GHI-BMP

PROVIDER BILLING

INSTRUCTIONS

April 2005
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BMP Providers Billing Instructions

I. Groups and Individual Providers

Out-patient Mental Health Pre-Authorization Process:

Effective March 14, 2005, for new patients only, initial case registration will no longer be required. You will only be required to submit claims for the initial ten (10) outpatient mental health sessions with the exception of psychological testing, which will continue to require pre-certification.

However, it is important that you continue to verify eligibility by calling our Interactive Voice Response (IVR) at 1-866-498-2868. Please note that some GHI-BMP members have a fixed number of sessions available through their benefit plan per calendar year. Please verify with the member that they have available sessions before providing treatment and submitting claims.

Please note that Outpatient Mental Health (OPMH) cases for GHI Medicare Choice PPO and GHI Family Health Plus members still require pre-certification. You can verify eligibility and obtain authorization for the initial visits by contacting customer service.

- In order to obtain authorization, call ValueOptions at:
  - City of New York Employees (800) 692 – 2489
  - Federal Employees Health Benefits Program (800) 692 - 7311
  - Community Rated Business (800) 619 - 0630
  - Hotel Employees and Restaurant Employees International Union (HEREIU) (800) 539 - 0817
  - Transport Workers Union (TWU) (877) 800 - 7730
  - Flex Select (800) 625 - 4023
  - GHI Medicare Choice PPO (866) 318 - 7595
  - GHI Family Health Plus PPO (866) 801 - 5367
  - All other (800) 619 - 0630

- The following information will be requested:
  - Your GHI provider ID number and Tax Identification Number
  - Member’s name and alternate ID number to verify:
    - Eligibility through patient benefits
    - Effective- and termination-date of the policy
    - Coordination of Benefits data
  - Please note that effective March 19 2005, GHI implemented an alternate ID number initiative. The new id number consists of 9 digits, beginning with 93, and is not based on the member’s SSN. This alternate ID number must be used to bill for services and in all other transactions with GHI. When billing electronically or on paper, be sure to use the alternate ID number in your submission.
If GHI is:

- Primary insurance carrier, just submit claims for the initial ten (10) outpatient mental health sessions.
- Secondary insurance carrier, pre-certification is not required. Explanation of Benefits from the primary carrier must be submitted along with the claim. If the EOB is not received with the claim, the claim will be denied. The initial 10-visit waiver does not apply.

**Initial Sessions:**
Effective March 14, 2005, for new patients only, initial case registration will no longer be required. You will only be required to submit claims for the initial ten (10) outpatient mental health sessions. All contracted CPT codes would apply with the exception of psychological testing, which will continue to require pre-certification.

The initial ten (10) sessions are per member, per provider, per year. Initial case registration for Outpatient Mental Health (OPMH) cases are no longer required due to the 10 -visit waiver. You will only be required to submit claims for the initial ten (10) outpatient mental health sessions.

**Initial Evaluation:**
Individual providers and group practices can bill for one (1) initial evaluation visit (90801) per patient, per calendar year.

Clinics can bill for two (2) initial evaluation visits (90801) per patient per calendar year: one initial visit (90801) for the psychiatric evaluation and one initial visit (90801) for the psychosocial assessment.

**Covered Services:**
See Addendum A for a full listing.

**Psychological Testing:**
If psychological testing is required:
- Advise the representative during the registration of the initial evaluation;
- A Psychological Testing form will be mailed to you;
- Send to GHI/BMP at PO Box 1884, New York, NY 10116-1884
- GHI/BMP will review for medical necessity and notify you in writing of their determination.

**Psychological Testing for Medical Readiness of a Medical Procedure:**
- GHI-BMP authorizes psychological testing for medical readiness of a medical procedure;
- GHI-BMP can authorize a maximum of one 90801 and three 96100’s.
Neuropsychological evaluations/testing:
CPT procedure codes 96105, 96110, 96111, 96115, 96117 are covered and processed under the GHI medical contract and do not require GHI/BMP pre-authorization.

Electro-convulsive Therapy (ECT):
ECT is covered as a medical/surgical benefit and does not require pre-certification. Anesthesia in conjunction with ECT is covered when performed by a different doctor that the physician who performed the ECT. An anesthesia claim submitted by the physician who performed the ECT will be denied as not covered.

