



PROVIDER REIMBURSEMENT GUIDANCE

Inpatient and Intermediate/Diversory Behavioral Health Services

Original Date Approved	Effective Date SCO/ICO	Effective Date MAPD*	Revision Date								
	04/01/2022	04/01/2022									
<p>Scope: Commonwealth Care Alliance (CCA) Product Lines</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Senior Care Options (MA)</td> <td><input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> One Care (MA)</td> <td><input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA*</td> <td><input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Senior Care Options (MA)	<input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI*	<input checked="" type="checkbox"/> One Care (MA)	<input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI*	<input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA*	<input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*	<input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*	
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Payment Policy Summary

Commonwealth Care Alliance® (CCA) reimburses for medically necessary inpatient and intermediate behavioral health and substance use disorder services as outlined within the member’s benefit description. Intermediate levels of care consist of acute community-based treatment, partial hospitalization programs, and intensive outpatient programs.

Authorization Requirements

For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual in reference section below.

Reimbursement Guidelines:

Services will be reimbursed in accordance with all state and federal guidelines and Mental Health Parity Laws and member benefits plan.

CCA provides coverage and appropriate compensation for “specializing” services if a member’s immediate care requires one on one staffing or adjustments to a facility’s usual staffing needs.

Administratively Necessary Days (AND): Per MassHealth guidelines, a member can only move to AND status when the member is clinically ready for discharge to a lower level of care, but an appropriate setting is not available.

- A member cannot be placed on AND status when a member is going to be discharged from a hospital but is awaiting a placement at another acute inpatient level of care.

Billing and Coding Guidelines:

Unless otherwise stated, CCA follows AMA coding guidelines. Refer to current industry standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage.

If a requested service or item is not listed below, please call Provider Services at 866-420-9332 for clarification.

For Administratively Necessary Days (AND) providers must submit revenue code 0169.



Inpatient/Diversions Services: Revenue codes and procedure codes for inpatient and diversionary services are outlined below (Note: This list may not be all-inclusive list).

Code	Description
0114, 0124	Inpatient BH, all-inclusive per diem
0116, 0126	Inpatient SUD, (ASAM Level IV detox) all-inclusive per diem
0134	Room & Board psychiatric – S/P 3-4
0136	Room & Board detox – S/P 3-4 Bed
0144	Room & Board psychiatric – private deluxe
0146	Room & Board detox – private deluxe
0154	Room & Board psychiatric
0156	Room & Board detox
0905	Intensive Outpatient Services-Psychiatric
0906	Intensive Outpatient Services-Chemical Dependency
0912	Partial Hospitalization

Specialing: The specialing services below require authorization and must be billed on a separate claim from the inpatient admission to ensure appropriate reimbursement.

Code	Description
Revenue code 0900 and/or HCPCS code T1004	<p>Providing additional staffing overall or mobilizing additional staff to manage the added acuity of a patient from the ED to maintain unit safety (e.g., intensive RN and physical care, 1:1 caregiver or personal care attendant, 1:1 security, 1:1 mental health worker)</p> <p>Outpatient claims (CMS-1500) should be billed with T1004</p> <p>Institutional claims (UB-04) should be billed with 0900, T1004 and Bill Type 13X</p>

Program of Assertive Community Treatment (PACT)

Code	Description
H0040	Assertive community treatment program, per diem (PACT programs with 50 slots)
H0040-HT	Assertive community treatment program, per diem (PACT programs with 80 slots)
H0040-H9	Assertive community treatment program, per diem (forensic program)

Individualized Treatment and Stabilization:

Code	Description
H2036-HK	Individualized Treatment and Stabilization (Tier 1) per diem
H2036-HF	Individualized Treatment and Stabilization (Tier 2) per diem

Residential Rehabilitation Services (RRS)

Code	Description
H0019	Residential Rehabilitation Services (RRS)
H0019-HF	Residential Rehabilitation Services (RRS) young adults
H0019-HR	Residential Rehabilitation Services (RRS) families
H0019-TH	Residential Rehabilitation Services (RRS) pregnant/post-partum women
H0019-HH	Co-occurring/Enhanced Residential Rehabilitation Services (RRS)

Intermediate Services: Procedure codes for intermediate services are outlined below (Note: This is not an all-inclusive list).

Code	Description
H0015	SUD intensive outpatient program, per day
H0035	BH/SUD partial hospital, per day (Note: bill with revenue code 912; 1 unit = half day, 2 units = full day)
H2012	BH day treatment, per hour
S9480	BH intensive outpatient program, per day

Substance Use Treatment: Clinical Stabilization Services (CSS) and Acute Treatment Services (ATS)

ASAM Level	ASAM Description	HCPC Code	Revenue Code
Level 3.5	Clinical Stabilization	H0010	1002
Level 3.5-WM	Clinical Stabilization Withdrawal Management	H0010	0116, 0126, 0136, 0156
Level 3.7	Medically Monitored Inpatient Withdrawal Management	H0011	1002, 0116, 0126, 0136, 0146, 0156
Level 4	Inpatient Level 4 Detox		0116, 0126, 0136, 0156

Note: Providers must bill both the HCPC, and revenue codes indicated for each service as applicable

Additional Codes:

Service	Code	Mod 1	Mod 2	Description
ESP eval in Emergency Department	S9485	HB	SE	Crisis intervention mental health services, per diem
ESP eval community based	S9485	HE	SE	Crisis intervention mental health services, per diem
ESP eval mobile non-emergency dept	S9485	U1	SE	Crisis intervention mental health services, per diem
Community Crisis Stabilization	Day 1 S9485	ET		Crisis intervention mental health services, per diem (1 unit = 1 day) <i>Submit on a CMS-1500</i>
	Day 2-5 S9485	TF		
	Day 6 + S9485	TG		
Enhanced Community Crisis Stabilization	Day 1-5 S9485-	HT		Crisis intervention mental health services, per diem (1 unit = 1 day) <i>Submit on a CMS-1500</i>
	Day 6+ S9485	HT	TG	
Dual Diagnosis Acute Residential Treatment (DDART)	H0037-HH +	1001	1002	Community psychiatric supportive treatment program, per diem (1 unit = 1 day) <i>Submit on UB04 form</i>
Enhanced Acute Treatment Services (EATS)	H0011-HH +	1002		Alcohol and/or drug services; acute detoxification (inpatient residential addiction program); 1 unit = 1 day <i>Submit on UB-04 form</i>

Audit and Disclaimer Information

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 compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

References

Massachusetts Executive Office of Health and Human Services (EOHHS)

American Medical Association, Current Procedural Terminology (CPT®)

Centers for Medicare and Medicaid Services, CMS Manual System

Payment Policies:

[Massachusetts](#) / [Rhode Island](#)

Provider Manuals:

[Massachusetts](#) / [Rhode Island](#)

Prior Authorization Forms:

[Massachusetts](#) / [Rhode Island](#)

Policy Timeline Details

1. Drafted January 2022
2. Revised: January 2022
3. Approved: February 2022
4. Implemented: April 2022