Optum

Residential Crisis

Optum Maryland Provider Training



Participant Guide

Key Learning Points







Residential Crisis Overview



Residential Crisis Resources

Fee Schedule

The Fee Schedule is located on the Optum Maryland Website. Click the picture below to locate the most up to date Fee Schedule.

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Provider Alerts

The Provider Alerts are located on the Optum Maryland website. Click on the picture below to locate the most up to date Provider Alerts for Residential Crisis.

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To easily locate what you need, try using the keyboard shortcut ctrl + f to quickly find what you're looking for.



Provider Enrollment

To enroll as a provider for Residential Crisis, check out the Provider Guide Checklist. Click on the image to get to the checklist.





Provider Enrollment

Because RCS is a state funded service the slots are limited by the availability of funding. Any RCS provider seeking state funding through the PBHS (Medicaid/Uninsured) must first obtain approval of this funding from the BHA clinical team before licensing and enrolling in the system.



Description of Residential Crisis Services

Residential Crisis Services (RCS) are funded with state general funds and are short-term mental health treatment and support services in a structured environment for individuals who require 24-hour support due to a psychiatric crisis.

The services are designed to:

- Prevent psychiatric inpatient admission
- Shorten the length of inpatient stay
- Effectively use general hospital emergency departments
- Provide an alternative to psychiatric inpatient admission



Description of Residential Crisis Services (continued)

- An approved Residential Crisis Service provider may receive authorizations based on medical necessity.
- Participants can be admitted to a Residential Crisis Program as an alternative to inpatient hospitalization.
- A participant is not eligible if the individual requires immediate involuntary inpatient psychiatric admission, has a sole diagnosis of substance use, mental retardation, or dementia, or is not medically stable.



Eligibility Requirements





Requirements

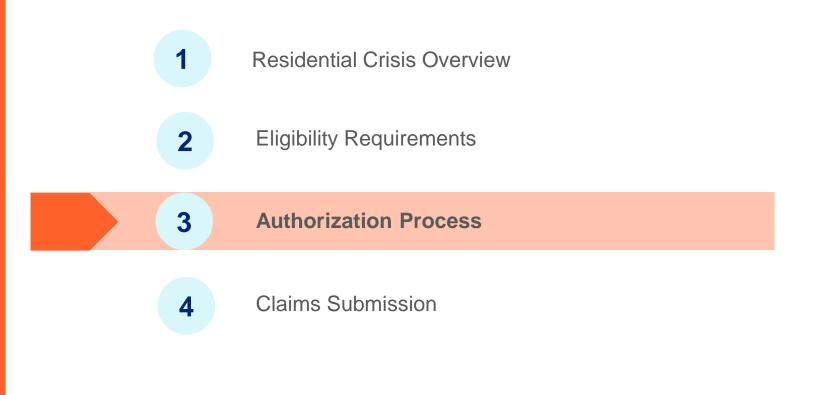
Valid Provider Type:

PTCR Residential Crisis

Eligibility Requirements:

- Participants **must** have:
 - Medicaid/State coverage
 - or Uninsured
 - Residential Crisis Services are State funded. The PBHS will not pay for Residential Crisis Services for individuals with private insurance. The provider is to contact the private insurer directly to seek reimbursement.
- For individuals with Medicaid/State funded pending they can select *Unfunded (courtesy review)* for authorizations at provider risk.

Authorization Process





Authorizations

Authorization Requirements:

- If the level of care is medically necessary, services will be authorized.
- Concurrent authorization must be submitted with supporting clinical information on the first uncovered day.

- If an Optum Clinical Care Manager is not able to authorize the service as medically necessary, the request for services will be referred to an Optum Physician Advisor for review.
- If the services requested do not meet medical necessity criteria and are non-authorized, the determination of the non-authorized case will be communicated both via Incedo Provider Portal and telephonically to the provider.

Authorization Plans (Crisis Related Authorization Plans)

Name	Duration	Care Modality	Default Units	Max Units
MH-Residential Crisis- Initial	10	H0018-Residential crisis services	10	10
MH-Residential Crisis- Initial	10	T2048 -Residential Room and Board	10	10
MH-Residential Crisis- Concurrent	30	H0018- Residential crisis services	0	30
MH-Residential Crisis- Concurrent	30	T2048 -Residential Room and Board	0	30

Authorization Processing – (Non-Professional Services)

Residential Crisis (non-Professional Services)

- Optum Maryland will authorize the first 10 days of Residential Crisis Services. After the first 10 days, Optum will also review authorization requests for additional days in a Residential Crisis Program.
- A participant may need additional clinical services (i.e., a Partial Hospitalization Program or an on-site Psychiatric Rehabilitation Program) while in either model of Residential Crisis Services. These additional services are authorized separately by Optum Maryland and must meet medical necessity criteria.



