

NOTE: Due to the State of Minnesota's legislation, coverage for General Assistance Medical Care (GAMC) is switching from Health Plan coverage to Fee-For-Service coverage on April 1, 2010.

Chapter 22

Chemical Health Services

Definitions

Chemical Health Services: A planned program of care for the treatment of chemical dependency or chemical abuse to minimize or prevent further chemical abuse. Diagnostic, evaluation, prevention, referral, detoxification, and aftercare services not included in the licensed rehabilitative program are not covered services.

Chemical Abuse: A pattern of inappropriate and harmful chemical use which could be linked to specific situations in a recipient's life, such as loss of a job, death of a loved one, or sudden change in life. Chemical abuse does not involve a pattern of pathological use, but it may progress toward it.

Chemical Dependency: A pattern of pathological use, accompanied by the physical manifestations of increased tolerance to the chemical or chemicals being used or withdrawal syndrome following cessation of chemical use.

Rule 25: Minnesota Rules [9530.6600-9530.6655](#), which establish criteria for the appropriate level of chemical dependency care for MHCP recipients.

Rule 31: Minnesota Rules [9530.6405-6505](#), residential treatment licensing rule.

Assessor: A person qualified under Rule 25 to perform an assessment of chemical use.

Chemical Use Assessment: An interview and written report of the recipient's specific strengths and problems related to chemical use which enables the assessor to determine a level of chemical involvement. The following levels are included in this rating:

- Level 0 - no apparent problem
- Level 1 - risk status
- Level 2 - chemical abuse
- Level 3 - chemical dependency

Covered Services

Chemical Dependency (CD) Treatment Services

- CD treatment services do not include detoxification (unless it is required for medical treatment). The MCO is responsible for all CD treatment services

including room and board determined necessary by the assessment. Notwithstanding section 6.24.2, CD services shall be provided in accordance with 42 CFR § 8.12, and Minnesota Statutes, 254b.05. subd.1.

- For residential settings, both treatment and room and board costs are covered by SCHA.

Rule 25 Chemical Use Assessments:

- Must be completed by a qualified assessor. DHS form #5204 must be used to complete the assessment.

Extended Rehabilitation

- Extended rehabilitation must include at least 15 hours per week of group, collateral, and individual therapy or counseling. Extended rehabilitation may be provided to those residing in supervised living arrangements or board and lodging facilities.

Outpatient Rehabilitation

- Outpatient rehabilitation must include at least 10 hours of group, collateral, and individual therapy or counseling. Outpatient rehabilitation may be provided to those residing in supervised living arrangements or their own home.
- Effective immediately, SCHA/MMSI requires the Chemical Health Treatment Program name (Example – Outpatient Adult Treatment) in the NTE segment on all electronic claims. The NTE segment is sometimes referred to as the “notes field.” Please contact your software vendor or clearinghouse with questions regarding the NTE segment on your electronic claim.
- Receiving the treatment program name on the claim will ensure correct reimbursement for the correct treatment program. If SCHA/MMSI receives a claim without the treatment program name in the NTE segment, the claim may be denied.

Primary Rehabilitation/Free-Standing Facility

- Primary rehabilitation provided by a freestanding facility must be a licensed chemical dependency rehabilitation program with the following components:
 - Not located in an acute care hospital;
 - Provides intensive therapeutic services following detoxification; and
 - Provides at least 30 hours a week (per recipient) of chemical dependency services including group and individual counseling, and patient education.

Primary Rehabilitation/Hospital Setting

- Primary rehabilitation provided in a hospital setting must be a licensed chemical dependency rehabilitation program with the following components:
 - Located in an acute care hospital;
 - 24 hour nursing surveillance and physician availability;
 - Provides intensive therapeutic services following detoxification; and

- Provides at least 30 hours a week per recipient of chemical dependency services including group and individual counseling, and patient education.

Transitional Rehabilitation

- Transitional rehabilitation must include at least five hours per week of group, collateral, and individual therapy or counseling. Transitional rehabilitation may be provided to those residing in halfway houses.

