

Mental Health and Chemical Dependency Medicaid Provider Manual



The Office of Mental Health and Addiction Services
September 2003

Table of Contents

Forward	2
Important Notices	
• DHS Internet Addresses	3
• HIPAA Requirements	4
Definition of Terms	5
Section 1 - Introduction	
General Information for MH and CD Services	9
• Provider Enrollment	9
• Eligibility	9
• How to Determine Client Eligibility	9
• Prior Authorization	10
• Payment of Services	10
• Procedure Codes	11
• Electronic Billing	11
• Medicare/Medicaid Medical Assistance Program Claims	11
Section II	
• Section II Legend	
• Mental Health Procedure Codes	
• CD Service Procedure Codes	
• Mental Health and Chemical Dependency Code Service Criteria	

Forward

The Mental Health (MH) and Chemical Dependency (CD) provider manual is designed to help DHS approved providers to submit claims for reimbursement for mental health and chemical dependency services.

This manual contains information on policy, services, service limitations, service criteria, and billing instructions. The Office of Mental Health and Addictions Services (OMHAS) provider manual is intended to be used in conjunction with applicable Oregon Administrative Rules, state and federal statutes.

Mental Health and Chemical Dependency providers should contact the Office of Medical Assistance Programs (OMAP) Provider Services for billing questions. Provider Services can be reached by calling toll free at 1-800-336-6016 or Salem direct line at (503) 378-3697.

The Office of Mental Health and Addiction Services endeavors to furnish providers with up-to-date billing, procedural information, and guidelines to keep pace with program changes and governmental requirements.

Important Notices:

If providers have internet access, please read or download the manual and any revisions from the DHS website cited below.

Web Site Address	Buzz Word	Description
www.dhs.state.or.us	DHS	Information regarding the Department of Human Services.
DHS website, click Oregon Health Plan		Information regarding: <ul style="list-style-type: none"> - the Prioritized List - OHP Overview - Applications & Benefits - Medicaid Advisory Committee minutes - Client Information - Data & Publications
DHS website, click Oregon Health Plan, then Tools for Providers	OMAP-Provider Information	Information regarding: <ul style="list-style-type: none"> -managed care contracts -electronic submission - HIPAA, - FFS Fee Schedule - new providers information
DHS website, click Oregon Health Plan, subsection Tools for Provider, then New Provider	OMAP-Provider Billing and Guides	Information regarding: <ul style="list-style-type: none"> - Submission of claims. - CMS –1500 & OMAP –1036.
DHS Website, click Health Plan, then Tools for Providers, Reports and Notices	OMAP-Provider Alerts	Information regarding: <ul style="list-style-type: none"> - Updates - remittance advice delays - other timely information or notices.

Please note: the website and location of information is subject to change.

Health Insurance Portability and Accountability Act (HIPAA) Requirements

Electronic business

Effective October 16, 2003, the electronic submission requirement will change to the new HIPAA format. Information related to the new requirements may be found at the DHS website at www.dhs.state.or.us/healthplan/tools_prov/hipaa.

To ensure HIPAA compliance on Oct. 16, 2003, DHS will follow a structured approach to transaction and code testing with specific testing required of electronic submitters as indicated at the website.

Providers doing business electronically with DHS, will be required to become HIPAA-compliant prior to the implementation date. DHS will be using the Web site as our main communication vehicle to you. DHS will accept, test and process only the mandated versions of the HIPAA Electronic Data Interchange (EDI) transactions.

Paper submitters: This testing requirement does not apply to paper submitters. After Oct. 16, 2003, DHS will continue to accept paper (manual) claims and other transactions. Paper submissions are still affected by national code changes reflected in Part II of this manual.

Definition of Terms

Automated Information System Plus (AIS) - AIS is a computer system that will allow the provider, via a touch-tone phone, to access information about the client's eligibility and other service information covered under one of the State of Oregon's Medical Assistance Programs (OMAP).

Chemical Dependency Services (CD) – Assessment, treatment and rehabilitation on a regularly scheduled basis, or in response to crisis for alcohol and/or other drug abusing or dependent clients and their family members or significant others, consistent with the ASAM PPC-2R criteria. Services provided by programs or individuals who have a current license or letter of approval from the Office of Mental Health and Addiction Services.