Additional Outpatient Sessions:
If additional sessions beyond the initial 10 are necessary, you will need to submit an Outpatient Treatment Report (OTR).
- The OTR must be completed and submitted two (2) weeks prior to the last utilized date.
- Please send to: GHI/BMP, PO Box 1884, New York, NY 10116-1884

Outpatient Mental Health Billing Process:

Timeframe for Claims Submission:
- In network providers have 365 days after the date of service to submit claims to GHI for claims payment.
- For Coordination of Benefits and Medicare, claims must be submitted within 15 months from the date of the Medicare Explanation of Benefits (EOB) or the primary insurance carriers’ Claims Determination Statement (EOB/EOP).

Claims Submission:
As a GHI - BMP provider, you are able to submit claims to GHI in the following ways:
- electronically via the Electronic Media Claims (EMC) process,
- on paper via a CMS 1500/HCFA 1500 claim form (see Addendum B, Chart #1), or
- on paper via a UB92, should you bill on a UB92 for both inpatient and outpatient services. (See Addendum B, Chart #2)

Electronic Media Claims (EMC):
- Allows for a rapid submission, leading to a faster reimbursement, the elimination of paperwork, and simplified record keeping.

Methods:
1. Envoy (Web MD) claims clearinghouse network
2. Practice Management System (PMS) vendors and billing services that have implemented the GHI-EMC interface for direct connectivity to GHI.
For additional information or to enroll in the EMC program, please contact a GHI-EMC Representative at (212) 615 - 4EMC.
**Paper Claims (Addendum B, Chart #1):**
CMS 1500/ HCFA 1500 must include the following elements:

- Subscriber’s certificate number and/or alternate id number
- Last name, and first name
- Patient’s first name
- Patient’s date of birth
- Relationship to subscriber
- DSM Diagnosis code
- CPT procedure codes
- Dates of service
- Number of visits
- Type of service
- Place of service
- Your charge for each service line
- Total charges billed

**Entering Provider Information:**

**Individual Provider Practice**
When billing for **outpatient mental health services**, enter:
- the rendering provider's name in field #31,
- provider tax identification number in field #25, and
- service address in field #33.

**Group Practice Billing**
When billing for **outpatient mental health services** rendered by a provider who is associated with a group practice, enter:
- the group practice tax identification number in field #25,
- the name of the group and appropriate address where services have been rendered in field #33.

**Clinic Billing**
When billing for **outpatient mental health services** rendered at a clinic, enter:
- the clinic tax identification number in field #25,
- the Clinic name and service address in field #33.

In order for payment to occur, the procedure codes and dates of service billed must match exactly to the authorization given (for visits beyond the 1st 10-visits). When re-submitting a previously denied claim, do not add new services that were not included on the original claim. Please submit claims for new services separately.
Claims submission address:
All claims (with the exception of GHI Employees) should be mailed to:
GHI-BMP Claims
P.O. Box 2827
New York, NY 10116-2827

All GHI Employee claims should be mailed to:
GHI-BMP
Attention: Employee Claims
P.O. Box 2861
New York, NY 10116-2861

Medical claims (where GHI is secondary, neuropsychological evaluation claims, ECT, etc.) should be mailed to:
GHI
P.O. Box 2832
New York, NY 10116-2832

GHI Medicare Choice PPO claims should be mailed to:
ValueOptions
PO Box 1377
Latham, NY 12110

GHI Family Health Plus PPO claims should be mailed to:
ValueOptions
PO Box 1347
Latham, NY 12110

Reimbursement:
• You will be reimbursed at the agreed upon schedule of allowance for covered services, less applicable copay if any.
• As per the terms of your agreement with ValueOptions you are not permitted to balance bill GHI members.
• Members are only responsible for co-payments for covered services, if applicable.
• Only one (1) professional visit per day per provider will be paid. Clinics can bill up to two (2) professional visits per day as long as MD conducted one visit.
• Neuropsychological evaluations are covered and processed under the GHI medical contract and do not require BMP pre-authorization. Neuropsychological evaluations will be reimbursed on an hourly basis regardless of the other visits paid for the same day. GHI will pay for up to 12 hours of neuropsychological evaluations. Additional hours will be subject to a medical necessity evaluation. Please contact GHI at (212) 501-4444.
• Payment for missed appointment is not allowed.
**Electronic Funds Transfer (EFT) For Providers:**
Your reimbursement is deposited electronically into your bank account. An EOB (Explanation of Benefits) from GHI will be mailed to you, without a check attached. For more information or to enroll please call (212) 615-4773.
Access our web site at [www.ghi.com](http://www.ghi.com).