Detoxification

- Detoxification is only covered by MHCP if an inpatient hospitalization is medically necessary due to conditions in addition to, or resulting from, withdrawal. For example, conditions resulting from injury, accident, or medical complications during detoxification, such as delirium, which requires constant availability of a physician or complex medical equipment found only in hospital settings would be covered.

Eligible Providers

The following enrollment criteria must be met in order for inpatient and outpatient chemical dependency treatment programs to be eligible for payment:

- Meet Rule 31 licensure
- Contact the Chemical Dependency Division at DHS to enroll as a CCDTF provider
- Obtain a host county contract to provide chemical dependency treatment services

Eligible Recipients

- Assessments are covered for SCHA enrollees in any SCHA product.
- All MHCP recipients who, after receiving a chemical use assessment, meet the criteria for chemical abuse (Level 2) or chemical dependency treatment (Level 3).

Rule 25 Chemical Health Assessments

Who can complete Rule 25 assessments?

- Qualified staff of the county or their designee (MN Rule 9530.6615)
- CNS-MH; LICSW; LLP; LMFT; LP; NP; Psychiatrist (DHS MHCP provider manual)

Required Documentation

- Fax to: 1-888-889-7822
- Rule 25 Assessment Form DHS Form # 5204
- Rule 25 Assessment and Placement Summary
- SCHA Government CD Request Worksheet

Timelines

- 20 days from request for Rule 25 assessment to appointment
- 10 days from assessment to completion of tool, determination of need and authorization of service
- 45 days between assessment update and treatment admission
- 6 months required assessment update

Appeal Rights to South Country Health Alliance members

- Rule 25 assessors are required to notify a member of their appeal rights and the right to a second opinion.

South Country Health Alliance delegates the member appeal rights and the right to a second opinion to contracted Rule 25 Assessors, which shall be provided to the member in writing.

- The MCO shall provide for a second opinion for chemical dependency services as provided for in Minnesota Statutes, § 62D.103 and Minnesota Rules, Part 9530.6655. To the extent these laws are in conflict, the MCO shall apply Minnesota Rules, Part 9530.6655 to Enrollees under this Contract. The MCO shall inform the Enrollee in writing of the Enrollee's right to make a written request for a second assessment at the time the Enrollee is assessed for a program placement.

Coding used for billing Rule 25 assessments:

- H0001/assessment

Claim Submission:

- Electronically to MMSI
- For more information go to: www.mnscha.org Provider Manual, Provider Billing Chapter.

Placement/Treatment

Coordination of placement:

- Rule 25 assessors are responsible for coordination individual placement and treatment based upon member need and is considered the Placing Authority.
- **The Placing Authority must provide service coordination for individuals receiving treatment and who have a risk description of 3 or 4 in Dimension IV, V or VI**
- For members requiring urgent placement, assessors should call Behavioral Health Services at 1-800--995-4543.

Network Questions:

- For a list of In-Network providers, contact provider services at 1-800-995-4543.

- Out-of-network providers may be authorized for some members due to access issues or specialty care issues.

Court ordered placement:

- Rule 25 Assessment must be completed and indicate need for treatment to be covered by the health plan.

Documentation to be provided to the Treating Provider by the Rule 25 Assessor

- Rule 25 Assessment Form (DHS #5204) –within 7 days of determination of need for treatment.
- Rule 25 Assessment and Placement Summary

Documentation Requirements for placement:

- A copy of the Rule 25 Assessment and Placement Summary
- SCHA Government CD Admission Worksheet
- Fax 1-888-889-7822

Continuation of outpatient service after discharge

- The current treating provider requests preapproval for the next level of care:
 - Fax a copy of the Rule 25 Assessment and Placement Summary
 - Identify the level of care and the outpatient treating provider for whom the request is being made.

Timelines for submitting required documentation for authorization of placement to SCHA by the treating provider:

- It is the treating providers responsibility to notify MMSI behavioral health services within 24 hours of admission or the next business day following a weekend or holiday.
- For more information go to: www.mnscha.org Provider Manual, Medical Management Chapter.

