University of Michigan Health Plan

PAYMENT AND REIMBURSEMENT POLICY

Title: PRP-21 Behavioral Health Facility Services

Category: UMHP_PAYMENT REIMBURSEMENT (PR)

Effective Date: 10/11/2024

1.0 Guidelines:

This policy applies to all network and non-network providers, including but not limited to percent of charge contract providers. This policy does not guarantee benefits or solely determine reimbursement. Benefits are determined and/or limited by an individual member's benefit coverage document (COC, SPD, etc.). The Health Plan reserves the right to apply clinical edits to all medical claims through coding software and accuracy of claim submission according to industry billing standards. Clinical edits are derived from nationally recognized billing guidelines such as the Centers for Medicare and Medicaid Services (CMS), National Correct Coding Initiative (NCCI), the American Medical Association (AMA), and specialty societies. PHP may leverage the clinical rationale of CMS or other nationally sourced edits and apply this rationale to services that are not paid for through CMS, but which are covered by the Plan to support covered benefits available through one of the Plan's products. Prior approval does not exempt adherence to the following billing requirements. The provider contract terms will take precedence if there is a conflict between this policy and the provider contract.

2.0 Description:

Behavioral Health Facility Billing includes inpatient, outpatient, or day treatment services provided by a behavioral health provider for the treatment of mental health, substance abuse disorder. This policy is designed to assist with the submission of related claims.

3.0 Coding and Billing:

Outpatient Treatment

Submit one claim for the entire admission, including all services received during the encounter. This includes drug testing, laboratory services, psychiatric/medical evaluations, and assessments, clinical assessments, medications, monitoring, therapy, nursing, and care plan.

Bill Type

- 13X Hospital Outpatient, frequency(X)

Inpatient Treatment

Submit one claim for the entire admission, including all services received during the encounter. This includes drug testing, laboratory services, psychiatric/medical evaluations, and assessments, clinical assessments, medications, monitoring, therapy, nursing, and care plan.

Bill Type

- 11X Hospital Inpatient, frequency(X)

Revenue Codes- Room & Board

- Psychiatric 0114, 0124, 0134, 0144, 0154, or 0204
- Detoxification 0116, 0126, 0136, 0146, or 0156

Residential Treatment Center

Submit **one** claim for an episode of care. This includes drug testing, laboratory services, psychiatric/medical evaluations, and assessments, clinical assessments, medications, monitoring, therapy, nursing, and care plan.

Bill Type

- 86X Specialty Facility Residential, frequency(X)

Revenue Codes

- 1001 Residential treatment- psychiatric
- 1002 Residential treatment- chemical dependency

CPT/HCPCS Codes

- H0011 Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
- H0017 Behavioral health; residential (hospital residential treatment program), without room and board, per diem
- H0018 Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem

Reimbursement: Reimbursement is calculated based on specific contracted payment rates (i.e., Per Diem Rate).

Partial Hospitalization Program (PHP)

Submit **one** claim for an episode of care. This includes drug testing, laboratory services, psychiatric/medical evaluations, and assessments, clinical assessments, medications, monitoring, therapy, nursing, and care plan.

Revenue Codes

- 0912 Partial Hospitalization- less intensive
- 0913 Partial Hospitalization- intensive

CPT/HCPCS Codes

- H0035 Mental health partial hospitalization, treatment, less than 24 hours

Condition Code

All hospitals are required to report condition code 41 in FLs 18-28 to indicate the claim is for partial hospitalization services

- 41 – Partial Hospitalization.
    - For behavioral health claims billed with the following revenue code(s) 900, 904, 914, 915, 916, 918, 942

Intensive Outpatient Program (IOP)

Submit **one** claim for an episode of care. This includes drug testing, laboratory services, psychiatric/medical evaluations and assessments, clinical assessments, medications, monitoring, therapy, nursing and care plan.

Revenue Codes

- 0905 Intensive outpatient services- psychiatric
- 0906 Chemical dependency

HCPC Code

- S9480 Intensive outpatient psychiatric services, per diem
    - Included in the facility per diem
- H0015 Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education

Other Ancillary Services: Other ancillary services may be applicable in addition to the claim data elements and coding identified above for each setting. Ancillary services may include pharmacy, laboratory, or other therapy services. Ancillary service lines should include HCPCS, service date, units, and charges.