**Claim Inquiries:**

1. To obtain Claims Status on the Internet:
   - Go to: [www.ghi.com](http://www.ghi.com).
   - Enter your 7-digit GHI Provider Number. If you have a provider number that is less than 7 digits, please add 0’s (zeros) to the beginning until you have a 7-digit number.
   - Enter your PIN number (password).
   - Follow the prompts.

To obtain your PIN number (password):

   a) Click on the "Providers" button.
   b) Click on the "Register" button in the opened window.
   c) Scroll down and enter in the corresponding fields your TAX ID number or your GHI/HMO Provider Number, First Name, Last Name, E-mail Address. Confirm your e-mail address in the appropriate field.
   d) Click on "Register".
   e) The system will send your PIN number (password) to the e-mail address that you provided.
2. To submit Claims Inquiries on the Internet:
   - Go to: www.ghi.com,
   - Enter your 7 digit GHI Provider ID Number (PIN); if you have a provider ID # that is less than 7 digits, please add 0’s (zeros) to the beginning until you have a 7 digit #,
   - Select "Claim Review Form", and
   - Follow the prompts.
   - To obtain your PIN number, follow the instructions above for reviewing claims status.
   - Multiple PIN numbers can be assigned so that multiple members of your staff can access the Internet.

3. To obtain Claims Status via the telephone:
   - Call the Automatic Response Unit (ARU) at (212) 501- 4444, which is available 24 hours a day 7 days a week.
   - To access the ARU:
     ➢ dial the number,
     ➢ key in your GHI Provider ID Number, and
     ➢ follow the prompts.
   - Call GHI’s Provider Services Representatives between the hours of 9-5 Monday - Friday at (212) 501- 4444 if you have a question concerning the settlement of a claim.

4. To obtain Claims Status via written inquiries:
   - Written inquiries regarding determination of Claims Payment or rejected claims should be submitted on a Claim Review Form.
   - When completing the form, include:
     ➢ all supporting documentation such as an Explanation of Benefits (EOB).
   - Claim Review Forms should be mailed to:
     GHI
     Benefit Appeals
     PO Box 2857
     New York, NY 10116-2857

**Coordination of Benefits (COB)/ Medicare:**
- COB claims can only be submitted on a paper claim.
- **Explanation of Benefits** from the primary carrier must be submitted along with the claim.
- If the EOB is not received with the claim, the claim will be denied.

COB claims should be mailed to GHI as follows:
   All Claims (with the exception of GHI Employees) should be mailed to:
   GHI-BMP
   Attention: Claims Department
   PO Box 2827
   New York, NY 10116-2827
GHI Employee claims should be mailed to:
GHI-BMP
Attention: Employee Claims
P.O. Box 2861
New York, NY 10116-2861

II. Facilities

Pre-authorization Process:
In-patient Mental Health (IPMH) and Chemical Dependency (IPCD), Partial Hospitalization Programs (PHP), Intensive Outpatient Programs (IOP), as well as Outpatient Chemical Dependency (OPCD) (see Addendum B, Chart #2) admissions must be:
• Approved by GHI-BMP prior to a patient’s admission;
• The patient must be evaluated to meet GHI-BMP medical necessity criteria in order for payment to occur; and
• GHI/BMP Customer Service will register all cases from facilities for eligible subscribers.
• Pre-certification process will follow through a GHI/BMP Care Manager.

• In order to obtain authorization, call ValueOptions/BMP at:
  ➢ City of New York Employees (800) 692 – 2489
  ➢ Federal Employees Health Benefits Program (800) 692 - 7311
  ➢ Community Rated Business (800) 619 - 0630
  ➢ Hotel Employees and Restaurant Employees International Union (HEREIU) (800) 539 - 0817
  ➢ Transport Workers Union (TWU) (877) 800 - 7730
  ➢ Flex Select (800) 625 - 4023
  ➢ GHI Medicare Choice PPO (866) 318 – 7595
  ➢ GHI Family Health Plus PPO (866) 801 - 5367
  ➢ All other (800) 619 - 0630

• The following information will be requested upon registration:
  ➢ Facility Tax ID number and facility address
  ➢ Member’s name and ID number to verify:
    ▪ Eligibility through patient benefits
    ▪ Effective- and termination-date of the policy
  ➢ Coordination of Benefits data

If GHI is:
• Primary insurance carrier, the registration/pre-certification process continues.
• Secondary insurance carrier, pre-certification is not required. Explanation of Benefits from the primary carrier must be submitted along with the claim. If the EOB is not received with the claim, the claim will be denied.
III. Claims Submission:

Claims can be submitted to GHI electronically via the **Electronic Media Claims (EMC)** or on paper via a **UB 92**.

