

Facility-Based Behavioral Health Services

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Application:	All participating hospital and providers
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Disclaimer

Highmark Health Options’ medical claims payment and prior-authorization policy is a reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern and/or otherwise influence medical necessity decisions.

Policy Scope

This policy applies to claims submitted to Highmark Health Options under the Delaware Medical Assistance product.

Purpose

This reimbursement policy describes how Highmark Health Options aligns with CMS in paying facility-based behavioral health services on a per diem basis. Payment represents the expected daily cost of facility-based behavioral health services. Consistent with CMS policy and reimbursement guidelines, separate payment is not made for certain services which are considered an integral part of the prevailing program.

This policy outlines Highmark Health Options reimbursement for Facility-Based Behavioral Health Program refers to the following levels of care:

Mental Health: Inpatient Acute, Partial Hospitalization

Reimbursement Guidelines

Prior authorization is required.

The course of treatment is focused on addressing factors that precipitated admission such as changes in the member’s signs and symptoms, psychosocial and environmental factors, or level of functioning.

Treatment consists of clinically recognized therapeutic interventions such as group, individual and family psychotherapies pertinent to the member’s behavioral health condition. Medical and psychiatric diagnostic evaluation and medication management are also integral to treatment. If the member is diagnosed as having a

substance use disorder in addition to a mental health condition, the program must be prepared to appropriately treat the co-occurring substance use disorder.

Consistent with CMS, for treatment to be considered “active” services must be as follows:

- Supervised and evaluated by the attending/rendering provider.
- Provided under an individualized treatment plan that is focused on addressing the factors that precipitated admission and make use of clinical best practices.
- Reasonably expected to improve the member’s presenting problems within a reasonable period of time.

Highmark will reimburse the expected cost of a day of facility-based behavioral health services using a single day rate for all expected components of an active treatment program. The single day rate will incorporate payment for all dependent, ancillary, supportive, and therapeutic services into payment for the primary independent program service. Separate payments are not made for additional ancillary services itemized on a claim when billed with the primary independent program service.

The following services are considered an integral part of the program services that will be reimbursed under the single day rate paid; therefore, are not separately eligible for reimbursement:

- All supplies
- Ancillary services
- Psychological and neuropsychological testing
- Clinical diagnostic laboratory tests including drug testing
- Treatment planning
- Procedures described by add-on codes
- Individual therapy
- Group therapy
- Family therapy
- Crisis Intervention

Coding Requirements

Covered Rev Code	Description
114	Inpatient (IP) Acute Psychiatric
124	Inpatient (IP) Acute Psychiatric (semi-private two bed)
912	Behavioral Health Treatment/Services-Extension of 090X-Partial Hospitalization-Less Intensive
913	Behavioral Health Treatment/Services-Extension of 090X-Partial Hospitalization-Intensive

Noncovered Rev Code	Description
120	Room and Board

Reference

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, National Correct Coding Initiative (NCCI) Edits

Centers for Medicare & Medicaid Services. 2021. 42 CFR 482.61, Conditions of Participation for Hospitals. CMS Manual System. www.cms.gov.

Policy Update History

07/08/2021	Approved in Reimbursement Policy Committee
08/02/2021	Approved in Governance