CPT (Current Procedural Terminology) – The Physicians' Current Procedural Terminology is a listing of descriptive terms and identifying codes for reporting services and procedures performed by health care providers as published by the American Medical Association (AMA). **CPT definitions are proprietary to the AMA, therefore, the definitions will not be included in the provider manual or its attachments.**

Center for Medicare & Medicaid Services (CMS, formerly HCFA) – The federal agency under the Department of Health and Human Services, responsible for approving the waiver request to operate the Oregon's Medicaid Demonstration Project.

Certified Alcohol and Drug Counselor (CADC) – A certified or licensed provider staff member in addiction counseling as defined in OAR 415-051-0057. Qualification for the certification must have included at least the following minimum qualifications as documented by the provider:

- (a) 1,000 hours of supervised experience in alcohol/drug abuse counseling;
- (b) 150 contact hours of education and training in alcoholism and drug abuse related subjects; and Successful completion of a written objective examination or
- (c) Portfolio review by a certifying body.
- (d) Licensure/Registration: For treatment staff holding a health or allied provider license, such license/registration shall have been issued by one of the following state bodies and the staff person must possess documentation of at least 60 contact hours of academic or continuing professional education in the treatment of alcohol and drug-related disorders:
 - (1) Board of Medical Examiners;

- (2) Board of Psychologist Examiners;
- (3) Board of Clinical Social Workers;
- (4) Board of Licensed Professional Counselors and Therapists; or
- (5) Board of Nursing.

Diagnostic Statistical Manual (DSM) – Diagnostic and statistical manual published by the American Psychiatric Association.

Electronic Eligibility Verification Service (EEVS) – Vendors of medical assistance eligibility information that have met the legal and technical specifications of OMAP in order to offer eligibility information to enrolled providers of OMAP.

Fee-For-Service Provider (FFS) – A provider who is reimbursed directly by OMAP for services provided to non-enrolled OHP clients. A provider participating with a PHP may be considered a FFS provider when treating clients who are not enrolled with a PHP or providing non-capitated services.

International Classification of Diseases (ICD) – A revision of the International Classification of Diseases Clinical Modification, including volumes, as revised annually.

HCPCS (Health Care Financing Administration's Common Procedure Coding System) – A method for the reporting of health care professional services, procedures, and supplies, HCPCS is part of the American Medical Association's Physician's Current Procedural Terminology (CPT), National codes and Local codes.

HSC Commission - The Health Services Commission (HSC) is an eleven member commission that is charged with reporting to the Governor the ranking of health benefits from most to least important, and representing the comparable benefits of each service to the entire population to be served.

HSC List - The HSC committee developed a Prioritized List of Health conditions and treatment pairs, which can be found in the OHP Administrative Rules (410-141-0480). Oregon Health Plan (OHP) clients are eligible to receive those treatments for the condition/treatment pairs appearing on the currently funded Prioritized List of Health Services. Such treatments must be deemed medically appropriate, except that services must also meet the Prudent Layperson standard defined in OAR 410-141-0000 and 410-141-0140.

Licensed Medical Practitioner (LMP) - A person who meets the following

minimum qualifications:

- (a) Holds at least one of the following educational degrees and valid licensures:
 - (A) Physician licensed to practice in Oregon;
 - (B) Nurse Practitioner licensed to practice in Oregon; or
 - (C) Physician's Assistant licensed to practice in Oregon; and
- (b) Whose training, experience and competency demonstrate the ability to conduct a Comprehensive Mental Health Assessment and provide medication management.

Mental Health Services (MH) – Assessment, treatment and rehabilitation on a regularly scheduled basis, or in response to crisis for mental health issues for clients or their family members. Services provided by programs or individuals who have a current license or certificate of approval from the Office of Mental Health and Addiction Services.

Office of Medical Assistance Programs (OMAP) – An office of the Department of Human Services responsible for coordinating Medical Assistance Programs, including the OHP Medicaid Demonstration, in Oregon and the Children's Health Insurance Program (CHIP). OMAP writes and administers the state Medicaid rules for medical services, contracts with providers, maintains records of client eligibility and processes and pays OMAP providers.