**Electronic Media Claims:**
- **Methods:**
  - *Envoy (Web MD)* claims clearinghouse network – for Inpatient and Outpatient services.
  - *Practice Management System (PMS)* vendors and billing services that have implemented the GHI-EMC interface for direct connectivity to GHI for Outpatient services only.

For additional information or to enroll, please contact a GHI-EMC representative at (212) 615-4EMC.

**UB 92 Paper Claims** (See Addendum B, Chart #2):
- The Facility Name and Address **must** appear on the UB92 in Box 1.
- The Facility TIN **must** appear in Box 5.
- The Dates of Service **must** match the dates authorized and there **must** be a period start and through date in Box 6.
- The Revenue and CPT codes **must** match the services authorized and appropriate CPT/Revenue code descriptions **must** match the codes used.
- For Facilities that bill outpatient services on a UB92, you **must** use both revenue and CPT codes.
- You **must** be contracted for the services for which you are billing.

- All BMP claims (with the exception of GHI Employees) should be mailed to:
  - GHI
  - Attention: Hospital Claims Department
  - PO Box 2833
  - New York, NY 10116-2833

- All GHI Employee claims should be mailed to:
  - GHI-BMP
  - Attention: Employee Claims
  - PO BOX 2861
  - New York, NY, 10116-2861

- Medical claims (where GHI is secondary, neuropsychological evaluation claims, ECT, etc.) should be mailed to:
  - GHI
GHI Medicare Choice PPO claims should be mailed to:
ValueOptions
PO Box 1377
Latham, NY 12110

GHI Family Health Plus PPO claims should be mailed to:
ValueOptions
PO Box 1347
Latham, NY 12110

When re-submitting a previously denied claim, do not add new services that were not included on the original claim. Please submit claims for new services separately.

City Of New York Employee Assistance Program (EAP) claims:
You must submit claims after the case has been officially closed by the EAP. Please contact the EAP for the status of your case prior to submitting the claims to GHI.

Coordination of Benefits (COB)/ Medicare:
COB claims must be submitted on a paper claim with an Explanation of Benefits from the primary carrier, attached. If the EOB is not received with the claim, the claim will be denied. COB claims should be mailed to GHI as follows:

All Claims (with the exception of GHI Employees) should be mailed to:
GHI-BMP
Attention Claims Department
PO Box 2833
New York, NY 100116-2833

GHI Employee Claims should be mailed to:
GHI-BMP
Attention Employee Claims
P.O. Box 2861
New York, NY 10116-2861

Electronic Funds Transfer (EFT) For Facilities:
Your reimbursement is deposited electronically into your bank account. An EOB (Explanation of Benefits) from GHI will be mailed to you, without a check attached. For more information or to enroll please call (212) 615-4EMC. Access our web site at www.ghi.com.
**Facility Claims Inquiries:**
Claims inquiries can be made by:

1. Calling the Automatic Response Unit (ARU) at (212) 615-0500 or (800) Call-GHI available 24 hours a day 7 days a week.
   - To access the ARU:
     - dial the number
     - key in your Facility’s Tax ID number
     - follow the prompts

2. Calling GHI Hospital Service Representatives between the hours of 9am – 5pm, Monday – Friday at (212) 615-0500 if you have a question concerning the settlement of a claim.

