a limits
  - 90791 – Psychiatric diagnostic evaluation
  - 90792 – Psychiatric diagnostic evaluation with medical services
  - These services are limited to two (2) outpatient units per member, per provider, per rolling twelve (12) months without prior authorization.
- Covered Mental Health and Addiction Services Codes can be found on the [IHCP Behavioral Health Services Codes Table](#).

# Psychotherapy With Evaluation and Management

- Members can receive a medical evaluation and management (E/M) service on the same day as a psychotherapy service by the same physician or other qualified healthcare professional.
- When psychotherapy is provided in addition to medical management, an appropriate add-on psychotherapy code with E/M may be reimbursed for 90833, 90836 or 90838.





# Inpatient Behavioral Health Services

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# Inpatient Behavioral Health Services

Inpatient care is provided in a freestanding psychiatric hospital or the psychiatric unit of an acute care hospital when the need for admission has been certified.

A psychiatric hospital must meet the following conditions to render services:

- Enrolled in the IHCP
- Provide services under the direction of a licensed physician
- Meet federal certification standards for psychiatric hospitals
- Obtain a prior authorization

# Inpatient Behavioral Health Services

- Hospital inpatient claims consist of the following reimbursement methodologies:
  - A diagnosis-related group (DRG) system that reimburses a per-case rate according to diagnoses, procedures, age, gender, and discharge status
  - A level-of-care (LOC) system that reimburses psychiatric services
- MDwise requires PA for all psychiatric and SUD inpatient stays.



# Substance Use Disorder (SUD)

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# Substance Use Disorder (SUD)

SUD treatment provides short-term, low-intensity and high-intensity treatment for opioid use disorder (OUD) and other substance use disorders (SUDs) in facilities registered as Substance Use Disorder (SUD) Residential Addiction Treatment Facility Provider Specialty Code - 836.

Treatment is based on the following American Society of Addiction Medicine (ASAM) Patient Placement Criteria:

- ASAM Level 3.1 – Clinically Managed Low-Intensity Residential Services
- ASAM Level 3.5 – Clinically Managed High-Intensity Residential Services

MDwise requires prior authorization for SUD residential stays and requires Place of Service (POS) 55 to be billed on the claim.

# Substance Use Disorder (SUD)

- Residential addiction treatment facility (provider type 11, specialty 836) is limited to billing only the following procedure codes:
  - H2034 – Low-intensity residential treatment
  - H0010 – High-intensity residential treatment
    - U1 – Member is an adult (age 19 years and older)
    - U2 – Member is a child (age 0 through 18 years old)
- All claims must be submitted on a CMS-1500 claim form.
- Claims must be billed as one (1) date of service per line.
- SUD residential providers must use their group NPI for the rendering provider in Field 24J.



# Partial Hospitalization Program (PHP)

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# Partial Hospitalization Program (PHP)

Provide a transition from inpatient behavioral health hospitalization to community-based care or, in some cases, substitute for inpatient admission.

To qualify, members must have a mental health diagnosis and one of the following:

- Short-term deficit in daily functioning
- High probability of serious deterioration of the member's medical or mental health
- Must have ability to reliably maintain safety when outside of the facility



# Partial Hospitalization Program (PHP)

- Services must be ordered and authorized by a psychiatrist.
- A face-to-face evaluation and assignment of a mental health diagnosis must take place within twenty-four (24) hours following admission to program.
- Program must include four to six (4-6) hours of active treatment per day and be provided at least four (4) days per week.
- The program has a high degree of structure and scheduling and does not mix PHP patients with other outpatients.

# Partial Hospitalization Program (PHP)

- Services for partial hospitalization must be submitted on a CMS-1500 with HCPCS H0035 – Mental health, partial hospitalization, treatment, less than twenty-four (24) hours.
- Facility providers must submit a UB-04 with one of the following revenue codes:
  - **912** – Behavioral Health Treatments/Services - Extension of 090X-Partial Hospitalization-Less Intensive
  - **913** – Behavioral Health Treatments/Services - Extension of 090X-Partial Hospitalization-Intensive



# Behavioral Health Resources

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# Behavioral Health Resources

For a full list of MDwise behavioral health resources please visit our [Behavioral Health](#) page on our website. On the MDwise website you'll find:

- Program guides
- Quality resources
- Clinical practice guidelines
- Member resources

