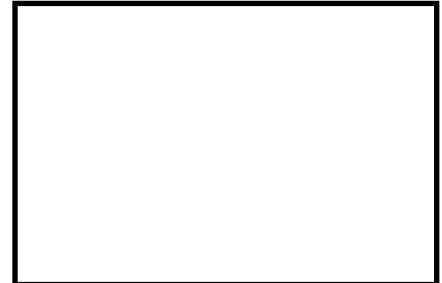


IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201929 MAY 30, 2019

IHCP to modify coverage of certain mental health services

Effective July 1, 2019, the Indiana Health Coverage Programs (IHCP) will modify the coverage of crisis intervention, intensive outpatient treatment (IOT), and peer recovery services to better serve IHCP members. For dates of service (DOS) on or after July 1, 2019, IOT and peer recovery services will no longer be restricted to members eligible for the Medicaid Rehabilitation Option (MRO) benefit plan; in addition, all three services will no longer be carved out of managed care.



This bulletin provides a description of providers that can perform these services, a description of the three services, and billing information.

Description of providers for these mental health services

The following requirements and restrictions apply to these mental health services. As used in this bulletin, *licensed professional* is defined as any of the following provider types:

- Licensed physician (including licensed psychiatrist)
- Licensed psychologist or a psychologist endorsed as a health service provider in psychology (HSPP)
- Licensed clinical social worker (LCSW)
- Licensed mental health counselor (LMHC)
- Licensed marriage and family therapist (LMFT)
- Licensed clinical addiction counselor (LCAC), as defined under *Indiana Code IC 25-23.6-10.5*

A *qualified behavioral health professional* (QBHP) is defined as:

- An individual who has had at least 2 years of clinical experience treating persons with mental illness under the supervision of a licensed professional, as defined previously; such experience occurring after the completion of a master's degree or doctoral degree, or both, in any of the following disciplines:
 - Psychiatric or mental health nursing from an accredited university, plus a license as a registered nurse (RN) in Indiana
 - Pastoral counseling from an accredited university
 - Rehabilitation counseling from an accredited university
- An individual who is under the supervision of a licensed professional, as defined previously, is eligible for and working toward licensure, and has completed a master's or doctoral degree, or both, in any of the following disciplines:
 - Social work from a university accredited by the Council on Social Work Education – Psychology from an accredited university
 - Mental health counseling from an accredited university
 - Marital and family therapy from an accredited university

- A *licensed independent practice school psychologist* under the supervision of a licensed professional, as defined previously
- An *authorized health care professional (AHCP)*:
 - A physician assistant with the authority to prescribe, dispense, and administer drugs and medical devices or services under an agreement with a supervising physician and subject to the requirements of *IC 25-27.5-5*
 - A nurse practitioner (NP) or a clinical nurse specialist (CNS) with prescriptive authority and performing duties within the scope of that person’s license and under the supervision of, or under a supervisory agreement with, a licensed physician, pursuant to *IC 25-23-1*

An *other behavioral health professional (OBHP)*, which is defined as either of the following:

- An individual with an associate or bachelor’s degree, or equivalent behavioral health experience, meeting minimum competency standards set forth by the provider agency and supervised by a licensed professional, as defined previously, or QBHP, as defined previously
- A licensed addiction counselor (LAC), as defined under *IC 25-23.6-10.5*, supervised by a licensed professional, as defined previously, or QBHP, as defined previously

Community mental health centers (CMHCs) may continue to have interns perform services, as described in *IHCP Bulletin BT201859*.

Description of services

The following sections provide detailed information about the three mental health services.

Crisis intervention services (HCPCS code H2011)

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 includes, but is not limited to, the following:

- Crisis assessment, planning, and counseling specific to the crisis
- Intervention at the site of the crisis (when clinically appropriate)
- Prehospital assessment

The goal of crisis intervention is to resolve the crisis and transition the member to routine care through stabilization of the acute crisis and linkage to necessary services. Crisis intervention may be provided in an emergency room, crisis clinic setting, or within the community.

Crisis intervention may be provided to any members who are:

- At imminent risk of harm to self or others
- Experiencing a new symptom that places the member at risk

Provider qualifications

The following providers may deliver crisis intervention:

- Licensed professional
- QBHP
- OBHP



Program standards

- Crisis intervention does not require prior authorization.
- The consulting physician, AHCP, or licensed psychologist or psychologist endorsed as an HSPP must be accessible 24 hours a day, 7 days a week.

- Crisis intervention is a face-to-face service, and may include contacts with the family and other nonprofessional caretakers to coordinate community service systems. These collateral contacts are not required to be face-to-face but must be in addition to face-to-face contact with the member.
- To bill crisis intervention, a face-to-face service must be delivered to the member.
- Crisis intervention is, by nature, delivered in an emergency and nonroutine fashion.
- Crisis intervention should be limited to occasions when a member suffers an acute episode, despite the provision of other community behavioral health services.
- The intervention should be member-centered and delivered on an individual basis.
- Documentation of action to facilitate a face-to-face visit must occur within 1 hour of initial contact with the provider for a member at imminent risk of harm to self or others.
- Documentation of action to facilitate a face-to-face visit must occur within 4 hours of initial contact with the provider for a member experiencing a new symptom that places the member at risk.

Limitations

- Interventions targeted to groups are not billable as crisis intervention.
- Time spent in an inpatient setting is not billable as crisis intervention.
- Routine intakes provided without an appointment or after traditional hours do not constitute crisis intervention.
- Non-face-to-face services are not billable as crisis intervention.