3. Sending written inquiries regarding determination of Claims Payment or rejected claims. The written inquiry should be submitted on a Provider Inquiry Form. When completing the form, please be sure to include all supporting documentation such as an Explanation of Benefits (EOB).
   Facility inquiries should be mailed to:
   GHI Hospital Correspondence
   PO Box 2828
   New York, NY, 10116-2828

4. Claims status and eligibility can be obtained on the Internet:
   - Go to: [www.ghi.com](http://www.ghi.com),
   - Enter your facility’s TAX ID number.
   - Enter your PIN number (password).
   - Follow the prompts.
   To obtain your PIN number (password):
   a) Click on the "Providers" button.
   b) Click on the "Register" button in the opened window.
   c) Scroll down and enter in the corresponding fields your TAX ID number or your GHI/HMO provider number, first name, last name, e-mail address. Confirm your e-mail address in the appropriate field. Please note – First and Last name should be of the person who enters the information rather than the facility. It will be used just to send the PIN (password) number.
   d) Click on "Register".
   e) The system will send your PIN number (password) to the e-mail address that you provided.
IV. Appeals Process

Claims Appeals:
- Call GHI’s Hospital Service Department at (212) 615-0500.
- Submit written inquiries (including supporting documentation) on a Provider Inquiry Form to:
  
  GHI Hospital Correspondence
  PO Box 2828
  New York, NY, 10116-2828

Clinical Appeals:
Please follow the directions on the denial letter sent to you by GHI /BMP or call GHI/BMP for any additional information.

V. Provider Relations

Provider/ Facility Handbooks:
The 2004-2005 Provider Handbook is available online at <http://www.valueoptions.com/provider/handbooks.htm>

Please refer to this manual for additional clarification on the roles and responsibilities of providers and facilities.
**QUICK REFERENCE TIP SHEET**

**Authorization:**
Call GHI/BMP at:
- City of New York Employees (800) 692 – 2489
- Federal Employees Health Benefits Program (800) 692 - 7311
- Community Rated Business (800) 619 - 0630
- Hotel Employees and Restaurant Employees International Union (HEREIU) (800) 539 - 0817
- Transport Workers Union (TWU) (877) 800 - 7730
- Flex Select (800) 625 - 4023
- GHI Medicare Choice PPO (866) 318 – 7595
- GHI Family Health Plus PPO (866) 801 - 5367
- All other (800) 619 - 0630

**Claims Submission:**
- Please refer to Addendum B (Chart #’s 1 and 2)
- In order for payment to occur, the procedure codes and dates of service billed must match exactly to the authorization given.

**Provider**
- Electronic:
  - EMC via NEIC (Web MD)
  - Practice Management System (PMS) vendors and billing services for direct connectivity to GHI
- Paper: (HCFAs or UB92s)
  - All paper claims (with the exception of GHI Employees) should be mailed to: GHI-BMP Claims, PO Box.2827, New York, NY 10116-2827
  - GHI Employee claims: GHI-BMP, attention Empire Claims, PO Box 2861, New York, NY 10116-2861
  - Medical claims (where GHI is secondary, neuropsychological evaluation claims, ECT, etc.):
    GHI, P.O. Box 2832, New York, NY 10116-2832
  - GHI Medicare Choice PPO claims should be mailed to: ValueOptions, PO Box 1377, Latham, NY 12110
  - GHI Family Health Plus PPO claims should be mailed to: ValueOptions, PO Box 1347, Latham, NY 12110

**Facility**
- For Facilities that bill outpatient services on a UB92, you must use both revenue and CPT codes.
- Electronic
  - EMC via NEIC (Web MD) *Inpatient and Outpatient services.*
  - Practice Management System (PMS) vendors and billing services that have implemented the GHI-EMC interface for direct connectivity to GHI for *Outpatient services only.*
• Paper UB92s:
  • All paper claims (with the exception of employee claims) GHI, Attention: Claims PO Box 2833, New York, NY 10116-2833
  • GHI Employee claims, GHI-BMP, Attention: Emp. Claims PO BOX 2861, New York, NY 10116-2861
  • Medical claims (where GHI is secondary, neuropsych eval claims, ECT, etc.): GHI, P.O. Box 2832, New York, NY 10116-2832
  • GHI Medicare Choice PPO claims should be mailed to: ValueOptions, PO Box 1377, Latham, NY 12110
  • GHI Family Health Plus PPO claims should be mailed to: ValueOptions, PO Box 1347, Latham, NY 12110

**Claims Re-submission:**
When re-submitting a previously denied claim, **do not add new services** that were not included on the original claim. Please submit claims for new services separately.

