

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 18-23

TO: District of Columbia Managed Care Organizations, the Managed Care Organization Network, and the Fee for Service Network

FROM: Angelique Martin 
Interim Medicaid Director

DATE: July 26, 2018

SUBJECT: Policy and Procedure: MCO Behavioral Health Covered Services

The purpose of this transmittal is to provide guidance to the Managed Care Organizations, their network, and the Fee for Service network of the covered inpatient and clinic based behavioral health services under a beneficiary's health plan.

The District of Columbia Managed Care Organizations (MCO) and Fee for Service (FFS) Medicaid Plan provides coverage for emergency, inpatient, and clinic based behavioral health services. These plans provide coverage for services performed in an inpatient setting, an Institute of Mental Disease (IMD), a Psychiatric Residential Treatment Facility (PRTF), or in a clinic based setting when care is directed by a physician. At a minimum, each plan shall provide coverage for diagnostic, assessment, psychotherapy, and pharmacologic management services.

Effective April 10, 2018, the MCOs and FFS plans shall insure beneficiaries meeting the medical necessity have access to the covered services.

For questions regarding this transmittal, please contact JaVon Oliver, Behavioral Health Coordinator, Health Care Delivery and Management Administration at javon.oliver2@dc.gov or (202) 478-2434.

cc: Medical Society of the District of Columbia
DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Care Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Subject: MCO Behavioral Health Coverage

Policy Number: HCDMA-18-001

Policy Scope: Department-wide	Number of Pages: Six (6)
Responsible Office or Division: Health Care Delivery Management Administration (HCDMA)	Number of Attachments: N/A
Supersedes Policy Dated: N/A	Effective Date: 4/10/2018
Cross References and Related Policies: N/A	Expiration Date, if Any: N/A

1. PURPOSE

To establish the Behavioral Health service coverage and limitations through the MCO benefit.

2. APPLICABILITY

This policy applies to all Managed Care Organizations Contracted with DHCF, except the Alliance and CASSIP MCOs.

3. AUTHORITY

The authority and functions of the DHCF as set forth in the “DHCF Establishment Act of 2007” effective February 27, 2008 (D.C. Law 17-109).

Coverage for clinic services set forth in Supplement 1 to Attachment 3.1A, page 11 and Supplement 1 to Attachment 3.1B, page 10 of the District of Columbia Medicaid State Plan.

4. DEFINITIONS

Adult Substance Abuse Rehabilitative Services (ASARS) – Medical or remedial services, as defined under Supplement 6 to Attachment 3.1A and Supplement 3 to Attachment 3.1B of the State Plan, provided to eligible Medicaid beneficiaries who have a diagnosis of substance use disorder.

Alliance Enrollee: A person who has been found eligible by the Economic Security Administration to be eligible for the DC Health Care Alliance. An Alliance Enrollee is also an Enrollee, unless otherwise specifically noted.

Behavioral Health Services: Services for the treatment of mental or emotional disorders and treatment of Substance Use disorders.

Counseling Services: Individual, group or family face-to-face counseling (including community-based) or psychotherapy services for symptom and behavior management, development, restoration or enhancement of adaptive behaviors and skills, and enhancement or maintenance of daily living skills.

Department of Behavioral Health (DBH): The Department of Behavioral Health provides prevention, intervention and treatment services and supports for children, youth and adults with mental and/or substance use disorders including emergency psychiatric care and community-based outpatient and residential services. DBH serves eligible adults, children and youth and their families through a network of community based Providers and unique government delivered services. It operates Saint Elizabeth's Hospital—the District's inpatient psychiatric facility.

DBH Certified Entity: Provider that contracts with the Department of Behavioral Health to provide Behavioral Health Rehabilitation Services.

District of Columbia State Plan for Medical Assistance (State Plan): The State plan is a comprehensive written statement submitted by the DHCF describing the nature and scope of its Medicaid program and giving assurance that it will be administered in conformity with the specific requirements of title XIX, the regulations in this Chapter IV, and other applicable official issuance of the U.S. Department of Health and Human Services. The State plan contains all information necessary for CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation (FFP) in the State program.

Health Home – A designated provider or a health team selected by an eligible Medicaid beneficiary with chronic conditions to provide care coordination, health promotion, individual and family support, and other services approved under Health Home benefit of the State Plan.

Inpatient Behavioral Health Service: Residence and treatment provided in a psychiatric hospital or unit licensed or operated by the District of Columbia.

Institute of Mental Disease: a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.

Mental Health Rehabilitation Services (MHRS) – Medical or remedial services, as defined under Supplement 6 to Attachment 3.1A and Supplement 3 to Attachment 3.1B of the State Plan, provided by Core Service Agencies to eligible Medicaid beneficiaries who are mentally ill or seriously emotionally disturbed.

Psychiatric Residential Treatment Facility (PRTF): In accordance with 42 C.F.R. §483.352, a facility other than a hospital that provides inpatient psychiatric services to individuals under age 21.

Substance Use Disorder Services: Management and care of a patient misusing alcohol or drugs, a condition which is identified as having been caused by that misuse, or both, to reduce or eliminate the adverse effects upon the patient.

Warm hand-off: An approach in which the referring entity does an introduction of a patient to the behavioral health entity to which he or she is being referred. The referring entity also follows up with the patient to ensure that he or she has accessed the intended care.