Behavioral Health Ancillary Services	
Revenue Code*	**Behavioral Health Treatments/Services**
0900	General
0901	Electroshock
0902	Milieu Therapy
0903	Play Therapy
0904	Activity Therapy
0905	Intensive Outpatient Services
0906	Chemical Dependency
0907	Community Behavioral Health Program- Day Treatment

0911	Rehabilitation
0912	Partial Hospitalization -less intensive
0913	Partial Hospitalization - intensive
0914	Individual Therapy
0915	Group Therapy
0916	Family Therapy
0917	Biofeedback
0918	Testing
0919	Behavioral Health Treatments

* While a service may be reportable under these revenue codes, it may require prior authorization or be considered a non-covered service per the member's benefit plan.

4.0 Documentation Requirements:

A patient's medical record is a confidential record of medical care encounters provided to each patient. Providers are responsible for documentation of care provided for each patient encounter. This document includes a record of subjective and objective observations, patient's history, examinations, diagnostic tests, procedures, findings, working and formal diagnosis, outcomes of care, and care plans. Medical record entries must provide a complete and accurate reflection of the procedures/services provided and fully support the coding and claim data submitted for reimbursement. Documentation should reflect the intensity of evaluation and/or treatment, including care plan, complexity of medical decision making, and medical necessity.

The documentation submitted for support is based on the services provided. PHP uses Centers for Medicare and Medicaid Services (CMS) documentation guidelines as best practices to ensure that all relevant medical record components are reviewed as support of services billed. All supporting components of the service must be received within the allotted time frame to avoid denial for lack of supporting documentation. Incomplete records and lack of response to medical records requests may result in denial or reduced reimbursement.

5.0 Verification of Compliance

Claims are subject to audit, prepayment, and post-payment to validate compliance with the terms and conditions of this policy.

6.0 Terms & Definitions:

Behavioral Health Services: Covered Health Services for the diagnosis and treatment of mental illnesses, alcoholism, and substance use disorders that are listed in the current Diagnostic and Statistical Manual of the American Psychiatric Association, unless those services are specifically excluded. The fact that a condition or disorder is listed in the current Diagnostic and Statistical Manual of the American Psychiatric Association does not mean that treatment for the condition is a Covered Health Service.

Condition Code(s): Codes used to identify conditions or events relating to the bill that may affect processing. The form locators (FL) 18 to 28 are listed as condition codes in the *CMS Manual System: Medicare Claims Processing Pub. 100-04 Chapter 25.*

Inpatient Stay: After formal admission, time spent in a Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation Facility.

Intensive Outpatient Program (IOP): A structured short-term treatment program that provides a combination of individual, group, and family therapy services.

Outpatient Services: Medical and other services provided to a non-admitted patient by a hospital, clinic, or other qualified facilities for diagnosis or treatment

Partial Hospitalization: Health services provided by a multidisciplinary treatment team, which includes licensed mental health professionals for mental health and/or substance use conditions as an alternative to acute inpatient hospital care or a Residential Treatment Program.

Residential Treatment Program: During the program, a patient resides at a certified or licensed residential treatment facility that is not a hospital. Programs treat groups of patients with similar behavioral health conditions.

Substance Use Disorders Treatment: Covered Health Services for the diagnosis and treatment of alcoholism and substance use disorders that are listed in the current Diagnostic and Statistical Manual of the American Psychiatric Association, unless those services are specifically excluded. The fact that a disorder is listed in the Diagnostic and Statistical Manual of the American Psychiatric Association does not mean that treatment of the disorder is a Covered Health Service. Substance Use Disorders Treatment includes services for the prevention, treatment, and rehabilitation for Covered Persons who abuse alcohol or other drugs.

Type of Bill: Four-digit alphanumeric code that provides three specific pieces of information after a leading zero including the type of facility (2nd digit), type of care(3rd digit), sequence of this bill in the episode of care(referred to as "frequency" code)(4th digit).

6.0 References, Citations & Resources:

PRP-05 Medical Record Request Standards

PRP-02 Drug Testing in Pain Management and Substance Use Disorders Treatment

BCP-78 Drug Testing for Pain Management and Substance Use Disorders Treatment

8.0 Revision History:

Revision Date	Reason for Revision
2/22	CCSC approved this policy
10/23	Annual review

9.0 Document Evaluation Panel:

Document Owner:	KARI ALEXANDER (UM HEALTH PLAN-COMPLIANCE AND PRODUCT ANALYST- ASSOCIATE)
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