



REIMBURSEMENT POLICY

Facility Based Mental Health Services

Active

Policy Number: Behavioral Health - 023
Policy Title: Facility Based Mental Health Services
Section: Behavioral Health
Effective Date: 05/01/21

Product: Commercial FEP Medicare Advantage Platinum Blue

Description

Facility based mental health services are programs licensed by the state of Minnesota to provide Residential Treatment, Partial Hospitalization, or Day Treatment.

Definitions

Residential Treatment is a 24-hour-a-day program under clinical supervision of a mental health professional, provided in a community setting. Types of residential treatment include eating disorders, children's residential treatment, adult residential crisis stabilization services and intensive residential treatment services.

Partial hospitalization refers to a comprehensive, short-term, intensive, clinical treatment program. Partial hospitalization is a step below residential care but is more concentrated than traditional outpatient care providing care four or more hours per day and 3 – 5 days per week

Day Treatment is a specific programmatic service where the patient attends a minimum of three hours per day and generally 3-5 days per week. The services provided within these hours may include group therapy, living/social skills building groups, educational groups, and some individual therapy.

Policy Statement

Coverage for the above services is based on current utilization management standards and any applicable medical policies.

Residential services are billed with type of bill 86X on an 837I. Room and board and treatment services should be submitted as separate line items.

Room and board charges are billed with revenue code 1001 and treatment services are billed with revenue codes 090X or 091X, whichever is applicable.

Partial hospitalization services must be billed by a Medicare-certified psychiatric unit using their National Provider Identifier (NPI) with the appropriate taxonomy code for partial psyche.

- Services provided for a Medicare eligible member are billed with TOB 013X (Hospital Outpatient), condition code 41 and the Medicare allowed revenue codes with the appropriate HCPCS code.



- Claims for all other members should be billed with TOB 013X (Hospital Outpatient), revenue codes 0912-0913 and HCPCS code H0035. For a child/adolescent program, use H0035 with the HA modifier.
- If the partial program is not hospital-based but is part of a community mental health center in accordance with MS256B.0625, subd 5 and is certified by Medicare to provide partial hospitalization, bill using your NPI with your partial psych taxonomy code, using TOB 013X and revenue codes 0912-0913.

Day Treatment services should be billed with type of bill 013X on a 837I is billed as a program, rather than under an individual provider. Bill one line for each day and one unit for each hour the patient attends the program.

Documentation Submission

Documentation must clearly identify, and support services performed. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, Blue Cross fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier:	N/A				
ICD-10 Diagnosis:	N/A				
ICD-10 Procedure:	N/A				
CPT/HCPCS:	H0018	H0019	H0035	H2012	
Revenue Codes:	0250	090X	091X	0942	1001

Cross Reference

Cross Reference: N/A

Policy History

04/29/2021	Initial Committee Approval Date – Combined 4 Reimbursement Policies: Behavioral Health – 005 Intensive Residential Treatment Services (IRTS); Behavioral Health – 016 Behavioral Health Day Treatment; Behavioral Health – 017 Partial Hospitalization; and Behavioral Health – 018 Children’s Residential Mental Health
06/29/2021	Code correction: H0032 to H0035

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