

Behavioral Health: Under 18

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Highmark Health Options Delaware Medicaid
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
Page Number(s):	3

POLICY SCOPE

This policy applies to U18 Behavioral Health claims submitted to Highmark Health Options under the Delaware Medical Assistance product.

PURPOSE

This memorandum is intended to clarify the behavioral health benefit and limits for members under 18 and provide claim processing guidelines for related claims.

DISCLAIMER

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Reimbursement Guidelines

Covered Benefits

Benefits for behavioral health services must be provided to members enrolled in the DSHP and DSHP Plus Plans administered by HHO. These benefits are defined as follows (reference: 2019 MSA Addendum Section 3.4.2) and are generally limited to 30 visits/hours and thereafter are provided by the Delaware Department of Services for Children, Youth, and their Families (DSCYF). HHO benefits run on a calendar year, and the 30-visit/hours benefit limit is applied on a yearly calendar basis.

HHO limits members to 30 behavioral health **visits/hours** per year. A visit is defined as one hour of service. If the service is billed with a 15-minute unit increment, the “maximum” number of units that a member may receive is 120 units of service per year. If the service is billed as 1 hour per unit, the service will count as 4 units towards that 120 limit even if billed as 1 service.

Note: Diagnostic evaluation service codes do not count against the benefit limit. Additionally, if there is no time increment specified for a behavioral health benefit code, these services will count as 1 visit.

Service	Limitations
Behavioral health crisis intervention services, including facility-based crisis services and mobile crisis teams	30 hours of behavioral health benefit for members under age 18 (thereafter provided by DSCYF)
Substance use disorder services, including all levels of the American Society of Addiction Medicine (ASAM), Medication Assisted Treatment (MAT) and licensed opioid treatment programs	30 hours of behavioral health benefit for members under age 18 (thereafter provided by DSCYF)
Licensed behavioral health practitioner services, including licensed psychologists, clinical social workers, professional counselors and marriage and family therapists	30 hours behavioral health benefit for members under age 18 (thereafter provided by DSCYF)
Outpatient behavioral health services for members under age 18, including assessment, individual/ family/group therapy, crisis intervention, intensive outpatient and behavioral health rehabilitative services for children	30 hours of behavioral health benefit for members under age 18 (thereafter provided by DSCYF)

The 30 hours of behavioral health benefit limit per calendar year applies to professional services, substance use disorder services, and outpatient services covered under the above benefits.

Specific services are to be covered exclusively by DSCYF and not by HHO. (Reference: 2019 MSA Addendum Section 3.4.2):

Service	Limitations
Inpatient behavioral health services in a general hospital; in a general hospital psychiatric unit; in a psychiatric hospital (including an institution for mental disease) for members over age 65 and under age 21; and in a private residential treatment facility (PRTF) for under age 21 (In lieu of inpatient behavioral health services in a general hospital or a general hospital psychiatric unit, the Contractor may, provide behavioral health services in an IMD).	For members age 18 and older (inpatient behavioral health services to members under age 18 are provided by DSCYF)

Covered Benefits Outside of 30-Visit Limit

Certain behavioral health-related services and services to members under age 18 with behavioral health needs are Covered Services outside of the 30 hours of outpatient behavioral health services. HHO shall provide these services as Medically Necessary (through prior authorization) and shall not count these services against the 30 hours of outpatient behavioral health services. These services include, but are not limited to the following:

- EPSDT screening, including specific behavioral health screening components.
- All non-psychiatric treatment services provided in inpatient hospitals, regardless of the child's behavioral health diagnosis, for example, an anorexic adolescent with life-threatening weight loss.
- All prescribed medications, including psychotropic, anti-depressant or other drugs used in behavioral health treatment.

- Medication management, inpatient or outpatient, for all prescribed medications, including psychotropic, anti-depressant or other drugs used in behavioral health treatment.
- Outpatient physician or pediatrician visits, including emergency room visits for medical and behavioral health reasons.
- Medical detox services to adequately evaluate for appropriate triage and follow-up services.
- Care coordination provided to link children and their families to needed medically related services, and coordination with relevant agencies that provide those services; consultation with the child, family members, and family social network in the development of the child's integrated health and behavioral health treatment plan.
- Coordination activities to ensure adequate continuity of care for a child between Contractor and DSCYF services, and coordination activities to ensure adequate and necessary primary health care provision for children in custody of DSCYF.
- In general, both a diagnosis of behavioral health the F01-F99 and an acceptable procedure (see below) code must be provided to be considered part of the 30 visits of outpatient behavioral health services for members under age 18.

Procedure Code Level Definition

Providers must bill both a behavioral health diagnosis code and procedure and/or revenue code agreed to by DMMA in order to be considered as part of the 30 hours of outpatient behavioral health services within the HHO plan benefits for members under age 18.

DSCYF has published 2019 service codes covered by the Division of Prevention and Behavioral Health Services (DPBHS) for benefits provided after the managed care organization - in this case HHO - benefit is exhausted (30-hour limit). This document details units and, where appropriate, provider types for services covered. (2019 DPBHS Contracted Service Codes and Fee Schedule)

<https://kids.delaware.gov/pbhs/pdfs/codes-2019-hcpcs-cpt-billing.pdf>

Prior Authorization

HHO requires prior authorization for Intensive Outpatient Services, Neuropsychiatric testing, and ABA service.

Claims Submission

Providers must bill both a behavioral health diagnosis code and procedure and/or revenue code agreed to by DMMA on appropriate UB-04 or CMS-1500 claim format in order to be considered as part of the 30 hours of outpatient behavioral health services within the HHO plan benefits for members under age 18. Claims will be paid as they are received against the accumulator (i.e., All visits over 30 will be denied within instructions to bill DSCYF).

POLICY UPDATE HISTORY

1/22/2022	Approved by leadership