

January 23, 2020

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

SUBJECT: IHA Update: Behavioral Health Notices & Notifications

Below are several updates concerning hospital and health system behavioral healthcare.

New Medicaid Add-On Payments for Behavioral Health Professionals

On Jan. 16, the Illinois Department of Healthcare and Family Services (HFS) posted an updated [Fee Schedule](#) for Licensed Clinical Psychologists (LCPs) and Licensed Clinical Social Workers (LCSWs). As required under [89 Ill. Adm. Code 140.400](#), **the rates reflect a new psychiatric add-on payment for select services**, with reimbursement for covered services set at 75% of the new physician psychiatric service add-on rate summarized in a Jan. 13 [IHA memo](#).

[According to HFS](#), all services rendered by an Advanced Practice Nurse are reimbursed at 100% of the physician’s rate with the exception of psychiatric services (Current Procedural Terminology code range 90801-90899). The new add-ons for psychiatrists also do not apply to psychiatric services rendered in partnership with Community Mental Health Centers (CMHCs). Existing, but separate, psychiatrist add-on payments rendered in partnership with a CMHC can be viewed on the [Practitioner Fee Schedule](#), last updated on January 7, 2020. The new psychiatrist, LCP and LCSW add-on payments apply to services covered under both traditional fee-for-service (FFS) Medicaid and Medicaid Managed Care Organizations (MCOs).

The LCP and LCSW Fee Schedule was updated on Jan. 8, 2020 and is effective for dates of service on or after Jul. 1, 2019, mirroring the effective date of the new physician psychiatric add-on payment. **Claims billed with dates of service between Jul. 1, 2019 and Oct. 31, 2019 would not have received the add-on payment. Providers may submit replacement claims to HFS to receive the correct reimbursement. MCOs may either automatically reprocess claims or require resubmission.** HFS will accept electronic transactions submitted through the Medical Electronic Data Interchange (MEDI) System or via 837P files to replace a paid claim, if submitted within 12 months from the original paid voucher date. Instructions for replacement claim submittal may be found in the [Chapter 300 Companion Guide](#).

Procedure Code	Description	Effective Date	Unit price	Max Quantity	State Max	Psychiatric Add-On Child or Adult
90791	Psychiatric diagnostic evaluation	07/01/19	91.58	1	91.58	17.68

90792	Psychiatric diagnostic evaluation with medical services	07/01/19	93.33	1	93.33	30.38
90832	Psychotherapy, 30 min with patient and/or family member	07/01/19	22.11	1	22.11	31.14
90834	Psychotherapy, 45 min with patient and/or family member	07/01/19	33.15	2	66.30	37.84
90837	Psychotherapy, 60 min with patient and/or family member	07/01/19	50.03	2	100.06	56.72

Questions regarding these fee schedule updates may be directed to the HFS Bureau of Professional and Ancillary Services at 877-782-5565 for FFS claims, or to the applicable MCO.

Medicaid Expands School-Based/Linked Health Center Behavioral Health Reimbursement

On Jan. 8, the [School-Based/Linked Health Center \(SBLHC\) fee schedule](#) was updated to broaden Medicaid behavioral health reimbursement within these facility settings. **The following psychiatric evaluation and psychotherapy claims billed with dates of service on or after Jan. 1, 2020 are reimbursable within an SBLHC setting:**

Procedure Code	Description	Effective Date	Unit price	Max Quantity	State Max
90791	Psychiatric Diagnostic Evaluation	1/1/20			122.11
90792	Psychiatric Diagnostic Evaluation With Medical Services	1/1/20			124.44
90832	Psychotherapy	1/1/20			29.48
90833	Psychotherapy, 30 Mns With Pt. &/Or Family With Eval. And Management Services	1/1/20			24.26
90834	Psychotherapy, 45 Mns With Pt. &/Or Family Members	1/1/20	44.20	2	88.40
90836	Psychotherapy, 45 Mns With Pt. &/Or Family With Eval. And Management Services	1/1/20			40.24
90837	Psychotherapy, 60 Mns With Pt. &/Or Family Members	1/1/20	66.71	2	133.42
90838	Psychotherapy, 60 Mns With Pt. &/Or Family With Eval. And Management Services	1/1/20			64.64
90839	Psychotherapy for Crisis; First 60 Minutes	1/1/20 1/1/20			66.71
90847	Family Psychotherapy With Patient, 50 Minutes	1/1/20			61.20

