

Behavioral Health 101



Disclaimer

Materials presented are not comprehensive. This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet criteria for medical necessity for that service. All information in this presentation pertains to South Carolina Department of Healthy and Human Services (SCDHHS) Healthy Connections Medicaid beneficiaries.

Topics

- Covered Behavioral Health Benefits and Providers
- Behavioral Health Programs
- Provider Resources
- Claim Filing Guidelines
- Grievances and Appeals
- Key Contacts

Covered Behavioral Health Benefits and Providers

Fee-for-Service Members

- The South Carolina Department of Health and Human Services (SCDHHS) is responsible for some behavioral health services.
- SCDHHS is responsible for waiver services.
- SCDHHS is an independent organization that offers health information you may find helpful.

Healthy Blue Members

- Inpatient services provided in a general acute care hospital.
- Professional psychiatric services.
- Outpatient services provided by licensed independent practitioners (LIPs), group practices, federally qualified health centers (FQHCs) and rural health clinics (RHCs) including psychiatrists and advanced nurse practitioners.
- Substance abuse services provided by any of the Department of Alcohol and Other Drug Abuse Services (DAODAS) Commissions.
- Autism services

Healthy Blue Members (Continued)

- Psychiatric residential treatment facility (PRTF) services
- Rehabilitative behavioral health services (RBHS)
- Opioid Treatment Program (OTP)
- Institutes for Mental Disease (IMD)
- School-based Rehabilitative Therapy Services, effective July 1, 2022
- Multisystemic Therapy, effective January 1, 2024
- Developmental Evaluation Centers, effective February 1, 2024

School-based Rehabilitative Therapy

- Effective July 1, 2022
- SCDHHS provides Medicaid reimbursement for medically necessary services provided to Medicaid-eligible individuals in the Local Education Agency (LEA).
- Medical necessity means the need for treatment is necessary to diagnose, treat, cure, or prevent an illness, or participation in services is reasonably expected to relieve pain, improve and preserve health, or be essential to life.
- This includes, but is not limited to, **children under the age of 21 years** who have or are at risk of developing sensory, emotional, behavioral or social impairments, physical disabilities, medical conditions, intellectual disabilities or related disabilities, or developmental disabilities or delays.

School-based Rehabilitative Therapy

Billing Modifiers

- Billing modifiers must match the credentials of individual rendering the service
- Modifiers for school-based mental health services include:

H1- Licensed Clinician

- Licensed clinician refers to licensed or certified professionals allowed to practice at the independent level. This includes: LPC, LMFT, LISW, LPES, Certified School Psychologist II and Certified School Psychologist III.

H2- Unlicensed Clinician

- Unlicensed clinician refers to those professionals who require supervision and co-signature on their Diagnostic Assessment (which is used to confirm medical necessity). This includes: LMSW, MHP, and Certified School Psychologist I.

School-based Rehabilitative Therapy

Staff Supervision

- Services provided by any LMSW, or unlicensed mental health professional must be clinically supervised by a Licensed Practitioner of Healing Arts (LPHA).
- Supervising licensed professionals must have a log documenting supervision of services by the LMSW or MHP.
- Supervision must occur at a minimum of every 30 days.

Inpatient Behavioral Health

- Inpatient behavioral health services are only covered if provided by a contracted and credentialed general acute care hospital, an alcohol or drug commission (DAODAS), or a free-standing psychiatric facility (IMD).
- Diagnosis-related groups (DRGs) covered include:
 - DRG 424-433: psychiatric services
 - DRG 521-523: substance abuse services
- Prior authorization (PA) is required.

Outpatient Behavioral Health

- Outpatient behavioral health services provided in solo and group practices or by an FQHC or RHC are covered.
- The following contracted and credentialed practitioners can provide BH services:
 - Psychiatrists
 - Psychologists
 - Master-level nurses
 - Licensed master social workers (LMSWs) under supervision of a contracted and credentialed physician, psychologist or independently licensed master's level BH provider
 - Independently licensed master level clinicians
 - Licensed Independent social workers (LISWs)
 - Licensed professional counselors (LPCs)
 - Licensed marriage and family therapists (LMFTs)
 - Licensed psychoeducational specialists (LPSs)
- LIPs may provide both mental health and substance abuse counseling services.

