

MEDICAID Behavioral Health and Substance Use Disorder Authorization and Payment Responsibility Grid

Introduction:

The attached grid is designed to be utilized as a general guideline to assist Medicaid Health Plans, Prepaid Inpatient Health Plans, Community Mental Health Service Programs, and providers in determining the responsible entity for authorization and payment. These are general guidelines and all entities should follow Medicaid policy as described in the Medicaid Provider Manual and in the agency's contract with the State.

Acronyms:

- BHM - Behavioral Health Manager
- CMHSP - Community Mental Health Services Program
- DRG – Diagnosis Related Group
- ED – Emergency Department
- FFS – Fee for Service
- I/DD – Intellectual/Developmental Disability
- MHA – Mental Health Assessment
- MHP - Medicaid Health Plan
- MAT – Medication Assisted Treatment
- NF – Nursing Facility
- OBAT – Office Based Alcohol Treatment
- OBOT – Office Based Opioid Treatment
- OTP – Opioid Treatment Provider
- PAR – Pre-Admission Review
- PIHP - Prepaid Inpatient Health Plan
- SBIRT – Screening, Brief Intervention, and Referral to Treatment Services
- SED – Serious Emotional Disturbance
- SMI - Serious Mental Illness
- SUD - Substance Use Disorder

Notes:

- Diagnosis may be **one** of the factors considered in determining responsible payor but **is not** the only factor.
- Unless otherwise indicated by the most current ICD-10-CM coding guidelines, list first the ICD-10 code for the diagnosis, condition, problem, or other reason for the encounter/visit that is shown in the medical record to be chiefly responsible for the services provided followed by additional ICD-10 codes that describe any coexisting conditions.
- Specialty supports and services provided to individuals with an I/DD outlined in the Medicaid Provider Manual are the responsibility of the PIHP; mental health, physical health and substance use disorder services for these individuals are handled by the appropriate agency as designated below.
- When the grid below indicates that authorization and payment is the responsibility of the PIHP, refer to the contracted entity for specialty behavioral health services (CMHSP or other).
- When the grid below indicates that payment is the responsibility of the MHP, provider network requirements apply.
- Post-psychiatric hospitalization crisis intervention is the responsibility of the PIHP.
- Refer to the Medicaid Provider Manual for additional coverage and reimbursement information including information for those beneficiaries enrolled with an Integrated Care Organization.