Intensive outpatient treatment (HCPCS codes H0015 or S9480 or revenue codes 905 or 906)

Effective for DOS July 1, 2019, fee-for-service (FFS) Traditional Medicaid will begin coverage for IOT when delivered as treatment for a behavioral health diagnosis using Healthcare Common Procedure Coding System (HCPCS) code S9480 or revenue code 905. This billing guidance supersedes the instructions in [BT201739](#) for managed care billing of IOT services.

IOT is a treatment program that operates at least 3 hours per day, at least 3 days per week. IOT is planned and organized with mental and behavioral health professionals and clinicians providing multiple treatment service components for rehabilitation of alcohol and other drug abuse or dependence in a group setting. IOT includes individual and family therapy, group therapy, skills training, medication training and support, peer recovery services, care coordination, and counseling. The IHCP requires the provision of at least 120 minutes of therapeutic interventions (for example, individual/family or group therapy) per 3 hour session. See [Tables 1](#) and [2](#) for the applicable billing codes.

Provider qualifications

The following providers are authorized to deliver IOT:

- Licensed professionals
- QBHPs
- OBHPs

Program standards

- IOT services require prior authorization.
- Regularly scheduled sessions, within a structured program, must be at least 3 consecutive hours per day and at least 3 days per week.



- IOT includes the following components: individual/family therapy, group therapy, skills training, medication training and support, peer recovery services, and care coordination.
- IOT must be offered as a distinct service.
- A licensed professional is responsible for the overall management of the clinical program.
- IOT must be provided in an age-appropriate setting for members less than 21 years of age.
- At least one of the direct service providers must be an LAC or an LCAC when treatment is provided for substance use disorder (SUD).
- IOT must be individualized.
- Access to additional support services (for example, peer supports, case management, 12-step programs, aftercare/relapse prevention services, integrated treatment, referral to other community supports) must be provided as needed.
- The member is the focus of the service.
- Documentation must support how the service benefits the member, including when the service is in a group setting.
- Up to 20 minutes of break time is allowed during each session of 3 consecutive hours.
- IOT is available to members of all ages. The child rate referenced in Tables 1 and 2 is applied to members who are younger than 21 years of age.

Limitations

- Members are limited to IOT 3 hours per day, though providers may deliver additional hours at the provider's discretion.
- One unit of the appropriate IOT code is equal to 3 hours, and only one unit is reimbursable per date of service.
- Members are not allowed to receive procedure code H0015 or revenue code 906 on the same date of service as H0020 – *Alcohol and/or drug services; methadone administration and/or services (provision of the drug by a licensed program)* regardless of the servicing provider.
- Members are not allowed to receive any combination of procedure code H0015, S9480, revenue code 905, or revenue code 906 on the same date of service regardless of the servicing provider.
- Members are limited to procedure codes H0015 and S9480 in a professional setting.
- Procedure codes are not allowed when billing revenue codes 905 or 906. Services will be considered stand alone and will be reimbursed a flat rate per day.
- Peer recovery services may not be billed by the same provider when performed on the same date of service as IOT.

Exclusion

Any service that is less than 3 hours may not be billed as IOT, but may be billed as psychotherapy (if provider qualifications and program standards are met).

Peer recovery services (HCPCS code H0038)

Peer recovery services can also be referred to as peer support or peer counseling services. Peer recovery services are individual, face-to-face services that provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. See [Table 1](#) for the applicable billing code.

Provider qualifications

Peer recovery services must be delivered by individuals certified in peer recovery services per the Department of Mental Health and Addiction (DMHA) training and competency standards for a certified recovery specialist (CRS). Individuals providing peer recovery services must be under the supervision of a licensed professional, including:

- Licensed physician (including licensed psychiatrist)
- Licensed psychologist or a psychologist endorsed as an HSPP
- LCSW
- LMHC
- LMFT
- LCAC, as defined under *IC 25-23.6-10.5*
- QBHP
- Opioid Treatment Program (OTP) enrolled as provider specialty 835

Program standards

- Peer recovery services are available without prior authorization up to 365 hours (1,460 units) per rolling calendar year.
- Additional units may be authorized via the prior authorization (PA) process.

Billing guidelines for the three mental health services

For services performed on or after July 1, 2019, providers should use the Current Procedural Terminology (CPT^{®1}) and HCPCS codes in Table 1 and/or the revenue codes in Table 2 for all claims involving these services.

For crisis intervention and peer recovery services, facility charges may be billed on an institutional claim (*UB-04* claim form, Provider Healthcare Portal institutional claim, or 8371 electronic transaction), using national coding guidelines.

For DOS on or after July 1, 2019, the HW modifier will no longer be required for H0038 (peer recovery), and HW U1 will no longer be required for H0015 (IOT).

Table 1 – Procedure codes for mental health services, effective for DOS on or after July 1, 2019

Procedure code	Description	Rates
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	Adult Rate \$130.59 Child (0-20) Rate \$299.22
H0038	Self-help/peer service, per 15 minutes	\$8.55 (no change to current rate)
H2011	Crisis intervention service, per 15 minutes	\$33.72 (no change to current rate)
S9480	Intensive outpatient psychiatric services, per diem	Adult Rate \$130.59 Child (0-20) Rate \$299.22

Table 2 – Revenue codes for intensive outpatient services, effective for DOS on or after July 1, 2019

Revenue code	Description	Rates
905	Behavioral health treatments/services – intensive outpatient services-psychiatric	Adult Rate \$130.59 Child (0-20) Rate \$299.22
906	Behavioral health treatments/services – intensive outpatient services-chemical dependency	Adult Rate \$130.59 Child (0-20) Rate \$299.22

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