Office of Mental Health and Addiction Services (OMHAS) - An office of the Department of Human Services agency responsible for programs, policies, community services, and state-operated public institutions servicing persons with mental illness and alcohol and drug problems.

Prepaid Health Plan (PHP) – A managed health, dental, chemical dependency or mental health care organization that contracts with OMAP and/or OMHAS on a case managed, prepaid, capitated basis under the Oregon Health Plan. Prepaid Health Plans may be Dental Care Organizations (DCOs), Fully Capitated Health Plans (FCHPs), Mental Health Organizations (MHOs) or Chemical Dependency Organizations (CDOs).

Provider – An individual, facility, institution, corporate entity, or other organization, which supplies mental health or chemical dependency services.

Qualified Mental Health Associate (QMHA) – A person delivering services under the direct supervision of a Qualified Mental Health Professional (QMHP) and meeting the following minimum qualifications:

- (a) A bachelor's degree in a behavioral sciences field; or
- (b) A combination of at least three years' relevant work, education, training or experience; and
- (c) Has the competencies necessary to:
 - (A) Communicate effectively;
 - (B) Understand mental health assessment, treatment and service terminology in order to apply the concepts; and
 - (C) Provide psychosocial skills development and implement interventions prescribed on a Treatment Plan within the scope of his or her practice.

Qualified Mental Health Professional (QMHP) – A Licensed Medical Practitioner (LMP) or any other person meeting the following minimum qualifications as documented by the provider:

- (a) Graduate degree in psychology;
- (b) Bachelor's degree in nursing and licensed in Oregon;
- (c) Graduate degree in social work;
- (d) Graduate degree in a behavioral science field;
- (e) Graduate degree in recreational, art, or music therapy;
- (f) Bachelor's degree in occupational therapy and licensed in Oregon; and
- (g) Whose education and experience demonstrate the competencies to identify precipitating events; gather histories of mental and physical disabilities; alcohol and drug use, past mental health services and criminal justice contacts; assess family, social and work relationships; conduct a mental status examination; document a multi-axial DSM diagnosis; write and supervise a Treatment Plan; conduct a Comprehensive Mental Health Assessment; and provide individual, family and/or group therapy within the scope of his or her practice.

SECTION I

Introduction

Most Medicaid-eligible Oregon clients receive mental health and chemical dependency services through a Pre-Paid Health Plan (PHP). Clients who are not enrolled in a PHP are called "open card" or "fee-for-service (FFS)". The current month's Medical Care Identification specifies the client's status. FFS clients may receive services from any willing, Medicaid mental health or chemical dependency treatment provider, that has been approved by the Office of Mental Health and Addiction Services.

General Information for Mental Health (MH) and Chemical Dependency (CD) Services

Provider Enrollment

OMAP approved providers may submit claims for services provided to FFS Medicaid clients. Prospective providers should call OMAP Provider Enrollment at 1-800-422-5047 for assistance with the application process. Providers should not serve Medicaid clients prior to issuance of a mental health or chemical dependency provider number.

Eligibility

- Providers must verify the following client information prior to providing services:
 - (1) Eligibility for Medical Assistance coverage;
 - (2) Eligibility for the proposed service, based on the Medicaid benefit package;
 - (3) Whether the client is enrolled in an PHP or FFS.

- **How to Determine Client Eligibility**
 - (1) Verify and copy current month's medical care identification or;
 - (2) Call OMAP's Automated Information System Plus (AIS) at 1-800-522-2508 during normal business hours or;
 - (3) Contract with a vendor to confirm eligibility. OMAP contracts with vendors to provide the Electronic Eligibility Verification Services (EEVS) for Medicaid Providers. A list of current OMAP EEVS providers is cited below. Please contact each vendor for information on available services and associated costs.