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Setting in Which Service is Provided							
Outpatient Office (FQHCs/RHCs/THCs, Physician Office, Psychiatrist, Psychologist, Social Worker)	Medical Emergency Department	Mental Health Crisis Center - Access and Screening Center	Outpatient Behavioral Health (Crisis) Residential Services	Outpatient Substance Abuse Office, Residential Substance Abuse Center or Sub-Acute Detox Center Including OTPs.	Inpatient Acute Care Hospital (Medically Managed)	Inpatient Psychiatric Hospital (Excluding State Psychiatric Hospital Services)	Nursing Facility
Mental Health Services to Individuals Who Have "Mild to Moderate" Mental Illness or Whose Severity Has Not Yet Been Diagnosed.							
NOTE: The authorization and payment responsibilities delineated hold true regardless if the individual has concurrent I/DD or SUD.							
<p>The MHP is responsible for outpatient mental health services including screening; this service may or may not require authorization from MHP. MHP must coordinate care as appropriate.</p> <p>Payer responsible: MHP or FFS based upon beneficiary enrollment.</p>	<p>After medical screening and stabilization, if a medical health professional believes that pre-screening for inpatient psychiatric hospital services is indicated, or if the need for specialty supports is identified, the ED should contact the PIHP for a PAR. Authorization and payment for PAR are the responsibility of the PIHP. The PAR may be conducted telephonically or face-to-face in the ED by the PIHP.</p> <p>The MHP/FFS is responsible for mild to moderate mental illness treatment services, as determined by the discharge diagnosis, provided by practitioners in the ED who are not associated to a PIHP.</p> <p>Payer Responsible: mixed</p>	<p>Crisis intervention is the responsibility of the PIHP even if individual is currently categorized as "mild to moderate" mental illness.</p> <p>Payer responsible: PIHP</p>	<p>Mental health and SUD services should be coordinated with the MHP—this is especially true if the individual has co-occurring disorders (mental health and SUD).</p> <p>Payer responsible: PIHP</p>	<p>The PIHP is responsible for payment for services provided by PIHP contracted providers.</p> <p>Payer responsible: FFS or PIHP depending upon contract arrangements.</p>	<p>Mental health assessment while the individual is in an inpatient medical acute care hospital is the responsibility of the MHP (or FFS if applicable); the MHP may require prior authorization for the assessment.</p> <p>If the mental health assessment finds that admission for inpatient psychiatric hospital services is indicated, the PIHP must be contacted for PAR. Authorization and payment of the PAR is the responsibility of the PIHP.</p> <p>Payer responsible: mixed - Inpatient medical acute care MHP/FFS, payment for inpatient psychiatric admission PIHP</p>	<p>The PIHP's designated screening unit determines the need for inpatient mental health services.</p> <p>The PIHP provides the authorization for inpatient admission and is responsible for inpatient admission costs including psychiatrists' fees.</p> <p>Payer responsible: PIHP</p>	<p>Nursing facilities complete the Pre-admission Screening and Annual Resident Review (PASARR)</p> <p>Mental health services provided by the nursing facility staff, as specified in the resident's plan of care, are included in the facility's per diem rate. Nursing facilities must provide mental health, intellectual/developmental disability or related condition services that are of lesser intensity than specialized services to all residents who need such services.</p> <p>Payer responsible: MHP or FFS based upon beneficiary enrollment.</p>

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Mental Health Services to Individuals Who Have "Serious" Mental Illness.							
NOTE: The authorization and payment responsibilities delineated in this row hold true regardless if the individual has concurrent I/DD or SUD.							
<p>The PIHP is responsible for services provided by qualified providers contracted with the PIHP.</p> <p>The MHP must provide information to the Enrollee regarding the availability of specialty behavioral health services and coordinate care as appropriate.</p> <p>Payer responsible: PIHP</p>	<p>After medical screening and stabilization, if a medical health professional believes that pre-screening for inpatient psychiatric hospital services is indicated, or if the need for specialty supports is identified, the ED should contact the PIHP for a PAR. Authorization and payment for PAR are the responsibility of the PIHP. The PAR may be conducted telephonically or face-to-face in the ED by the PIHP.</p> <p>The MHP/FFS is responsible for medical stabilization treatment services for individuals with serious mental illness, as determined by the discharge diagnosis, provided by practitioners who are not associated to a PIHP.</p> <p>Payer responsible: mixed.</p>	<p>The PIHP is responsible for treating the individual until the individual is stabilized and no longer meets the criteria for serious mental illness treatment as outlined in Medicaid policy.</p> <p>Payer responsible: PIHP</p>	<p>The PIHP is responsible for clinically managed low-intensity outpatient and residential services including but not limited to clinically managed high intensity residential services and medically monitored high intensity inpatient services.</p> <p>Mental health and SUD services should be coordinated with the MHP—this is especially true if the individual has co-occurring disorders (mental health and SUD).</p> <p>Payer responsible: PIHP</p>	<p>The PIHP is responsible for payment for services provided by PIHP contracted providers.</p> <p>Payer responsible: FFS or PIHP depending upon contract arrangements.</p>	<p>Mental health assessment while the individual is in an inpatient medical acute care hospital is the responsibility of the MHP (or FFS if applicable); the MHP may require prior authorization for the assessment.</p> <p>If the mental health assessment finds that admission for inpatient psychiatric hospital services is indicated, the PIHP must be contacted for PAR. Authorization and payment of the PAR is the responsibility of the PIHP.</p> <p>Payer responsible: mixed - Inpatient medical acute care MHP/FFS, payment for inpatient psychiatric admission PIHP</p>	<p>The PIHP determines the need for inpatient mental health services. The PIHP provides the authorization for mental health inpatient admission and is responsible for mental health inpatient admission costs including psychiatrists' fees.</p> <p>Payer responsible: PIHP</p>	<p>Specialized services are those identified by the PASARR Level II and are provided or arranged by the PIHP. These services must be available to nursing facility individuals regardless of whether they are identified and required by the PASARR process, or whether the individual is determined to require additional services to be provided or arranged for by the State as specialized services. Individuals with a primary diagnosis of dementia are also covered by this requirement, even though the PASARR process exempts individuals with a primary diagnosis of dementia.</p> <p>Specialized services are defined as those mental health services for residents who have a mental illness, I/DD or related condition which are 1) of greater intensity than those normally required from a NF, 2) provided in conjunction with usual NF services, 3) determined through the</p>

