



| PAYMENT POLICY                                                                                             |                |               |
|------------------------------------------------------------------------------------------------------------|----------------|---------------|
| Behavioral Health Inpatient Services                                                                       |                |               |
| Original Date Approved                                                                                     | Effective Date | Revision Date |
| 3/1/2022                                                                                                   | 4/9/2025       | 1/8/2025      |
| Applies to Products:                                                                                       |                |               |
| <input checked="" type="checkbox"/> Senior Care Options MA <input checked="" type="checkbox"/> One Care MA |                |               |

#### **PAYMENT POLICY STATEMENT:**

Commonwealth Care Alliance, Inc. (CCA) has established a payment policy that outlines behavioral health (BH) inpatient services for all products and aligns with BH state and federal guidelines.

#### **DEFINITIONS:**

**Inpatient Mental Health Services:** Inpatient hospital services used to evaluate and treat acute psychiatric conditions.

**Inpatient Substance Use Disorder (SUD) Services:** Inpatient hospital services that provide medically directed care and treatment to individuals with complex withdrawal needs as well as co-occurring medical and BH conditions.

**Type of Bill (TOB):** A 3-digit numeric code located on an institutional/facility claim that describes the type of facility, type of care, and episode of care (frequency) for the services rendered.

**Revenue Codes:** A 4-digit number that is used on facility claims to tell where the patient was when they received treatment, or what type of item a patient may have received.

**Current Procedural Terminology (CPT):** A numerical or alphanumeric five-digit code used to classify medical services and procedures to help report information more accurately and efficiently.

**Healthcare Common Procedure Coding System (HCPCS):** (Also known as HCPCS Level II) An alphanumeric code starting with an alphabetical letter followed by 4 numeric digits; it is used to identify medical related products, supplies, and services not included in the CPTS codes for billing purposes.

**Modifier:** A two-digit alphabetic, numeric, or alphanumeric code used to indicate a specific circumstance that altered a procedure or service without changing its definition or code and provides more information about the procedure or service performed.



**International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM):** A standardized system used to code diseases and medical conditions when diagnosing patients.

**CMS-1450:** (also known as UB-04) Claim form used for institutional (facility) services.

**CMS-1500:** (also known as HCFA) Claim form used for professional services.

#### **AUTHORIZATION REQUIREMENTS (If applicable):**

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Specializing services require prior authorization as noted in MassHealth guidelines.

Notification of admission is required within 48 hours for inpatient psychiatric and SUD treatment services.

#### **REIMBURSEMENT GUIDELINES:**

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CCA covers medically necessary inpatient BH services rendered in a licensed or state-operated hospital setting as outlined in state and federal guidelines. The inpatient BH services include the following:

**Inpatient Mental Health Services:** Hospital services to evaluate and treat an acute psychiatric condition which:

- 1) has a relatively sudden onset
- 2) has a short, severe course
- 3) poses a significant danger to self or others; or
- 4) has resulted in marked psychosocial dysfunction or grave mental disability.

Inpatient mental health services must be billed on a UB-04 claim form using type of bill (TOB) 11X and one of the following revenue codes:

| Rev Code | Description                             |
|----------|-----------------------------------------|
| 0114     | Psychiatric, private room (1 bed)       |
| 0124     | Psychiatric, semi-private room (2 beds) |
| 0134     | Psychiatric, three & four beds          |
| 0154     | Psychiatric, ward                       |

\*This is not an all-inclusive list

**Inpatient Substance Use Disorder Services (Level IV):** Hospital services that provide a detoxification regimen of medically directed evaluation, care and treatment for individuals with psychoactive substance abuse conditions in a medically managed setting. Inpatient SUD services must be billed on a UB-04 claim form using type of bill (TOB) 11X and one of the following revenue codes:

| Rev Code | Description                             |
|----------|-----------------------------------------|
| 0116     | Detoxification; private (one bed)       |
| 0126     | Detoxification; semi-private (two beds) |
| 0136     | Detoxification; three & four beds       |
| 0156     | Detoxification - ward                   |

\*This is not an all-inclusive list



**Administratively Necessary Day (AND) Services:** AND services are one or more days of inpatient hospitalization provided to covered individuals when they are clinically ready for discharge, but an appropriate setting is not available. Services should include appropriate continuing clinical services. Up to 30 ANDs are covered. Days exceeding the 30-day limit may be considered if the hospital is having difficulty placing the individual or a search for all potential appropriate placement has been exhausted. AND services must be billed on a UB-04 claim form using type of bill (TOB) 11X and the following revenue codes:

| Rev Code | Description                     |
|----------|---------------------------------|
| 0169     | Administratively Necessary Days |

\*1 unit = 1 day

**Specialing:** Specialing services are Expedited Psychiatric Inpatient Admission (EPIA) services that are identified by the facility or unit as needed to admit a patient and exceed the typical capabilities and competencies of the facility or unit. They are therapeutic services provided in a variety of 24-hour settings, on a one-to-one basis, to maintain the individual's safety and require prior authorization. Specialing services should be billed using the following codes:

| Code  | Description                                          |
|-------|------------------------------------------------------|
| T1004 | Services of qualified nursing aide, up to 15 minutes |

