

## 6.41 Medically Managed Intensive Inpatient Services (ASAM Level 4.0) in Institutions for Mental Diseases (IMDs)

### DESCRIPTION OF SERVICES

As part of the §1115 waiver renewal application submitted on June 30, 2016, the Maryland Department of Health (MDH) sought an amendment to authorize Medicaid funds to be used for Substance Use Disorder (SUD) services in Institutions for Mental Diseases (IMDs). Centers for Medicare and Medicaid Services (CMS) approved this amendment, permitting the Department to expand coverage to include treatment in IMDs. Specifically, this amendment afforded Maryland expenditure authority for otherwise-covered services provided to Medicaid-eligible participants 21 through 64 years of age receiving behavioral health services in a private IMD and have a primary SUD diagnosis and a secondary mental health diagnosis.

Beacon utilizes ASAM criteria to determine medical necessity for all substance use disorder (SUD) service requests. The description of services provided in a Medically Managed Intensive Inpatient (ASAM Level 4.0) setting and its applicable criteria can be accessed here:

<http://maryland.beaconhealthoptions.com/provider/manual/Appendix-C-ASAM-Criteria.pdfx-C-ASAM-Criteria.pdf>.

Inpatient behavioral care involves skilled psychiatric and addiction treatment services in a hospital setting. The care delivered includes both medical and nursing care, and is expected to be delivered on a 24-hour basis, including weekends.

### SERVICE RULES

Participants served in ASAM Level 4.0 Medically Managed Intensive Inpatient Services settings are those with severe and unstable emotional, behavioral, cognitive and biomedical problems. Admission criteria is focused on ASAM Dimensions 1, 2, and 3. Facilities offering ASAM Level 4.0 provide 24-hour nursing and daily physician care, as well as counseling services.

Effective July 1, 2019, coverage of IMD services at ASAM Level 4.0 for Medicaid adults who have a primary SUD diagnosis and a secondary mental health diagnosis will be a covered Medicaid benefit.

- MDH will provide reimbursement for IMD ASAM Level 4.0 for up to 15 days stay per month
- The days authorized will be based on medical necessity but will not exceed 15 days per month
- All other services beyond the 15-day stay will be paid out of state funds
- An episode of care is defined as services received without any break in treatment
- Participants receiving 4.0 services at an IMD and then subsequently transferred to a hospital or other facility for somatic care and are then readmitted will have the new admission counted as a second episode of care, or stay.

Beacon authorizes inpatient services for hospital level care. In order for the provider's claim to be paid, an authorization request for emergency admission must be made within 24 hours of the admission by calling (800) 888-1965 or by submitting a request in ProviderConnect. All continued stay requests require prior

authorization. It is the provider's responsibility to enter a discharge when the participant completes inpatient treatment.

Clinical information that supports medical necessity criteria for inpatient levels of care must be provided. Required clinical information includes:

- Current need for treatment
- Precipitating event(s)
- Behavioral health treatment history (mental health and substance use)
- Medications
- Medical history
- Risk assessment

If medical necessity is met, Beacon will authorize a specified number of days. If Beacon has authorized a hospital stay for a Medicaid recipient and the discharge diagnoses are PBHS-covered behavioral health diagnoses, the claim will be paid for the authorized days.

Continued stay (concurrent) requests for authorization must be submitted on the first uncovered day. For example, after an initial authorization span of March 1 to March 4, if needed, the continued stay request should be submitted on March 4<sup>th</sup>. The day of discharge is not a reimbursable day for the hospital. For example, if the participant is admitted on March 1<sup>st</sup> at 11:45 p.m., March 1<sup>st</sup> is a covered day. If the participant is discharged on March 4<sup>th</sup> at 4:00 p.m., March 4 is not a reimbursable day. March 3<sup>rd</sup> would be considered the last day covered.

