

Behavioral Health Coverage for Members Under Age 18

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Policy Scope

This policy applies to U18 Behavioral Health claims submitted to Highmark Health Options (HHO) under the Division of Medicaid and Medical Assistance (DMMA) Medicaid product.

Purpose

This policy is intended to clarify the behavioral health benefit and limits for members under age 18 and to provide claim processing guidelines for related claims

Disclaimer

This HHO medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Reimbursement Guidelines

Covered Benefits

Benefits for behavioral health services must be provided to members enrolled in the DSHP and DSHP Plus plans administered by HHO.

HHO limits members' coverage to 30 behavioral health hours per year.* This limit additionally applies to ABA visits. A visit is defined as one hour of service. If the service

is billed with a 15-minute unit increment, the “maximum” number of units that a member may receive is 120 units of service per year. If the service is billed as 1 hour per unit, the service will count as 4 units towards that 120 limit even if billed as 1 service.

After 30 hours the benefits are covered by the Delaware Department of Services for Children, Youth and Their Families (DSCYF). HHO benefits run on a calendar year, and the 30 hours benefit limit is applied on a calendar year basis.

* Diagnostic evaluation service codes do not count against the benefit limit. Additionally, if there is no time increment specified for a behavioral health or ABA benefit code, these services will count as one visit.

Service	Limitations
Behavioral health crisis intervention services, including facility-based crisis services and mobile crisis teams.	30 hours of behavioral health benefit for members under age 18 (thereafter provided by DSCYF).
Substance use disorder services, including all levels of the American Society of Addiction Medicine (ASAM), Medication Assisted Treatment (MAT) and licensed opioid treatment programs.	30 hours of behavioral health benefit for members under age 18 (thereafter provided by DSCYF).
Licensed behavioral health practitioner services, including licensed psychologists, clinical social workers, professional counselors and marriage and family therapists.	30 hours behavioral health benefit for members under age 18 (thereafter provided by DSCYF).
Outpatient behavioral health services for members under age 18, including assessment, individual/ family/group therapy, crisis intervention, intensive outpatient, and behavioral health rehabilitative services for children.	30 hours of behavioral health benefit for members under age 18 (thereafter provided by DSCYF).

The 30 hours of behavioral health benefit limit per calendar year applies to professional services, substance use disorder services, and outpatient services covered under the above benefits.

Specific services are to be covered exclusively by DSCYF and not by HHO. (Reference: 2019 MSA Addendum Section 3.4.2):

Service	Limitations
<p>Inpatient behavioral health services in a general hospital; in a general hospital psychiatric unit; in a psychiatric hospital (including an institution for mental disease) for members over age 65 and under age 21; and in a private residential treatment facility (PRTF) for under age 21 (In lieu of inpatient behavioral health services in a general hospital or a general hospital psychiatric unit, the Contractor may, provide behavioral health services in an IMD).</p>	<p>For members over age 18 (inpatient behavioral health services to members under age 18 are provided by DSCYF).</p>

Covered Benefits Outside of the 30-Visit Limit

Certain behavioral health-related services and services to members under age 18 with behavioral health needs are Covered Services outside of the 30 hours of outpatient behavioral health services. HHO shall provide these services as Medically Necessary (through prior authorization) and shall not count these services against the 30 hours of outpatient behavioral health services. These services include, but are not limited to the following:

- EPSDT screening, including specific behavioral health screening components.
- All non-psychiatric treatment services provided in inpatient hospitals, regardless of the child’s behavioral health diagnosis, for example, an anorexic adolescent with life-threatening weight loss.
- All prescribed medications, including psychotropic, anti-depressant or other drugs used in behavioral health treatment.
- Medication management, inpatient or outpatient, for all prescribed medications, including psychotropic, anti-depressant or other drugs used in behavioral health treatment.
- Outpatient physician or pediatrician visits, including emergency room visits for medical and behavioral health reasons.
- Medical detox services to adequately evaluate for appropriate triage and follow-up services.

- Care coordination provided to give children and their families with medically necessary related services, and coordination with relevant agencies that provide those services (e.g., consultation with the child, family members, and family social network in the development of the child's integrated health and behavioral health treatment plan).
- Coordination activities to ensure adequate continuity of care for a child between Contractor and DSCYF services, and coordination activities to ensure adequate and necessary primary health care provision for children in custody of DSCYF.
- In general, both a diagnosis of behavioral health the F01-F99 and an acceptable procedure (see below) code must be provided to be considered part of the 30 visits of outpatient behavioral health services for members under age 18.

ABA Benefits

The HHO ABA benefit is 30 hours per year. These visits are counted as a part of the 30 total hours per year offered for members.

Additional ABA services exceeding the 30-hour limit are authorized by the Division of Developmental Disabilities Services (DDDS)

Procedure Code Level Definition

Providers must bill both a behavioral health diagnosis code and procedure and/or revenue code agreed to by DMMA to be considered as part of the 30 hours of outpatient behavioral health services within the HHO plan benefits for members under age 18.

DSCYF has published 2019 service codes covered by the Division of Prevention and Behavioral Health Services (DPBHS) for benefits provided after the managed care organization. In this case, the HHO benefit is exhausted upon meeting the 30-hour limit. The following document details units and, where appropriate, provider types for services covered.

- *2019 DPBHS Contracted Service Codes and Fee Schedule*, <https://kids.delaware.gov/pbhs/pdfs/codes-2019-hcpcs-cpt-billing.pdf>, last accessed Oct. 25, 2021.

Prior Authorization

HHO requires prior authorization for Intensive Outpatient Services, Neuropsychiatric testing, and ABA service.

Claims Submission

Providers must bill both a behavioral health diagnosis code and procedure and/or revenue code agreed to by DMMA on appropriate UB-04 or CMS-1500 claim format to be considered as part of the 30 hours of outpatient behavioral health services within the HHO plan benefits for members under age 18. Claims will be paid as they are received against the accumulator (i.e., all visits over 30 will be denied within instructions to bill DSCYF).