**Electronic Funds Transfer (EFT):**
GHI's reimbursement deposited electronically in a bank account.

• Providers (212) 615-4773
• Facility (212) 615-4EMC

**Coordination of Benefits/ Medicare:**

• All COB claims **must** be submitted on paper with an Explanation Of Benefits from the primary carrier, attached.
• COB claims are to be mailed to: GHI, Attention: Claims, PO Box 2827, New York, NY, 10116-2827 (**Provider**).
• COB claims are to be mailed to: GHI, Attention: Claims, PO Box 2833 New York, NY, 10116-2833 (**Facility**).

**Claims Inquiries:**

**Provider:**
• Automatic Response Unit (ARU) at (212) 501-4444, available 24 hours a day 7 days a week.
• GHI’s Provider Services Representatives at (212) 501-4444 between the hours of 9am – 5pm.
• Written inquiries submitted on a Provider Inquiry Form, should be mailed to: GHI, Benefit Appeals, PO Box 2857 NY, NY 10116-2857 (include supporting documentation).
• Internet at [www.ghi.com](http://www.ghi.com).
Facility:
- Automatic Response Unit (ARU) at (212) 615-0500
- GHI’s Hospital Service Representatives at (212) 615-0500 or (800) CALL-GHI between the hours of 9am – 5pm
- Submit written inquiries on a Provider Inquiry Form to: GHI, Hospital Correspondence, PO Box 2828, New York, NY, 10116-2828 (include supporting documentation).
- Internet at www.ghi.com.

Appeals Process:

Payment:
- Provider -Submit written explanation to GHI, attention: Benefit Appeals, PO Box 2857, New York, NY 10116-2857.
- Facility-Call GHI’s Hospital Service Department at (212) 615-0500.

Clinical:
Please follow the directions on the denial letter sent to you by ValueOptions/BMP or call ValueOptions/BMP for any additional information.

ValueOptions Provider Relations and Network Operations

Network Operations Responsibilities (800) 397-1630:
- Provider files questions
- GHI file updates
- Provider update letters should go directly to Network Operations
- Provider Status questions
- Address updates/inquiries
- Licensure/Malpractice updates
- Application questions
- Facility file questions

Service Center Provider Relations Responsibilities (800) 235-3149:
- Contract Specific implementation questions (i.e. demographics, reimbursement rates, etc)
- Contracting
- Contractual Language questions
- Provider Complaints
- Provider demographic questions
- Clients enrolled in their area
- GEO Access problems
- Providers who are interested in coming into the network
- Provider Trainings/Site Visits
ADDENDUM A

DESCRIPTION OF COVERED SERVICES

COVERED SERVICES are those services required for the treatment of mental health or substance abuse conditions, which are Medically Necessary and covered under the terms of the applicable Plan.

Revenue codes and CPT codes that correspond to the services referenced below can be found in Addendum B, Charts 1 and 2.

Inpatient Services

Inpatient Services are 24-hour services that provide medical intervention for mental health or substance abuse diagnoses, or both; components include 24-hour skilled nursing care, daily physician services and a structured treatment milieu. Special treatment may include physical and mechanical restraint, isolation and a locked unit. Treatment must be made available for individuals with unique needs including, but not limited to, ethnic/cultural/linguistic, child/adolescent/family, sexual orientation, dual diagnosis and physically challenged.

Inpatient Mental Health Services

Inpatient Mental Health Services are hospital services to stabilize an acute psychiatric condition that: 1) has a relatively sudden onset; 2) has a short, severe course; 3) poses a significant danger to self or other; and/or 4) has resulted in marked psychosocial dysfunction and/or grave mental disability. The facility must have services to address needs of dually diagnosed individuals.

Observation/Holding Beds (23 Hours)

Observation/Holding Bed Services provide hospital level care for up to 23-hours to provide time for assessment, stabilization, and identification of appropriate resources for individuals. Medical, psychiatric, mental health and substance abuse services are available at intensity equal to or greater than an inpatient hospital setting.

Intensive Observation Bed (72 Hours)

Services providing hospital level of care for up to 72 hours in an Intensive Observation Bed setting. This level of care provides time for intensive assessment for those individuals requiring a more structured stabilization period. Identification of appropriate resources, medical, psychiatric, mental health, and substance abuse services are available at an intensity equal to or greater than an inpatient hospital setting.
Inpatient Substance Abuse Services

Inpatient Substance Abuse Services (ASAM Level IV)

ASAM Level IV services refer to Inpatient Substance Abuse Services that provide a planned detoxification regimen of 24 hour medically directed evaluation, care and treatment for psychoactive substance abusing individuals in a medically managed inpatient setting.

