Louisiana Department of Health and Hospitals
Informational Bulletin 16-3
February 22, 2016

Issue: Billing for Behavioral Health Services for Non-CSoC Healthy Louisiana Members

This bulletin outlines the policies, procedures, and guidance relative to behavioral health billing to either Healthy Louisiana or Molina, for dates of service on or after Dec. 1, 2015. For services rendered March 1, 2015 to Nov. 30, 2015, refer to Informational Bulletin 15-7. The only exception to this guidance would be when Medicaid recipients are retroactively enrolled into a Managed Care Plan prior to Dec. 1, 2015. In these instances, behavioral health billing should be billed to the Managed Care Plan.

Effective Dec. 1, 2015 all specialized behavioral health services (mental health and substance use treatment) are now provided through five statewide full-risk managed care organizations (MCOs). The five MCOs are: Aetna Better Health, Amerigroup, AmeriHealth Caritas of Louisiana, Louisiana Healthcare Connections and UnitedHealthcare Community Plan.

In almost all non-emergency instances, to bill any of the Managed Care Plans or Molina, a provider must be contracted with the appropriate MCO or Louisiana Medicaid on the date of service, or prior authorized to provide out of network services. Providers must obtain required pre-certification or prior authorization when required for the reimbursement of those specific services.

Please refer to the electronic Medicaid Eligibility Verification System (eMEVS) to identify whether the recipient has (1) physical health, specialized behavioral health services, and non-emergency medical transportation (NEMT) through a Managed Care Plan (***Example 1*** below), or (2) specialized behavioral health and NEMT benefits only through a Managed Care Plan (***Example 2*** below). For these recipients, all non-specialized behavioral health claims should be directed to Molina or the primary payer, such as Medicare, if Medicaid is secondary.

Example 1 – Physical Health, Specialized Behavioral Health and NEMT

Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. **Plan Begin Date** 02/01/2015
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is $0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN PHARMACY PBM IS PERFORMRX **Managed Care Organization** Name of Bayou Health Plan **Telephone** Phone Number for Bayou Health Plan
Managed Care Coordinator	Specialized Behavioral Health Care	Medicaid	BAYOU HEALTH PLAN **Managed Care Organization** Name of Bayou Health Plan **Telephone** Phone Number for Bayou Health Plan
Managed Care Coordinator	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER **Payer** MCNA INSURANCE COMPANY **Telephone** (855) 701-6262 **URL** https://portal.MCNA.net

Example 2 – Specialized Behavioral Health and NEMT Only

Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. **Plan Begin Date** 02/01/2015
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is $0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Specialized Behavioral Health Care	Medicaid	BAYOU HEALTH PLAN **Managed Care Organization** Name of Bayou Health Plan **Telephone** Phone Number for Bayou Health Plan
Managed Care Coordinator	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER **Payer** MCNA INSURANCE COMPANY **Telephone** (855) 701-6262 **URL** https://portal.MCNA.net

Some mental health and substance use services are not reimbursed by Medicare. Please refer to Informational Bulletin 15-17 for billing for specialized mental health and substance use services for dual eligibles.

1. Professional Claims (non-emergency)

Licensed Mental Health Professionals (LMHPs)
Professional claims for LMHPs should be submitted to the member's Managed Care Plan (for both types of examples from eMEVS listed above) or the primary payer if Medicaid is secondary. LMHPs include the following providers:

- Psychiatrists
- Doctor of Osteopathy (DO) (psychiatric specialty only)
- Medical or Licensed Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Professional Counselors (LPC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Addiction Counselors (LAC)
- Nurse Practitioner and Nurse Practitioner Group (psychiatric specialty only)
- Clinical Nurse Specialist (psychiatric specialty only)
- Physician Assistant (psychiatric specialty only)

Non-Licensed Mental Health Professionals
Professional claims for providers who are **not** Licensed Mental Health Professionals (LMHPs) should be submitted to the member's Managed Care Plan (Example 1 from eMEVS) or Molina for recipients enrolled in a Managed Care Plan for specialized behavioral health services only (Example 2 from eMEVS).

2. Facility Claims (non-emergency)

General Hospital
Facility claims, inclusive of all ancillary charges, for general hospitals, should be billed to the member's Managed Care Plan (Example 1 from eMEVS), regardless of rendering provider or Molina for recipients with only Specialized Behavioral Health listed in eMEVS.