# Behavioral Health Resources

## IHCP - Banners and Bulletins

<b>Banners</b>	<a href="#">BR201807</a>	IHCP removes linkages between certain CPT codes and revenue code 513 and adds coverage to 9XX series revenue codes
	<a href="#">BR201944</a>	IHCP clarifies billing requirements for mental health therapy services in outpatient facilities
	<a href="#">BR202216</a>	IHCP removes same-day billing restriction for IOT and OTP services
<b>Bulletins</b>	<a href="#">BT201755</a>	IHCP issues revised reimbursement policy and billing guidance for OTP-specific services
	<a href="#">BT201801</a>	IHCP enhances coverage for substance use treatment
	<a href="#">BT2020122</a>	IHCP announces procedure codes for newly enrolled behavioral health professionals
	<a href="#">BT202239</a>	IHCP announces final 2022 telehealth and virtual services code set

## **MDwise Manuals**

<https://www.mdwise.org/for-providers/manual-and-overview>

## **IHCP Provider Modules**

<https://www.in.gov/medicaid/providers/provider-references/provider-reference-materials/ihcp-provider-reference-modules/>

## **MDwise Provider Customer Service Unit (PCSU)**

1-833-654-9192

## **MDwise Member Customer Service**

1-800-356-1204

# MDwise Provider Relations Team

## Region 1

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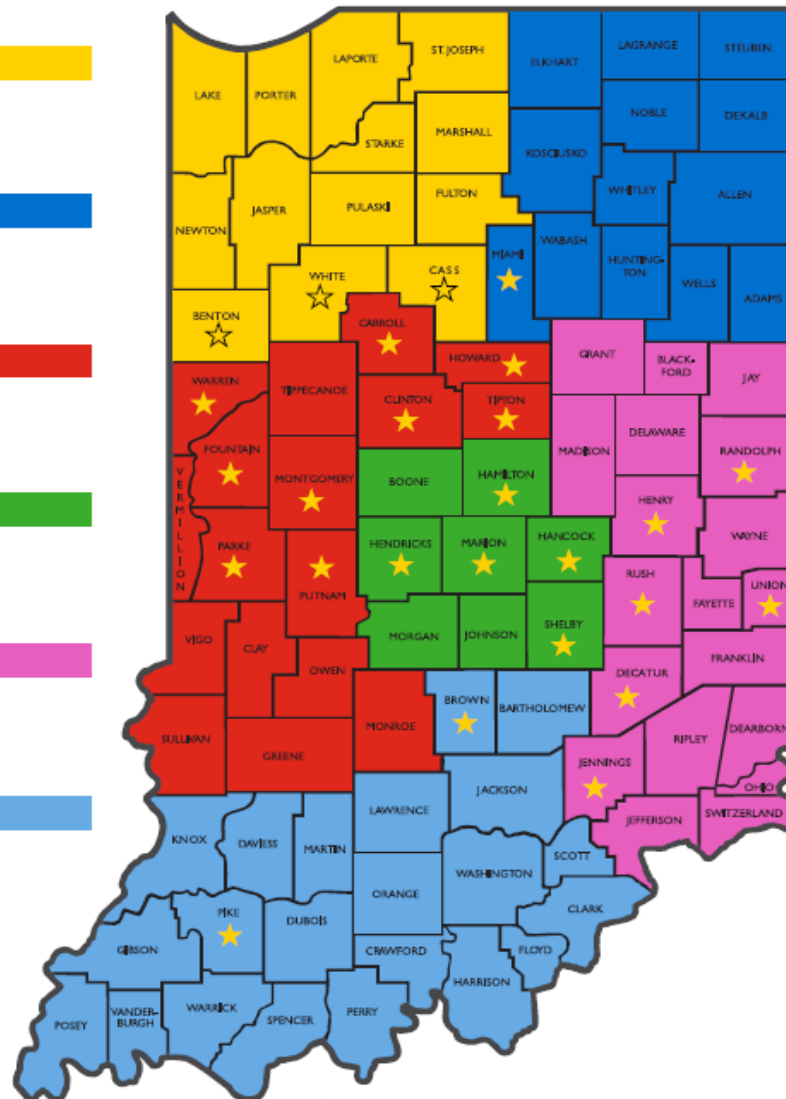
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★ = MDwise Medicare Advantage Plan Available

Click [here](#) to find our map online.

# MDwise Provider Relations Team

## PROVIDER GROUP REPRESENTATIVES

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### **Provider Groups**

Ascension St. Vincent

Franciscan Alliance

Beacon

Union

Parkview

Home Health and Hospice

Skilled Nursing Facilities (SNFs)

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### **LaToya Robertson**

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### **Provider Groups**

Federally Qualified Health Centers (FQHCs)

Rural Health Center (RHCs)

Community Mental Health Centers (CMHCs)

Eskenazi Health

## PROVIDER RELATIONS LEADERSHIP

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**Thank  
you!**

# QUESTIONS?

