



**Louisiana Department of Health  
Informational Bulletin 15-7  
March 1, 2015**

**Billing for Behavioral Health Services for Managed Care Members**

This bulletin outlines the policies and procedures relative to behavioral health billing for dates of service on or after March 1, 2015 for Managed Care members. For services rendered prior to March 1, 2015, refer to Informational Bulletin 12-18.

This bulletin provides guidance on whether the Healthy Louisiana Plans or Magellan should receive the claim for behavioral health-related services provided to Medicaid recipients. This bulletin does not apply to recipients dually eligible for Medicare and Medicaid.

Effective Feb. 1, 2015 all Managed Care services are now provided through five statewide full-risk managed care organizations (MCO). There are no longer Shared Savings Plans. The five Healthy Louisiana MCOs are: Aetna Better Health, Amerigroup, AmeriHealth Caritas of Louisiana, Louisiana Healthcare Connections and UnitedHealthcare Community Plan. Specialized behavioral health services will continue to be provided by the statewide management organization (SMO), Magellan of Louisiana.

Certain claims are identified as being covered by either Managed Care Organizations or Magellan. Coordination of benefits between a member's Managed Care Plan and Magellan is complex and requires cooperation and collaboration between the MCOs and the SMO. Instances in which member coverage may be shared between the MCOs and the SMO are defined as mixed services.

Effective for dates of service on or after March 1, 2015, the **determination of payment responsibility will be based on provider type**. Diagnosis code will no longer be a factor in determining payor responsibility. *However*, diagnosis codes may still be used to determine if a service is covered by Medicaid, or as criteria for determining medical necessity, if applicable.

To bill any of the Managed Care Plans or Magellan, a provider must be contracted with the appropriate MCO or SMO, 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.

**1. Professional Claims**

**Healthy Louisiana MCOs**

Professional claims for providers who are NOT Licensed Mental Health Professionals (LMHPs) should be submitted to the member's MCO or Molina for recipients not enrolled in an MCO.

### **Magellan SMO**

Professional claims for LMHPs should be submitted to Magellan. 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)

## **2. Facility Claims**

### **Healthy Louisiana MCOs**

Facility claims, inclusive of all ancillary charges, for general hospitals should be billed to the member's MCO, regardless of rendering provider or Molina for recipients not enrolled in an MCO.

### **Magellan SMO**

Facility claims, inclusive of all ancillary charges, for freestanding mental health hospitals and distinct part psychiatric units (DPPU) should be billed to Magellan 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**

### **Healthy Louisiana MCOs**

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 MCO or Molina for recipients not enrolled in an MCO.

### **Magellan SMO**

Claims that include lab and radiology services should be submitted to Magellan 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*

### **Healthy Louisiana MCOs**

FQHC and RHC providers should submit any claim WITHOUT an LMHP listed as the rendering provider on the claim to the member's MCO or Molina for recipients not enrolled in a MCO.

### **Magellan SMO**

FQHC and RHC providers should submit claims to Magellan 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 Magellan.

## **5. Emergency Department (ED) Claims**

### **Healthy Louisiana MCOs**

Hospitals should submit ED facility claims to a member's MCO or Molina for recipients not enrolled in a MCO. All professional claims associated with an ED stay should be submitted to a member's MCO or Molina for recipients not enrolled in an MCO **except** when the rendering provider is an LMHP.

### **Magellan SMO**

ONLY professional claims for an LMHP for services provided as part of an ED stay should be submitted to Magellan. ALL other claims should be submitted to the member's MCO or Molina for recipients not enrolled in an MCO.

No facility claims for an ED visit should be submitted to the Magellan SMO as all EDs in the state of Louisiana are classified as general hospital emergency departments.

## **6. Acute Detox Claims**

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

### **Healthy Louisiana MCOs**

Providers should submit claims for acute detox to a member's MCO or Molina for recipients not enrolled in an MCO if the service is performed in a general hospital.

### **Magellan SMO**

Providers should submit claims for acute detox to Magellan if performed in a freestanding mental health hospital or DPPU.

## **7. CPT Codes for Neuropsychological Testing and Behavioral Assessment Claims**

### **Healthy Louisiana MCOs**

Hospitals should NOT submit claims for procedure codes 96118, 96150-96155 to a member's MCO or Molina for recipients not enrolled in an MCO.

### **Magellan SMO**

Providers should submit claims for procedure codes 96118, 96150-96155 to Magellan. These specific codes are payable by Magellan even if no psychiatric diagnosis is present but a neuropsychological condition is suspected or present.

## **8. Non-Emergency Medical Transportation Cost**

Upon referral by a Magellan 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 MCO. All Medicaid-eligible NEMT shall be coordinated in conjunction with state Medicaid for fee-for-service/legacy Medicaid recipients (i.e., single state broker, state contractor) or Healthy Louisiana, as applicable.

## **9. Pharmacy Claims**

All Pharmacy Services including behavioral health medications will be provided through each MCO or Molina for recipients not enrolled in an MCO.