Outpatient Behavioral Health

Prior Authorizations

- Participating behavioral health providers are not required to obtain prior authorization (PA) for most core therapy services.
- Psychological testing and assessments do require a PA.
- Effective Nov. 1, 2019, CPT® codes 90832, 90834 and 90837 require PA after more than 24 sessions or encounters have been billed in a 12-month period (July 1 – June 30).
 - This includes sessions that might be held with different providers.
- Providers should contact Provider Services with any questions related to PA guidelines.

Outpatient Behavioral Health

Prior Authorizations (Continued)

- When rendering services that require PA, providers are encouraged to use the [Healthy Blue Forms Resource Center](#).
- Providers can call 1-800-868-1032.
- They can fax requests to 803-870-6505.
- My Insurance Manager- You can also submit prior authorization using the same online self-service provider tool you can use to check eligibility and manage claims.

Covered Codes

- All Healthy Blue behavioral health providers are encouraged to review Section 4 of their respective manuals on the SCDHHS website for information on covered codes and limitations.
- Manuals include:
 - Autism Spectrum Disorder (ASD) Services Manual
 - Community Mental Health (CMH) Services Manual
 - Federally Qualified Health Center (FQHC) Behavioral Health Services Provider Manual
 - Local Education Agencies (LEA) Services Provider Manual, effective July 1, 2022
 - Licensed Independent Practitioners (LIP) Rehabilitative Services Manual
 - Psychiatric Hospital Services Manual
 - Rehabilitative Behavioral Health Services (RBHS) Manual

Department of Alcohol and Other Drug Abuse Services

- All 33 Department of Alcohol and Other Drug Abuse Services (DAODAS) Commissions are contracted and credentialed with Healthy Blue.
- DAODAS services are based upon the American Society of Addiction Medicine (ASAM) levels of care.
- Managed Care Organizations review care based upon the ASAM medical necessity criteria.
- Medication-assisted treatment (MAT) services delivered at DAODAS are covered benefits.

Department of Alcohol and Other Drug Abuse Services

Levels of Care

DAODAS commissions offer or refer to the following levels of care:

1. Residential detoxification
2. Social detoxification
3. Medically monitored inpatient detoxification
4. Residential treatment
5. Day treatment or partial hospitalization
6. Intensive outpatient program treatment
7. Outpatient treatment

Rehabilitative Behavioral Health Services

- Effective July 1, 2016, Rehabilitative Behavioral Health Services (RBHS) were carved in.
- RBHS codes requiring PA include:
 - H2014: Behavior Modification
 - H2017: Psychosocial Rehabilitation Services
 - H2030: Psychosocial Rehabilitation Services/Community Intervention services
 - H2037: Therapeutic Childcare
 - S9482: Family Support Services

Note: DAODAS Commissions and DMH facilities are excluded from this PA update.

Rehabilitative Behavioral Health Services

- Providers of RBHS services include:
 - Department of Mental Health (DMH) (provide directly)
 - Department of Education (DOE) (provide directly)
 - Department of Juvenile Justice (DJJ)
 - Department of Social Services (DSS)
 - Continuum of Care (CoC)

Psychiatric Residential Treatment Facility

- Psychiatric residential treatment facility (PRTF) services should be filed on a UB-04 Claim Form using revenue codes.
 - The revenue codes to be used by PRTF providers are 120, 124 and 154.
 - Therapeutic home time should be billed using revenue code 183. Note, there is a 14-day period in which the member can return home, but services can be billed by the PRTF.
 - To determine the number of therapeutic home time hours the member has accrued during their stay or if they have changed plans or PRTFs, email the SCDHHS BH division.
- Ancillary services should be filed on a CMS-1500 Claim Form using CPT codes.

Psychiatric Residential Treatment Facility

- Claims can be submitted electronically:
 - Through clearinghouse
 - Verify the payor ID with your clearinghouse and routed to BlueChoice
 - Directly to payor
 - Our electronic vendor number is 00403.
- Paper claims should be mailed to the following address:

Healthy Blue
Attn: Claims
P.O. Box 100317
Columbia, SC 29202
- Claims can also be submitted through My Insurance ManagerSM

Autism Spectrum Disorder

Providers of Autism Spectrum Disorder (ASD) services can include:

- Licensed psychologists
- Licensed psycho-educational specialists
- Licensed independent social workers — clinical practice
- Licensed marriage and family therapists
- Licensed professional counselors
- Board-certified behavior analysts (BCBA) (masters or doctoral)
- Board-certified assistant behavior analysts (BCaBA)

Note: LIPs must fulfill all requirements for South Carolina licensure as outlined by the South Carolina Code of Laws and established and enforced by the South Carolina Department of Labor Licensing and Regulation.