\*1 unit = 15 minutes; bill with rev code 0900 if billed on UB-04; **NOTE: Facilities are required to follow the EPIA process when they are unable to access an appropriate inpatient psychiatric hospital placement**

**Behavioral Health Crisis Evaluation:** BH crisis evaluation is an evaluation provided in a medical/surgical inpatient or emergency department (ED) setting to individuals experiencing a BH crisis during the first calendar day of services rendered. On October 1, 2023, this benefit was updated to include the medical/surgical setting for acute hospitals. This service cannot be billed on the same day as BH crisis management or BH observation. BH crisis evaluation should be billed as follows:

| Code  | Description          | Limit                                        |
|-------|----------------------|----------------------------------------------|
| S9485 | BH Crisis Evaluation | 1 unit per day; once per acute hospital stay |

\*1 unit = 1 day; bill with rev code 09XX if billed on UB-04

**Behavioral Health Crisis Management:** BH crisis management services are for individuals experiencing a BH crisis who have ongoing needs for crisis supports after the initial BH crisis evaluation, either in the ED or while in a medical/surgical inpatient setting. There are two levels of BH crisis management:

- Level 1 for individuals requiring ongoing safety monitoring without active safety interventions
- Level 2 for individuals requiring active staff safety monitoring and intervention to prevent, or respond to, attempts of self-injury or aggression in the hospital.



This service became a covered service for acute hospitals effective October 1, 2023, and cannot be billed on the same day as the BH crisis evaluation or BH observation. BH crisis management should be billed as follows:

| Code  | Modifier | Description                  | Limit          |
|-------|----------|------------------------------|----------------|
| S9485 | V1       | BH Crisis Management Level 1 | 1 unit per day |
| S9485 | V2       | BH Crisis Management Level 2 | 1 unit per day |

\*1 unit = 1 day; bill with rev code 09XX if billed on UB-04

**Medication for Opioid Use Disorder (MOUD):** MOUD is a SUD service that utilizes medications to treat opioid use disorders. Effective October 1, 2023, acute hospitals can be reimbursed for MOUD services rendered in an ED setting. MOUD services should be billed as follows:

| Code  | Description                                                                                                                                                                                                                                                     | Limit          |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| G2213 | Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (List separately in addition to code for primary procedure). | 1 unit per day |

\*1 unit = 1 day; bill with rev code 09XX or 450 if billed on UB-04

Code G2213 is an add-on code and must be billed in addition to evaluation and management code. This code can be used for initiating buprenorphine for individuals with medical or BH conditions showing signs or symptoms of untreated opioid use disorder.

**Recovery Support Navigator (RSN):** RSN services are specialized care coordination services for individuals who are interested in entering SUD treatment services after their discharge from the ED or, if admitted, in a medical/surgical inpatient setting. Effective October 1, 2023, acute hospitals can be reimbursed for RSN services rendered in an ED or medical/surgical setting. RSN services should be billed as follows:

| Code  | Modifier | Description                                                                                                                                                                                                                                                                                                                                                                             |
|-------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| H2015 | HF       | A paraprofessional or peer specialist who receives specialized training in the essentials of substance use disorder and evidence-based techniques such as motivational interviewing, and who supports members in accessing and navigating the substance use disorder treatment system through activities that can include care coordination, case management, and motivational support. |

\*1 unit = 15 minutes

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#### RELATED SERVICE POLICIES:

Behavioral Health Diversionary Services

Behavioral Health Outpatient Services

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#### AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a



final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CCA has the right to expect the provider/facility to refund all payments related to non-compliance. CCA reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

## REFERENCES:

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MassHealth 130 CMR 425.000 Psychiatric Inpatient Hospital Manual

<https://www.mass.gov/doc/psychiatric-inpatient-hospital-services-regulations-1/download>

Mass Expedited Psychiatric Inpatient Admission (EPIA)

<https://www.mass.gov/info-details/expedited-psychiatric-inpatient-admission-epia>

MassHealth Managed Care Entity Bulletin 110

<https://www.mass.gov/doc/managed-care-entity-bulletin-110-updates-to-policies-pertaining-to-members-behavioral-health-needs-in-acute-medical-settings-and-inpatient-psychiatry-settings-0/download#:~:text=Effective%20October%201%2C%202023%2C%20MassHealth%20updated%20the%20minimum%20rate%20Accountable,with%20Autism%20Spectrum%20Disorder%2DI ntellectual>

MassHealth Managed Care Entity Bulletin 9

<https://www.mass.gov/doc/managed-care-entity-bulletin-9-clarification-on-the-use-of-administratively-necessary-days-in/download>

## POLICY TIMELINE DETAILS:

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1. Drafted January 2022
2. Revised: January 2022
3. Approved: February 2022
4. Implemented: April 2022
5. Updated: October 2022, added Eating Disorder Acute Residential Treatment (H0017 or T2033) code (Effective January 2023)
6. Revised: January 2025, policy split into two separate policies (BH Diversionary and BH Inpatient Services), updated template, added definitions, added descriptions for each service with table showing allowed codes, added limits under code tables where applicable