Providers are expected to initiate aftercare/discharge planning at the beginning of service delivery. Aftercare/discharge planning is expected to begin at the time of admission (see COMAR 10.21.05). Providers are also required to submit the aftercare/ discharge plan in the authorization request. Providers are expected to work collaboratively with the participants, parents, legal guardians and/or identified proxies of participants to develop a discharge plan that will provide stability and adequate behavioral health treatment services. Since the types of services and treatment programs vary from jurisdiction to jurisdiction the provider should seek assistance from the jurisdiction that maintains oversight of the services to be rendered by the IMD. For example, if hospitalized in Baltimore County, but residing in Howard County, they should contact the Howard County CSA, LAA or LBHA

### **Administrative Days**

Administrative days are used when a participant no longer meets medical necessity criteria for an inpatient stay and requires discharge to a nursing home or residential treatment setting; however, a bed is not yet available. Administrative days are utilized under the current billing using code 0169 for individuals that must be placed in a residential facility such as an RTC, nursing home, RRP, state psychiatric hospital or SUD residential setting.

## **PROVIDER ELIGIBILITY**

Institutions for Mental Diseases (IMDs) eligible to render and receive reimbursement for ASAM Level 4.0 services are:

- Brook Lane (provider type 06)
- Sheppard Pratt Hospital (provider type 06/07)

These two sites are licensed and regulated by the State of Maryland and operate within the State of Maryland.

## **PARTICIPANT ELIGIBILITY**

This program is designed to cover ONLY those that have Medicaid eligibility. There is no coverage for individuals that do not have Federal Medicaid funding (FMCD). There is no retro-eligibility for this program.

## **AUTHORIZATION PROCESS**

Authorizations for ASAM Level 4.0 in an IMD setting can be requested telephonically or electronically through Beacon. Telephonic authorizations are initiated by calling the Beacon customer service line (800-888-1965) and providing clinical information to a licensed Clinical Care Manager in the Clinical Department. Electronic authorizations are completed by the provider through submission of a request in ProviderConnect which can be accessed 24/7, including weekends and holidays through the Beacon website: <http://maryland.beaconhealthoptions.com/provider-main.html>. If the level of care is medically necessary, services will be authorized.

To request initial authorizations for ASAM Level 4.0 in IMD settings, providers are expected to submit the authorization request, with supporting clinical information, the day of admission but no later than 24 hours, or one calendar day, from date of admission. Providers obtain additional authorizations through the electronic submission of a continued stay request in Provider Connect. Concurrent authorizations are to be submitted with supporting clinical information on the first uncovered day.

If a Beacon Clinical Care Manager is not able to authorize the service as medically necessary, the request for services will be referred to a Beacon Physician Advisor for review. If the services requested do not meet medical necessity criteria and are non-certified, the determination of the non-certified case will be communicated via ProviderConnect and telephonically to the provider (refer to Chapter 10 on Grievances and Appeals for further information).

The Managed Care Organization (MCO) is responsible for all other non-psychiatric physician or nurse practitioner consultations which are not related to the psychiatric diagnosis. Authorization by the MCO may be required. The participant's primary care physician or the MCO Special Needs Coordinator should be contacted as needed.

## **CLAIMS PROCESS**

Claims are submitted on a CMS 1500 form or on a UB-04 form with the appropriate billing codes.

1. Claims must specify an ICD-10 code (not DSM 5 code) for reimbursement.
  - The primary diagnosis on the claim must be one of the approved list of substance use disorders for reimbursement. A list of the approved diagnoses can be found at: [http://maryland.beaconhealthoptions.com/provider/clin\\_ut/ICD-10-Substance-Use-Disorder-Diagnosis-10-01-15.pdf](http://maryland.beaconhealthoptions.com/provider/clin_ut/ICD-10-Substance-Use-Disorder-Diagnosis-10-01-15.pdf)
  - The mental health diagnosis is listed as the secondary diagnosis. [A list of the approved diagnoses can be found at: http://maryland.beaconhealthoptions.com/provider/clin\\_ut/ICD-10-Mental-Health-Diagnosis-10-01-15.pdf](http://maryland.beaconhealthoptions.com/provider/clin_ut/ICD-10-Mental-Health-Diagnosis-10-01-15.pdf)
2. Claims must also reflect revenue code 0124 (for the bed type) for reimbursement
3. If seeking reimbursement for administrative days, then the revenue code is 0169
4. Claims for unauthorized inpatient days will be denied

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