



## REIMBURSEMENT POLICY STATEMENT INDIANA MARKETPLACE

Policy Name		Policy Number	Effective Date
Residential Treatment Services – Substance Use Disorder		PY-1246	01/01/2021-12/31/2021
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

### Table of Contents

Reimbursement Policy Statement .....	1
A. Subject .....	2
B. Background .....	2
C. Definitions .....	2
D. Policy .....	3
E. Conditions of Coverage .....	3
F. Related Policies/Rules .....	4
G. Review/Revision History .....	4
H. References .....	4



## A. Subject

### Residential Treatment Services – Substance Use Disorder

## B. Background

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Substance Use Disorder (SUD) services are provided on a continuum of care where the level of care varies dependent on the type and intensity of service provided. This policy address the Residential level of care. This type of care provides an intensive residential program for members with SUD. It is considered transitional with the goal of returning the member to the community with a less restrictive level of care.

Treatment of substance use disorders is dependent on a substance use disorder diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders.

## C. Definitions

- **Residential Treatment** – A 24 hour level of care that provides a structured program for treatment of substance use disorder(s) to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing.
- **Inpatient Services** – Health care services relating to a patient admitted to a Hospital, Skilled Nursing Facility, or Inpatient Rehabilitation Facility. Reimbursement for the service is by a diagnosis-related group system.
- **Health Care Services** – Services, supplies, devices, or pharmaceutical products for the diagnosis, prevention, treatment, cure, or relief of health condition, sickness, injury, or disease.
- **Outpatient Services** – Health care services other than inpatient services. Reimbursement for the service is per diem.
- **Clinically Managed Services** – Per The American Society of Addiction Medicine (ASAM), these services that are directed by nonphysician addiction specialists rather than medical personnel. They are appropriate for individuals whose primary problems involve emotional, behavioral, cognitive, readiness to change, relapse, or recovery environment and who problems in Dimension 1 (Acute Intoxication and/or Withdrawal Potential) and Dimension 2 (Biomedical concern or complications), if any



are minimal or can be managed through separate arrangements for medical services.

- **Medically Monitored Services** – Per ASAM, these services that are provided by an interdisciplinary staff of nurses, counselors, social workers, addiction specialists, or other health and technical personnel under the direction of a licensed physician. Medical monitoring is provided through an appropriate mix of direct patient contact, review of records, team meetings, 24-hour coverage by a physician, 24-hour nursing, and a quality assurance program.
- **Residential Levels of Care (LOC)** per The ASAM Criteria® –
  - Clinically managed services
    - 3.1 – Clinically managed low-intensity residential program
    - 3.5 – Clinically managed residential program (high intensity for adults, medium intensity for adolescents)
  - Medically monitored services
    - 3.7 – Intensive for adults, high-intensity services for adolescents

#### D. Policy

I. Prior Authorization is required.

A. CareSource follows The ASAM Criteria® for medical necessity.

II. Billing

- A. Reimbursement is considered a bundled all inclusive per diem service payment and concurrent billing of individual services is not reimbursable.
- B. Residential treatment services are not reimbursable for non-participating facilities or providers without a mutually agreed upon need for and negotiated single case agreement.
- C. Residential treatment is not covered for situations in which housing arrangements are not available or are unsuitable. The inclusion of therapy services as part of Residential Treatment does not warrant coverage in this situation.
- D. Payments are made at the group level; not at the individual rendering provider level.
  - 1. Rendering provider is not necessary on either a UB04 or CMS1500 forms.
- E. For UB04 billing, revenue code 0900 should be used with identified procedure code.
- F. CareSource only processes CMS 1500 claims when the place of service is 55 – Residential Substance Abuse Treatment Facility.

NOTE: The goal is to align with Medicaid billing requirements. CareSource will be transitioning to CMS1500 billing in 2022.

#### G. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Please refer to the individual fee schedule for appropriate codes.



- The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates.

HCPCS Code	ASAM LOC	Description
H2034	3.1	Alcohol and/or drug abuse half way house services, per diem
H0012	3.5	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)
H0013	3.7	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)

#### H. Related Policies/Rules

Residential Treatment Center - Mental Health  
 Evidence of Coverage And Health Insurance Contract Indiana

#### I. Review/Revision History

	DATE	ACTION
Date Issued	09/30/2020	
Date Revised		
Date Effective	01/01/2021	
Date Archived	12/31/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

#### J. References

1. Centers for Medicare & Medicaid Services. (2019, October). Place of Service Codes for Professional Claims. Retrieved September 8, 2020 from [www.cms.gov](http://www.cms.gov)
2. Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller, eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies; 2013. Copyright 2013 by the American Society of Addiction Medicine.
3. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

**The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.**