Level III- (ASAM) Detoxification

ASAM Level III Detoxification refers to Inpatient Substance Abuse Services that provide short-term medical treatment for substance use withdrawal, individual medical assessment, evaluation, intervention, substance abuse counseling and post-detoxification referrals. These services may be provided in licensed freestanding or hospital-based programs.

Residential Services

Residential Short Term Substance Abuse Treatment (ASAM Level III-)

ASAM Level III Residential treatment involves short-term 24-hour therapeutically planned treatment, group living situation and teaching for adults or adolescents. It provides continuity of care after Level III Detoxification for individuals engaging in recovery. The emphasis is on group therapy and educational sessions. The Member also receives individual, family, occupational and other forms of therapy. Linkage to aftercare, relapse components and self-help groups are included in the treatment/discharge plan.

Residential Mental Health Treatment for Children and Adolescents

Short-term services providing a therapeutically planned group living situation delivered on a 24-hour basis for individuals under 18 years of age comprise this level of care. This service represents an alternative to hospitalization, most commonly as a diversion or step down from Inpatient Mental Health Services. Services must include at a minimum: milieu treatment; family, group, and individual treatment; medication evaluation; and ongoing treatment. It also features use of community resources for planned therapeutic activities and allows some degree of autonomy. Treatment is generally completed in 14 days, provided realistic discharge goals are set at admission and there is participation of child, family Members, or guardian.

Residential Short-Term Treatment Program for Adults

A program that offers access to a high quality alternative to a hospital admission for dually diagnosed adults in need of acute care treatment would fall under this category. Services must include at a minimum: milieu treatment; family, group, and individual treatment; medication evaluation; and ongoing treatment. It also features use of community resources for planned therapeutic activities and allows some degree of autonomy.
Partial Hospital Psychiatric and Substance Abuse Treatment Services

Mental Health and Substance Abuse Partial Hospitalization

Partial Hospitalization provides an alternative to Inpatient Mental Health and Substance Abuse Services. Mental Health Partial Hospitalization Program offers short-term day mental health programming, consisting of therapeutically intensive acute treatment within a stable therapeutic milieu and including nursing and daily psychiatric medication management. Substance Abuse Partial Hospitalization constitutes an integrated program to provide diagnosis, treatment, and rehabilitative services to individuals with a substance abuse diagnosis. It is for individuals who need more active or inclusive treatment than is typically available through a weekly visit to a hospital outpatient department.

Intensive Outpatient Program Services

Psychiatric Intensive Outpatient Program (IOP)

IOP represents a level of care in the continuum between day treatment and traditional outpatient treatment. IOP services provide time limited comprehensive and coordinated multidisciplinary treatment plans, which include multiple services and modalities, delivered in an outpatient setting, typically 3 hours per day, 2 to 4 times per week. IOP intervenes in a complex or refractory clinical situation that would otherwise result in admission to a higher level of care. Clinical interventions available should include individual, couple and family psychotherapy, group therapies, medication management and psycho-educational services.

Structured Outpatient Addiction Program

Structured Outpatient Addiction Programs provide short-term clinically-intensive structured day and/or evening substance abuse services. It can serve as a step-down service in the continuum of care for those individuals being discharged from Level III Detoxification or can be utilized by individuals whose symptoms indicate a need for structured outpatient treatment beyond the standard outpatient benefit.

Outpatient Services

Outpatient services constitute mental health and substance abuse services provided in an ambulatory care setting, such as mental health or substance abuse clinic, hospital outpatient department, community health center group practice or Provider’s office.

Medication Management Services

The provision of medication evaluations, medication prescription, and administration of medication by qualified personnel according to written policies and procedure and applicable Massachusetts General Laws and Regulations, when indicated.
Psychological Testing

The use of standardized test instruments by a licensed psychologist to evaluate aspects of an individual’s functioning, including cognitive processes, emotional conflicts, and type and degree of psychopathology.

Emergency Services Programs

Services which are available 24 hours per day, 7 days per week to provide emergency assessment and crisis intervention services for any individual who is experiencing a mental health or substance abuse emergency, or both. Services are provided to all individuals regardless of age, gender, race, disability, ability to pay or other status.

