

Preadmission screenings for behavioral health

Summary: Beginning with dates of service of October 12, 2015, and after, the changes outlined below will take place for Amerigroup Kansas, Inc. behavioral health hospital admissions.

★ **What this means to you:** Failure to follow the processes below may result in claim denials.

What changes are being made for behavioral health hospital admissions?

- 1) For private psychiatric hospital admissions for children and adults, the completion of the preadmission screening (T1023) will no longer be required for payment of an inpatient stay. T1023 will no longer be reimbursed to providers.
 - a) Except for those circumstances as expressed under the Emergency Medical Treatment and Active Labor Act, the hospital must comply with the utilization management policies and processes of the MCO to which the member is enrolled.
 - b) In cases where a member transfers from one inpatient level of care to another (for instance, inpatient acute to psychiatric residential treatment facility PRTF), the facility will need to request prior authorization (PA). There are several options to request PA:
 - i) By phone: 1-800-454-3730
 - ii) By fax: 1-877-434-7578**Failure to obtain authorization for the PRTF admission will result in a denial of payment.**
 - c) If a crisis clinician is responding to a triage need that may ultimately result in an inpatient admission, crisis codes may be utilized. Advanced crisis intervention services (billed H2011 HO) may be reimbursed when provided via telecommunication technology. When this service is provided via telemedicine, the community mental health center (CMHC) QMHP provider must bill the procedure code (CPT code H2011) using the GT modifier and will be reimbursed at the same rate as a face to face service.
- 2) The only exception where T1023 can continue to be reimbursed to providers through December 31, 2015, is when completed for state mental health hospital admissions for adults and state mental health hospital alternative admissions for children. **Providers MUST submit a copy of the screening along with the claim, in order for the claim to be considered. If the screening is not attached, the claim will be denied. Providers may send a paper claim and the hard copy attachment of the screening, or they may submit the claim via Availity and attach an electronic copy of the screening.** Effective January 1, 2016, CMHCs will no longer be reimbursed by Amerigroup for T1023. Instead, payment will be made through the state CMHC contract.
- 3) For admissions to a PRTF, the pre-admission screening (T1023) and the Community Based Services Team Meeting (billed as H0032-HA) will no longer be required nor reimbursable. These admissions should be planned, and as planned services, should be reported to Amerigroup prior to admission to establish medical necessity and authorization. Once notified of a potential admission, Amerigroup can facilitate consultation with representation from the CMHC, parent or caregiver, and other appropriate involved parties. If PA is not obtained, the PRTF claim will be denied. All admission requests will be reviewed for medical necessity and, if authorized, continued stay reviews will be conducted regularly and authorized days will be contingent on medical necessity.

What if I need assistance?

If you have questions, please contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730.