Claim Submission:

- ElectronicallyTo MMSI payer ID 41154
- For more information go to: www.mnscha.org Provider Manual, the Provider Billing Chapter.

CCDTF

The following enrollment criteria must be met in order for inpatient and outpatient chemical dependency treatment programs to be eligible for MHCP payment:

- Meet Rule 35 or Rule 43 licensure
- Contact the Chemical Dependency Division at DHS to enroll as a provider and receive a CCDTF provider number
- Obtain a host county contract to provide chemical dependency treatment services

For billing refer to the most current SCHA Chemical Health Coding Structure found in the Chemical Health Services Chapter.

Provider Reminder:

When an enrollee is hospitalized for more than 23 hours during an authorized episode of Chemical Dependency treatment, the CCDTF will not continue to pay the treatment provider for the same dates of hospitalization services.

Authorization and Notification Listing

Chemical Dependency Treatment: Primary Residential	Yes - (After threshold is met)	Yes- Notification within 24 hours Assessors – Government CD Request Worksheet Treating Facility – both Inpatient and Outpatient treatment – Government CD Admission Worksheet	20 days	All Products
Non-hospital based inpatient residential program (Residentially licensed chemical dependency provider e.g. Rule 31)	Yes - (After threshold is met)	Yes- Notification within 24 hours Assessors – Government CD Request Worksheet Treating Facility – both Inpatient and Outpatient treatment – Government CD Admission Worksheet	30 days	All Products
Non-hospital based inpatient residential program (Facilities licensed to provide room and board services only)			30 days	
Outpatient Treatment			30 days	
Methadone Treatment	No	N/A	N/A	All Products

SCHA Chemical Health Coding Structure

Service Description	Unit	Revenue Code	HCPCS Procedure Code	Claim Type	Type of Bill	Notification/ Authorization Required	Maximum Days /Auth	Placement Review
Acute Hospital Inpatient Bill								
Hospital- Based	Day	0118, 0128,	N/A	837I	011X	Notification	30	Day 10

inpatient ROOM and BOARD component		0138, 0148, 0158				within 24 hours or next business day following a weekend or holiday		
Hospital-based inpatient TREATMENT component	Day	0944 or 0945	N/A	837I	011X			
Rule 24 Option – Hospital based inpatient ROOM and BOARD and TREATMENT	Day	0101	N/A	837I	011X			

Non-Hospital Based Residential Treatment Facility - Inpatient Bill

Non-hospital based inpatient residential program, ROOM and BOARD	Day	1002 – Residentially licensed chemical dependency treatment provider e.g. Rule 31 Licensed Facility, Children’s Residential Facility with CD, Tribal CD licensed facility	N/A	837I	086X	Notification within 24 hours or next business day following a weekend or holiday	30	Day 20
Non-hospital based inpatient residential program, ROOM and BOARD	Day	1003 – Facilities licensed to provide Room and Board services only, e.g., board and lodge, supervised living facility, foster care	N/A	837I	086X			
Non-hospital based inpatient residential treatment program, TREATMENT component	Day	0944 or 0945 or 0949 (Bill using one or the other. May not be used together, must be used separately)	N/A	837I	086X			

Outpatient Services – applicable to all providers and settings

Outpatient program, TREATMENT only	Hour	Drug - 0944 or Alcohol - 0945	H2035	837I	089X or 013X	Notification within 24 hours or next business day following a weekend or holiday	30	Day 30
	Hour	N/A	H2035	837P	N/A		6 months	6 months
Medication Assisted Therapy - methadone, buprenorphine, naltrexone, antabuse	Day	0944	H0020	837I (LIN Segment to identify drug)	089X or 013X	6 months		
	Day	N/A	H0020	837P (LIN Segment to identify drug)	N/A			
Alcohol and /or drug ASSESSMENT	Session /Visit	0900	H0001	837I	As appropriate	Notification within 7 days of the determination	N/A	N/A
	Session /Visit	N/A	H0001	837P	N/A			