Crisis Stabilization Services

Crisis Stabilization Services are provided as an alternative to hospitalization to provide short-term psychiatric and/or substance abuse treatment in a structured, community-based therapeutic environment. Crisis Stabilization provides continuous 24-hour observation and supervision for individuals who do not require the intensive medical treatment of hospital level of care. The program provides continuing evaluation, intervention, and medication management and crisis stabilization.

Crisis Evaluation and Intervention Services

A face-to-face assessment and intervention conducted by qualified clinical personnel of an individual presenting with a mental health and/or a substance abuse emergency. The service will be available both on-site and on a mobile basis (i.e. responding to crises in homes or residential programs, emergency rooms, clinics, police stations and other community settings) after any unsafe medical or violence situation has been addressed and stabilized by the appropriately trained professionals (i.e., EMTs or police), when indicated.

Crisis Evaluation Follow-up Services

The provision of individual crisis-related support as a follow up to an initial emergency screening (as a component of Emergency Services), when indicated. Follow-up services may include medication management, brief counseling and psycho-education and will be available in a variety of settings (e.g. residential programs, emergency rooms, other).

Special Services

Electro-Convulsive Therapy

A service that initiates seizure activity with an electric impulse while the individual is under anesthesia. It is administered in a JCAHO accredited hospital facility that is licensed to provide this service by the Department of Mental Health.
### ADDENDUM B
Chart #1 HCFA 1500 Service Grid

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Acceptable Place of Service Codes</th>
<th>Service Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Outpatient ECT (clinics, clinical groups, and individual doctors)</td>
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<td>Electroconvulsive Therapy, Single Seizure</td>
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<td>90871  *</td>
<td>Electroconvulsive Therapy Multiple Seizures, All Inclusive</td>
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*These are medical services and should be billed on a HCFA 1500 through the medical benefit.*
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**Inpatient**

- 11x = Inpatient
- Code: 100, 124, 134, 144, 154, 204
- Adult, Adolescent & Child Inpatient Psychiatric

**Inpatient – Specialty**

- 11x = Inpatient
- Code: 100, 124, 134, 144, 154, 204
- Adult, Adolescent & Child Inpatient Psychiatric – Specialty

**Inpatient/Holding Bed**

- 13x = Outpatient
- Codes: 760, 761, 762
- Adult, Adolescent & Child 23 Hour Observation Bed/Holding Bed Psychiatric

**Inpatient/Level IV Detox**

- 11x = Inpatient
- Code: 100, 116, 126, 136, 146, 156
- Adult & Adolescent Inpatient Level IV Detox

**Inpatient Rehab**

- 11x = Inpatient
- Code: 100, 118, 126, 136, 146, 158
- Adult & Inpatient Adolescent Rehab

**Inpatient/Level III A**

- 11x = Inpatient
- Code: 100, 116, 126, 136, 146, 156
- Adult & Adolescent Inpatient Level III A

**Residential Substance Abuse/Level IIIB**

- 11x = Inpatient
- Code: 100, 118, 128, 138, 148, 158
- Adult & Adolescent Residential Substance Abuse Level IIIB/Short Term

- 11x = Inpatient
- Code: 100, 124, 134, 144, 154, 204
- Adult, Adolescent & Child Residential Psychiatric

**SOAP**

- 13x = Outpatient
- Code: 910
- Adult & Adolescent Structured Outpatient

**IOP**

- 13x = Outpatient
- Code: 910
- Intensive Outpatient Mental Health

**IOP – Specialty**

- 13x = Outpatient
- Code: 910
- Intensive Outpatient Mental Health – Specialty

**Partial Hospitalization**

- 13x = Outpatient
- Code: 912
- Adult, Adolescent & Child Half-Day Partial Psychiatric

**Partial Hospitalization – Specialty**

- 13x = Outpatient
- Code: 912
- Adult, Adolescent & Child Half-Day Partial Psychiatric – Specialty

**Day Treatment Psych**

- 13x = Outpatient
- Code: 912
- Adult, Adolescent & Child Half-Day Treatment Psychiatric

**Outpatient Substance Abuse**

- 13x = Outpatient
- Code: 513
- Adult, Adolescent & Child Outpatient Substance Abuse

**Outpatient Detox**

- 13x = Outpatient
- Code: 944, 945
- Outpatient Adult & Adolescent Outpatient Detox
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*These are medical services and should be billed on a HCFA 1500 through the medical benefit.*