Autism Spectrum Disorder

*RBT must bill under a BCBA-D, BCBA or BCaBA.

Treating new members:

- PA is needed for all new Healthy Blue members.
- To request PA, the following information should be faxed to 1-803-870-6506.
 - Diagnosis of Autism
 - Plan of Care
 - CPT Codes Requested.
- Providers can request services with the [Healthy Blue Forms Resource Center](#)
- Please allow 14 days for review and notice.

Behavioral Health Programs

Overview

Healthy Blue provides the following:

- Case management as needed for members with:
 - Major depressive disorder
 - Bipolar disease management
 - Schizophrenia
 - Substance use disorders
- PRTF care coordination services
- Follow-up after hospitalization and care coordination service
- Community Social Work and Community Care Worker Support

Behavioral Health Disease Management

- The Disease Management department provides education and support to members with identified behavioral health conditions.
- The Disease Management department also provides clinical and nonclinical health promotion including:
 - Clinical: weight management program, smoking cessation program, seasonal outreach, HEDIS® or quality improvement initiatives.
 - Non-clinical: member health education and newsletters 19.

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Behavioral Health Case Management

Case management:

- is available to members with behavioral health needs as identified by self-referral, internal collaboration and other source referrals
- clinical team reviews members as needed to develop treatment and care plans, develop community resources and engage the member in treatment.
- Is focused on improving the quality life of the members.

Behavioral Health Case Management

Follow-up after hospitalization:

Healthy Blue provides follow-up after hospitalization to:

- Ensure members continue their care in an outpatient setting after discharge.
- Ensure members are seen by a mental health provider within seven days of discharge from inpatient care.

PRTF care coordinator:

- supports members in PRTFs and assists with treatment plans and discharge planning.

Provider Resources

Available Resources

The following provider resources are available on www.HealthyBlueSC.com:

- Clinical Practice Guidelines
- [HB Forms Resource Form](#)
- Provider Manual
- Information on Overcoming Behavioral Health Stigmas
- Guidelines to Assist in Clinical Decision Making
- Healthy Blue Medical Policies

Claim Filing Guidelines

Claim Filing Guidelines

- When billing for covered behavioral health services rendered by LMSWs in an FQHC or RHC, claims must include the:
 - National Provider Identifier (NPI) number of the supervising provider (box 24J).
 - Place of service of either 11 or 50.
 - Procedure code accompanied by the U4 and HO modifier (box 24D).
- Behavioral health services rendered by an LIP or psychologist should be submitted with either the **AH** or **HO** modifier.
- It is important to bill with the NPI number registered with South Carolina, or your claim will not be paid.
- Your NPI number and tax identification number are required on all claims.

Claim Filing Guidelines

- Timely filing is 365 days.
- Coordination of Benefits claims must include third-party remittance advice and the third-party letter explaining denial or reimbursement.
- Paper claims should be mailed to the following address:
Healthy Blue
Attn: Medicaid Claims
P.O. Box 100317
Columbia, SC 29202-3317
- Claims can also be submitted through My Insurance Manager

Grievances and Disputes

Grievances and Disputes

- Grievances and disputes should be mailed to:
Healthy Blue
Attn: Grievances and Disputes
P.O. Box 100317
Columbia, SC 29202-3317
- To obtain forms, visit www.HealthyBlueSC.com and select Providers.
- Grievance and appeals time frames:
 - Grievances: 30 calendar days from the time provider became aware of the issue.
 - Appeals: 30 calendar days from the Notice of Action Letter.
- For inquiries, contact the Provider Services by phone at 866-757-8286.

Key Contacts

Behavioral Health Contacts

Provider Services:

- Phone: 866-757-8286

Phone Authorizations:

- Phone: 800-868-1032

General Medicaid Questions:

- Phone: 877-552-4642


Overpayment/Refunds:

Overpayment Recovery; PO Box 73651, Cleveland, OH 44193


Refunds; Attn. Refunds AX-570, PO Box 73651, Columbia, SC 29202-3317


HEALTHY BLUE ♦ PO BOX 100317 ♦ COLUMBIA, SC ♦ 29202-3317

Customer Service: 866-781-5094 (TTY: 866-773-9634) Monday – Friday from 8 a.m. – 6 p.m.
24-Hour Nurseline: 800-830-1525 (TTY: 711)

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