

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.

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

Chemical Use Assessment: An interview and written listing of the recipient's specific problems related to chemical use and risk description that will enable the assessor to determine an appropriate treatment planning decision according to the Minnesota Matrix.

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 6.23.2, 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.

Methadone Maintenance Treatment

- A Rule 25 assessment with a qualified licensed LADC assessor is required for any methadone maintenance treatment.
- Prior to beginning of methadone maintenance treatment, an independent Rule 25 needs to be completed. The full Rule 25 Assessment Form (DHS #5204) must be faxed to MMSI Behavioral Health Services at 1-888-889-7822 for prior authorization.
- Effective February 1, 2011, SCHA will no longer accept Rule 25 assessments from providers affiliated with or employed by the Methadone clinics or Opiate Treatment Programs (OTP) for members needing methadone maintenance treatment.
- For SCHA members currently receiving methadone maintenance treatment, the Methadone clinic/OTP can complete the Rule 25 updates and fax them to MMSI at 1-888-889-7822.

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 # 5204)
- Rule 25 Assessment and Placement Summary (DHS # 2794)
- 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 (DHS #2794)

Documentation Requirements for placement must be faxed to MMSI at 1-888-889-7822:

- Rule 25 Assessment Form (DHS #5204)
- A copy of the Rule 25 Assessment and Placement Summary (DHS #2794)
- SCHA Government CD Admission Worksheet

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 (DHS #2794)
 - Fax a copy of an updated Rule 25 Assessment Form (DHS #5204)
 - 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:

- Electronically to 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 31 or Rule 32 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

Please refer to the Prior Authorization located on the SCHA website for a detailed list of prior authorizations and notification requirements. The Prior Authorization Grid is located at: http://mnscha.org/providers_priorauth.htm

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 inpatient ROOM and BOARD component | Day | 0118, 0128, 0138, 0148, 0158 | N/A | 837I | 011X | Notification within 24 hours or next business day following a weekend or holiday | 30 | Day 10 |
| Hospital-based inpatient TREATMENT component | Day | 0944 or 0945 | N/A | 837I | 011X | | | |
| Rule 24 Option - | Day | 0101 | N/A | 837I | 011X | | | |

| Service Description | Unit | Revenue Code | HCPCS Procedure Code | Claim Type | Type of Bill | Notification/ Authorization Required | Maximum Days /Auth | Placement Review |
|---------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|--------------|----------------------------------------------------------------------------------|--------------------|------------------|
| Hospital based inpatient ROOM and BOARD and TREATMENT | | | | | | | | |
| 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 | 30 | Day 30 |
| | Hour | N/A | H2035 | 837P | N/A | | | |

| Service Description | Unit | Revenue Code | HCPCS Procedure Code | Claim Type | Type of Bill | Notification/ Authorization Required | Maximum Days /Auth | Placement Review |
|------------------------------------------------------------------------------|----------------|--------------|----------------------|-------------------------------------|----------------|-------------------------------------------------------------------------------|--------------------|------------------|
| | | | | | | weekend or holiday | | |
| Medication Assisted Therapy - methadone, buprenorphine, naltrexone, antabuse | Day | 0944 | H0020 | 837I (LIN Segment to identify drug) | 089X or 013X | Prior authorization is required and notification within 24 hours of admission | 6 months | 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 | | | |