Freestanding Mental Health Hospital or Distinct Part Psychiatric Unite (DPPU)
Facility claims, inclusive of all ancillary charges, for freestanding mental health hospitals and DPPU should be billed to member's Managed Care Plan (both eMEVS examples listed above) regardless of rendering provider. This distinction makes it imperative that DPPU claims are not billed using the coding for the associated general hospital. The DPPU unique coding **must** be submitted on the claim.

3. Lab and Radiology Claims

General Hospital or Free Standing Lab

All lab and radiology services provided in a general hospital (inpatient or outpatient) or in a free standing lab should be submitted to the member's Managed Care Plan (Example 1 from eMEVS) or Molina for recipients with only Specialized Behavioral Health listed in eMEVS.

Freestanding Mental Health Hospital or DPPU
Claims that include lab and radiology services should be submitted to the member's Managed Care Plan (both eMEVS examples listed above) **only** when billed as part of an inpatient psychiatric hospital stay (freestanding or DPPU).

4. Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) Claims

Note: *Currently FQHCs and RHCs are paid an established daily encounter rate for services that include all services except dental. An individual encounter may include both specialized behavioral health services and physical health services*

LMHP Rendering Provider
FQHC and RHC providers should submit claims to the member's Managed Care Plan (both eMEVS examples listed above) **only** if a behavioral health service was provided during the encounter **and** an LMHP is indicated as the rendering provider on the claim. If a recipient is seen by an LMHP and non-LMHP during the same encounter, the LMHP should be indicated as the rendering provider on the claim, and it should be sent to the member's Managed Care Plan (both eMEVS examples listed above).

Non-LMHP Rendering Provider
FQHC and RHC providers should submit any claim **without** an LMHP listed as the rendering provider on the claim to the member's Managed Care Plan (Example 1 from eMEVS) or Molina for recipients with only Specialized Behavioral Health listed in eMEVS.

5. Emergency Department (ED) Claims

LMHP Rendering Provider
Only professional claims for an LMHP for services provided as part of an ED stay should be submitted to the member's Managed Care Plan (both eMEVS examples listed above).

Non-LMHP Rendering Provider
Hospitals should submit ED facility claims to a member's Managed Care Plan (Example 1 from eMEVS) or Molina for recipients with only Specialized Behavioral Health listed in eMEVS.

All professional claims associated with an ED stay should be submitted to a member's Managed Care Plan (Example 1 from eMEVS) or Molina for recipients with only Specialized Behavioral Health listed in eMEVS, **except** when the rendering provider is an LMHP.

6. Inpatient Acute Detox Claims

Note: *Revenue codes of 116, 126, 136, 146, 156 as well as 202 and 204 with Delirium Tremens (DT) diagnoses to accommodate for DTare utilized in billing for Acute Detox.*

General Hospital
Providers should submit claims for acute detox to a member's Managed Care Plan (Example 1 from eMEVS) or Molina for recipients with only Specialized Behavioral Health listed in eMEVS if the service is performed in a general hospital.

Freestanding Mental Health Hospital or DPPU
Providers should submit claims for acute detox to the members Managed Care Plan (both eMEVS examples listed above) if services were performed in a freestanding mental health hospital or DPPU.

7. Current Procedural Terminology Codes for Neuropsychological Testing and Behavioral Assessment Claims

Procedure codes 96118, 96150-96155 are payable to the linked the Managed Care Plan (both eMEVS examples listed above) when rendered by an LMHP and where applicable prior authorization or pre-certification requirements are met.

8. Non-Emergency Medical Transportation Cost

Upon referral by a provider, all non-emergency medical transportation (NEMT) for members to and from a contracted provider (or providers operating under an approved single/ad hoc case agreement) shall be reimbursed through the Managed Care Plan regardless of indicator type (both eMEVS examples listed above). All Medicaid-eligible NEMT shall be coordinated in conjunction with state Medicaid fee-for-service/legacy Medicaid recipients (i.e., single state broker, state contractor) or Managed Care Plan, as applicable.

9. Pharmacy Claims

All Pharmacy Services including behavioral health medications will be provided through each Managed Care Plan (Example 1 from eMEVS), Molina for recipients with only Specialized Behavioral Health listed in eMEVS, or the primary payer if Medicaid is secondary.