5. POLICY

All Managed Care Organizations (MCO) contracted with the Department of Health Care Finance (DHCF) must cover Inpatient, Emergency, Clinic, and Office-Based Behavioral Health Services in their benefit coverage plans.

6. PROCEDURE

Beneficiaries

All Beneficiaries who are enrolled in a MCO, with the exception of Alliance Beneficiaries, are eligible for MCO-Covered Behavioral Health Services. In addition, beneficiaries that meet Medical Necessity for Behavioral Health Rehabilitation Services and Alliance Beneficiaries, such as Mental Health Rehabilitation Services (MHRS) and Adult Substance Abuse Rehabilitation Services (ASARS), shall be referred by method of “warm hand-off” to the Department of Behavioral Health (DBH). Unless the Beneficiary is enrolled in one of the District’s Health Home programs, the MCO is responsible for coordinating the care through resource management, Comprehensive Case Management, or Care Coordination.

MCO-Covered Behavioral Health Services

Covered behavioral health services shall be limited to:

- Inpatient Behavioral Health Services and services provided in a hospital, Institute of Mental Disease (IMD), or Psychiatric Residential Treatment Facility (PRTF) when medically necessary to stabilize a psychiatric or substance use disorder; and
- Clinic Based Behavioral Health Services performed in a clinic setting, Federally Qualified Health Center, Free-Standing Mental Health Clinic, or other Clinic Based Behavioral Health setting. Clinic Based Behavioral Health Services shall be limited to ambulatory mental health and substance use evaluation, treatment and management services identified by specific Current Procedural Terminology (CPT) codes. Such codes include psychiatric diagnosis, health and behavioral health assessment and treatment, individual and family therapy, and pharmacologic management, including drugs used to treat psychiatric and/ or substance use disorders.

- Physician, Physician Assistant, and Advanced Practice Registered Nurse (APRN) services limited to ambulatory mental health and substance use evaluation, treatment and management services identified by specific Current Procedural Terminology (CPT) codes. Such codes include psychiatric diagnosis, health and behavioral health assessment and treatment, individual and family therapy, and pharmacologic management, including drugs used to treat psychiatric and/ or substance use disorders.

Medical Necessity

The MCOs shall develop and utilize standard medical necessity criteria for determining the appropriate setting for Behavioral Health services.

Applicable CPT Codes

Physician, BH Clinic, & FQHC valid codes

Description	Code
Psychiatric diagnostic evaluation	90791
Psychiatric diagnostic evaluation with medical services	90792
Psychotherapy, 30 minutes with patient	90832
Psychotherapy, 45 minutes with patient	90834
Psychotherapy; 60 min	90837
Psychotherapy for crisis	90839
Psychotherapy for Crisis Services and Procedures	90845
Family psychotherapy, without patient present	90846
Family psychotherapy, patient present	90847
Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with patient)	90875
Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with patient)	90876
Psychological testing	96101
Brief emotional behavioral assessment	96127
Evaluation and management	99201
Evaluation and management	99202
Evaluation and management	99203
Evaluation and management	99204
Evaluation and management	99205
Evaluation and management	99205
Evaluation and management	99211
Evaluation and management	99212

Description	Code
Evaluation and management	99213
Evaluation and management	99214
Evaluation and management	99215
Evaluation and management	99241
Evaluation and management	99242
Evaluation and management	99243
Evaluation and management	99244
Evaluation and management	99245
E/M Domiciliary, rest home, custodial care	99324
E/M Domiciliary, rest home, custodial care	99325
E/M Domiciliary, rest home, custodial care	99326
E/M Domiciliary, rest home, custodial care	99328
E/M Domiciliary, rest home, custodial care	99334
E/M Domiciliary, rest home, custodial care	99335
E/M Domiciliary, rest home, custodial care	99336
E/M Domiciliary, rest home, custodial care	99337
E/M Home Services	99341
E/M Home Services	99342
E/M Home Services	99343
E/M Home Services	99344
E/M Home Services	99345
E/M Home Services	99347
E/M Home Services	99348
E/M Home Services	99349
E/M Home Services	99350
E/M Preventive Medicine	99381
E/M Preventive Medicine	99382
E/M Preventive Medicine	99383
E/M Preventive Medicine	99384
E/M Preventive Medicine	99385
E/M Preventive Medicine	99386
E/M Preventive Medicine	99387
E/M Preventive Medicine	99391
E/M Preventive Medicine	99392
E/M Preventive Medicine	99393
E/M Preventive Medicine	99394
E/M Preventive Medicine	99395
E/M Preventive Medicine	99396
E/M Preventive Medicine	99397
Counseling risk factor reduction and behavior change intervention	99401

Description	Code
Counseling risk factor reduction and behavior change intervention	99402
Counseling risk factor reduction and behavior change intervention	99403
Counseling risk factor reduction and behavior change intervention	99404
Evaluation and management (alcohol and substance abuse)	99408
Evaluation and management (greater than 30 minutes)	99409
Counseling risk factor reduction and behavior change intervention	99415
Transitional care management	99495
Transitional care management	99496
Advance care planning	99497



Claudia Schlosberg
Senior Deputy Director/Medicaid Director

June 28, 2018

Date