Healthcare Data Exchange, LLC

3000 NW Stucki Place
Ste. 280
Hillsboro, OR 97124
503-726-3741

Medifax EDI

PO Box 290037
Nashville, TN 32717-0037
800-819-5003

PHTECH

200 Hawthorne Ave SE
Ste. A-102
Salem, OR 97301
503-362-2818

Prior Authorization:

- FFS Mental Health and Chemical Dependency outpatient services do not require prior authorization, unless specified in the MH/CD Service Criteria located in Section II.
- Providers must contact the appropriate PHP for program coverage, prior authorization and billing information prior to providing the service to a PHP enrolled client. Failure to follow the rules established by the PHP for mental health or chemical dependency services may result in a denial of payment.
- OMAP will not pay a provider for provision of services for which a PHP has received a capitated payment unless otherwise provided for in OAR 410-141-0120.

Payment for Services

- According to 410-120-1280 (1)(a), a provider enrolled with the Office of Medical Assistance Programs or a PHP under the Oregon Health Plan must not seek payment from a client eligible for Medical Assistance benefit, or from a financially responsible relative or representative of that individual, for any services covered by Medicaid, including any co-insurance, co-pays, and deductibles, except under the circumstances cited in the rule.
- Also, as cited in OAR 410-141-0420 (6), the Billing and Payment under the Oregon Health Plan for services provided by a PHP, states payment by the PHP to providers for capitated services is a matter between the PHP and the provider.

- A Third Party Resource (TPR) is an alternative insurance resource, other than Medicaid, available to pay for mental health or chemical dependency services on behalf of the medical assistance clients. Medicaid is the "payer of last resort". This means that other health insurance named in the "Managed Care/Private Insurance/Restrictions" sections of the client's Medical Care Identification must be billed prior to billing OMAP.

Procedure Codes

- Providers must use the current procedure codes that are effective on the date of service. Providers are also required to use the current DSM or ICD code when billing for mental health or chemical dependency services.
- Current procedure codes and service criteria are listed in Section II of this manual. The provider is responsible for selecting the procedure code that best describes the type of service provided. Specific levels of coverage, frequency limitations and modifiers are also included in Section II. **Modifiers listed are used in order to differentiate between similar services in different programs and may only be used with those codes indicated in the service criteria.**

Electronic Billing

- OMAP's FFS providers may bill electronically. PHP's must submit encounter claims electronically. Electronic billing submitters must access the DHS website to download the electronic billing format and requirements prior to October 16, 2003. DHS will accept, test and process only the mandated versions of the HIPAA Electronic Data Interchange (EDI) transactions as specified in the website.
- Claims may be submitted electronically or over the telephone via modem. For more information contact the Office of Information Systems (OIS) at:

OMAP – Electronic Claims Coordinator
500 Summer St. NE
Salem, Oregon 97310-1014
Telephone: (503) 945-6563, or 1-800-527-5772

Medicare/Medicaid Medical Assistance Program Claims (Dual Coverage)

- If a client has both Medicare and Medicaid Medical Assistance Program coverage, providers must bill Medicare first for Medicare covered services.

PROVIDER MANUAL SECTION II

1. Section II Legend
2. MH/CD Procedure Codes through 9/30/03
3. MH/CD Procedure Codes beginning 10/1/03
4. MH/CD Service Criteria

Section II Legend

Type of Codes:

MH – Mental Health

CD – Chemical Dependency

ECS – Extended Care Service (**must be approved by the Extended Care Management Unit (ECMU)**)

Modifiers:

HA – Child Adolescent

HE – Mental Health Program

HF – Substance Abuse

HG – Opiate Addiction Treatment Program

HK – Specialized MH Program for High Risk Populations

HN – Bachelor's Degree (**All Codes must be approved by ECMU**)

TN – Rural/outside provider's customary service area (**Service requires OMHAS approval or must be provided in an OMHAS approved facility**).

52 - Reduced Services: Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's discretion. This provides a means of reporting reduced services without disturbing the identification of the basic service or procedure.

Authorized Providers:

CADC – Program Staff, an employee or person who by contract with the program provides a clinical service and who has the credentials required in OAR 415-051-0057, to provide the clinical services.

LMP - Licensed Medical Practitioner, see definition section of manual.

QMHP - Qualified Mental Health Provider, see definition section of manual.

QMHA - Qualified Mental Health Provider, see definition section of manual