Authorization Processing – Professional Services conducted while Participant is in Residential Crisis

- An authorization obtained for the Residential Crisis Service itself will now justify submission of professional services claims covering the days on which the participant occupies the bed at midnight, as well as on the day of discharge.
- **Applicability:** This requirement applies to provider types involved in RCS professional billing including:
 - Psychiatrists
 - CRNP-PMH
 - ARNP-PMH
 - OMHC Psychiatrists and Psychiatric and Nurse Practitioners



• Professionals billing for services in a crisis bed can do so without affecting other authorizations they already have by submitting claims with the HE modifier.

Authorization Processing – Bed Hold

Bed Hold

Bed Holds can be requested at the discretion of the provider but are meant only for situations in which the resident is expected to return to the bed.

To request a Mental Health Residential Crisis Bed Hold (can only be requested on Concurrent, in lieu of a request for additional MH Residential Crisis units):

- "MH-Residential Crisis Bed Hold Authorization Plan" which will only offer code "H0019"
- The value for units will default to zero. Users must enter the number of units being requested, up to 30 units maximum



Once the request is completed, it will be routed to the CSA/LBHA for review

Authorization Processing – Bed Hold (continued)

Bed Hold FAQ

What happens if a person leaves during the authorized time but does not return until after a date that is beyond the authorized end date?

 An authorization for a bed hold may only be approved if there is an open authorization for the underlying RRP or RCS service. The provider would have to request an extension to the RRP or RCS service.

If the client is out of the RRP for 3 - 4 days except visiting family, does the provider still need to do a bed hold?

• Yes, if the provider intends to be reimbursed for the room and board rate.

Can we confirm that this is up to the provider's discretion and not a requirement, so even if they are in the ER for one day does a provider have to do this?

• For the provider to be eligible to bill for a room and board rate for an RRP or RCS resident, the individual must either be physically in the RRP or RCS bed at midnight of the date of service OR a bed hold request must have been submitted and approved for the date of the individual's absence from the RRP or RCS.



Claims Submission





Claims Participant Guide

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Incedo Claim Submission

Optum Maryland Provider Training & Education

Participant Guide

Locate the link named, "Incedo Claims Training Participant Guide"

Tips f	for Claim Submission Success	
	Verify coverage is active	
	Verify services are authorized	
	Verify service is covered	
	HCPCS and CPT codes and fee schedules found on <u>Optum Maryland Web</u>	
	Use the SR authorization number on the claim	
	Rendering provider ID is ONLY required for these provider types:	
	Mental Health Groups (PT 27) Physician Groups (PT 20) FQHC (PT 34) ABA (PT AB) Tips	
Optum	• ABA (PT AB) © 2022 Optum, Inc. Al rights reserved.	

Claim Re-Submission

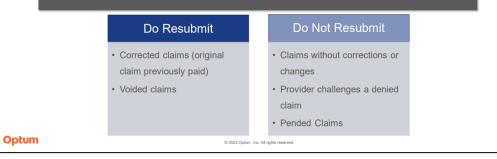
The **ONLY** time a claim needs to be resubmitted as a corrected claim is if the claim was previously paid.

To correct a denied claim, submit a new claim with changes reflected.

Resubmitting without corrections or changes does not trigger reprocessing. These claims are denied as duplicates if previously paid.

If a claim has been denied incorrectly, <u>contact the call center</u> and request a claim review. The Claims Team will review the original and, if appropriate, will reprocess.

Pended claims do not require resubmission and are pended for further analysis by the claims team.



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Claims Process Tips



Claims should be submitted on a CMS 1500 form.

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One unit is billed per day.

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Providers should not submit claims unless the service has been authorized by Optum.

Claims must specify ICD-10 codes (not DSM 5) for reimbursement.

Claims must be submitted with the same codes under which authorizations were obtained. If authorization was under T2048, then claims should be submitted with T2048. If authorization was under H0018, then claims should be submitted with H0018.

Billing for Residential Crisis

Residential Crisis Services:

Residential Crisis Service	On June 1, 2023, S9485 was replaced by H0018	Residential Crisis Room and Board code
H0018		T2048

Professional Services:

Billable services are limited to the following codes which must be submitted with an **HE modifier**:

E	E&M 99211		992	212	99213		992	214	99215	
	992		202	992	203	992	204	992	205	

Billing Professional Fees for Residential Crisis

- Claims will pay only if there is an open authorization for MH residential crisis service for the individual on the service dates authorized, including the date of discharge.
- The individual can be seen by OMHCs, MH group providers and individual practitioners.
- E&M and therapy codes, billed by OMHC or individual providers.



If date of service on the professional services claims falls within the auth time period plus 1 day for procedure code H0018, the professional services will be paid without an authorization on file.

Billing for Bed Holds

- Providers must bill with the Bed Hold code: **H0019**
- A provider cannot bill both a T2048 and a Bed Hold for the same day, and a T2048 must not be billed for any day when an individual is out of the bed. Once a person is physically no longer sleeping in the bed and is not expected to return, neither the T2048 nor Bed Hold shall be payable





Changes to business policies and procedures may cause the information provided here to become out-of-date. Always refer to the policy and procedure documentation provided to you within your business unit and/or consult with your manager or team lead if you have any questions and to validate sources of truth.

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