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							PASARR process, 4) provided or arranged for by the local CMHSP, OR 5) Result in the continuous and aggressive implementation of an individualized plan of care.

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Substance Use Disorder Treatment Services							
<p>MAT services provided by practitioners enrolled with or associated to a PIHP are reimbursed by the PIHP. OBOT and OBAT services provided by practitioners not enrolled with or associated to a PIHP are reimbursed FFS.</p> <p>SUD services provided in the office setting (e.g. SBIRT) by a practitioner not enrolled with or associated to a PIHP are reimbursed by the MHP or FFS based upon beneficiary enrollment.</p>	<p>FFS/MHP is responsible for ambulatory withdrawal management.</p> <p>If the patient is admitted for acute medical detoxification, the ED costs are rolled into the inpatient DRG.</p> <p>MAT services provided by practitioners enrolled with or associated to a PIHP are reimbursed by the PIHP. MAT services provided by practitioners not enrolled with or associated to a PIHP are reimbursed by FFS.</p>	<p>Payer responsible: PIHP</p>	<p>Payer responsible: PIHP</p>	<p>The PIHP is responsible for clinically managed and medically monitored withdrawal management in the residential or licensed outpatient program.</p>	<p>FFS/MHP is responsible for medically managed intensive inpatient acute detox and associated potentially life-threatening substance-induced toxic conditions requiring acute medical monitoring or intervention and detoxification services in the acute care setting. Services include primary medical and nursing care services including intensive care services.</p> <p>Payer Responsible: MHP or FFS based upon beneficiary enrollment</p>	<p>Payer responsible: PIHP</p>	<p>Payer responsible: MHP or FFS based upon beneficiary enrollment. Services rendered for the treatment of alcohol and drug abuse are an ancillary service and are not included in the facility's per diem rate.</p> <p>Payer Responsible: MHP or FFS based upon beneficiary enrollment.</p>

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Medical Services – Professional and Facility Services Including Diagnostic Tests (e.g. Radiology and Laboratory Services Including Toxicology Screening)							
Payer Responsible: MHP or FFS based upon beneficiary enrollment and current OBOT/OBAT policy (MHP may require authorization for non-emergent care).	Payer Responsible: MHP or FFS based upon beneficiary enrollment and current OBOT/OBAT policy (MHP may require authorization for post-stabilization treatment).	Payer responsible: PIHP	Payer responsible: PIHP	Payer responsible: PIHP	Payer Responsible: MHP or FFS based upon beneficiary enrollment (MHP may require authorization for non-emergent care).	PIHPs are responsible for costs related to providing a psychiatric admission history and physical. MHPs or FFS are responsible for medical services.	Ancillary services (defined in the Nursing Facility Chapter of the Medicaid Provider Manual) should be billed to the MHP or FFS based upon beneficiary enrollment.