90849	Multiple Family Group Psychotherapy	1/1/20			61.20
90853	Group Psychotherapy (Other Than Multiple-Family Group)	1/1/20			33.70

SBLHCs must be certified by the Illinois Dept. of Public Health and meet the standards established in [77 Ill. Adm. Code, Part 2200](#) (updated standards forthcoming, pending emergency rules). For more information, see the [School-Based/Linked Health Center Services Handbook](#).

SAMHSA Hospital Grant: Alternatives to Opioids

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) has released a [Funding Opportunity Announcement](#) (FOA) for grants to develop and implement alternatives to opioids for pain management in hospitals and emergency department (ED) settings. The Illinois Dept. of Human Services-Division of Substance Use Prevention and Recovery requested that IHA share this FOA with members and encourage Illinois hospitals to apply. Eligibility is limited to nonprofit hospitals and emergency departments, including free standing emergency departments. Applications are due by Tuesday, Mar. 17.

There are ten anticipated awards over a period of three years. Proposed budgets cannot exceed \$500,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award. The anticipated total available funding is \$4.75 million. No cost sharing or match funding will be required.

CMS Consolidates Hospital, Psych Surveys

On Jan. 13, the Centers for Medicare & Medicaid Services (CMS) announced that beginning in March 2020, psychiatric hospitals will only require one comprehensive hospital survey performed by the State Survey Agency to review compliance. Details can be found in a CMS [memo](#) and [fact sheet](#). Essentially, CMS is integrating the psychiatric hospital program survey into the hospital program survey and moving additional components of the survey activities to the states. Currently, the hospital and psychiatric hospital programs are reviewed separately for compliance with the Medicare Conditions of Participation (CoPs). CMS conveyed that the intent is to ensure psychiatric hospital services are evaluated in the context of the overall hospital program to better identify systemic quality issues. Under this change, psychiatric hospitals will have one consolidated set of regulatory and guidance documents to follow as well as a single survey team with a consolidated CMS-2567 deficiency report.

CoP regulations for hospitals and psychiatric hospitals will not change. However, the CoPs will be consolidated into a set of regulatory and guidance documents with a single survey team. CMS is developing training to assist surveyors in identifying compliance with the special psychiatric hospital CoPs. CMS says online training materials related to this change will be

released soon. Currently, the agency surveys the hospital requirements in all non-deemed psychiatric hospitals as well as during validation and complaint surveys of deemed psychiatric hospitals. Once the psychiatric program is moved to the hospital program, the hospital survey team will assess compliance with all requirements. CMS says this effort is part of its Patients Over Paperwork initiative.

CDC Call on Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics
On Jan. 30, from 1:00 p.m. – 2:00 p.m. CT, the Centers for Disease Control and Prevention (CDC) will hold a [Clinical Outreach and Communication Activity \(COCA\) call](#) and webinar on the U.S. Department of Health and Human Services (HHS) [Guide for Clinicians on the Appropriate Dosage Reduction or Discontinuation of Long-Term Opioid Analgesics](#). A few minutes before the webinar begins, please click [this link](#) to join (Webinar ID: 316 891 067), or join by telephone: +1 (646) 876-9923 or +1 (669) 900-6833. The slides for this presentation will be posted on the call page under the “Call Materials” tab. The HHS guide was released in October to help clinicians reduce risks and improve outcomes related to opioid dose reduction or discontinuation among patients prescribed opioids to manage pain, particularly chronic pain. The guide emphasizes the importance of shared decision-making with patients, individualized and slow tapering, and integrated pain management and behavioral support for patients. During this COCA Call, presenters will discuss the HHS guide and the advice it provides to clinicians who are contemplating or initiating a reduction in opioid dosage or discontinuation of long-term opioid therapy for a patient with chronic pain. If you are unable to attend the live COCA call, the closed captioned video will be available to view on-demand on the [call page](#) a few days after the call. [Free continuing education \(CE\)](#) is available for this COCA Call.