

December 7, 2022

Below are several updates concerning hospital and health system behavioral healthcare, including:

- Medicaid coverage, payment and provider changes from the Illinois Dept. of Healthcare and Family Services (HFS);
- Medicare coverage and payment changes from the Centers for Medicare and Medicaid Services (CMS); and,
- New behavioral health policies and resources.

Medicaid Updates

Behavioral Health Encounter Billing Change in ERCs, FQHCs and RHCs

On Dec. 1, HFS issued a Provider Notice informing Encounter Rate Clinics (ERCs), Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCs) of a billing change for behavioral health encounters in these settings, effective with dates of service beginning Feb. 1, 2023. A previous Nov. 1 notice listed the effective date of the billing system updates as Dec. 1, 2022. The change, applied to claims billed under Medicaid fee-for-service (FFS) and managed care organization (MCO) plans, must be carried out by HFS because CMS' Medically Unlikely Edits (MUEs) policy for T1015 does not allow for both a medical and a behavioral health encounter to be billed on the same day.

Currently, to bill medical and behavioral health encounters rendered in FQHCs, ERCs, and RHCs, providers use procedure code *T1015 - Clinic Visit/Encounter, All-Inclusive*, with behavioral health encounters differentiated by using one of the following modifiers:

- Modifier AJ = Licensed Clinical Social Worker
- Modifier AH = Licensed Clinical Psychologist
- Modifier HO = Licensed Clinical Professional Counselor or Licensed Marriage and Family Therapist

For behavioral health encounters billed with dates of service beginning Feb. 1, 2023, providers must use procedure code *T1040 - Medicaid Certified Community Behavioral Health Clinic (CCBHC) Services, Per Diem*, instead of T1015. The modifiers above must continue to be used, and reimbursement will remain at current rates. Providers who continue to bill T1015 with a behavioral health modifier for dates of service on or after Feb. 1, 2023 will receive an error code.

Although the new procedure code identifies CCBHC services, HFS provided clarification to IHA after the Notice was issued that ERCs, FQHCs and RHCs would not be required to meet CCBHC requirements. Illinois is still in the early stages of planning for CCBHCs in the Medicaid space, most recently applying for the Substance Abuse and Mental Health Services Administration's Federal Fiscal Year 2023 CCBHC Planning Grant and Demonstration in Oct. 2022.

Moving forward, ERCs specifically can bill services for a customer using procedure code T1015 with no modifier and T1040 with an applicable behavioral health modifier, but not for the same date of service. This is because ERC payment policy still does not allow billing of both a medical encounter and a behavioral health encounter on the same date. Questions regarding this notice may be directed to the Bureau of Professional and Ancillary Services at 877-782-5565 for FFS claims, or the applicable MCO plan.

Pathways to Success: Home and Community-Based Services

On Nov. 4, HFS issued a Provider Notice announcing a new program, Pathways to Success, which will begin serving youth

under the age of 21 in January 2023. The exact launch date has not formally been announced. Pathways to Success will be a program for children with complex behavioral health challenges, which provides care coordination in conjunction with access to home and community-based services. The goal is to provide a more robust continuum of intensive behavioral health services for eligible youth.

HFS' recorded webinars and slides on the [Pathways to Success](#) website provides access to an overview of the community-based behavioral health services, intensive home-based services, and family peer support services. The website also provides other program resources for healthcare providers and families interested in future enrollment. Questions regarding the notice may be directed to the Bureau of Behavioral Health at 217-557-1000 or HFS.Pathways@illinois.gov.

Designated Service Area Changes for Mobile Crisis Response

On Oct. 31, HFS issued a [Provider Notice](#) notifying the public that they would be transitioning the agency's Designated Service Areas (DSA, previously known as Local Area Networks) for Mobile Crisis Response (MCR) providers on Nov. 1. A map of the new DSA structure, along with a listing of the designated MCR providers for each DSA, can be found [here](#). This change does not impact the process of hospital staff making crisis referrals to the hotline.

HFS has communicated to IHA that the only potential impact for a hospital is which MCR provider may respond to a crisis referral. HFS conveyed that very few changes were made to responding MCR providers, and that these providers should have worked one on one with hospitals within their DSA if any transition occurred. HFS does not have a list of hospitals with new MCR providers under the DSA transition. Questions regarding this notice may be directed to the Bureau of Behavioral Health at 217-557-1000 or HFS.BBH@illinois.gov.

Hospital UR Policy Change For Inpatient Detoxification

On Oct. 21, HFS issued a [Provider Notice](#) confirming the removal of the prohibition for readmissions to a hospital for an inpatient alcohol or drug detoxification stay within 60 days of a previous detoxification stay. This utilization review (UR) policy change was required by [Public Act 102-0043](#), with the statute mandating the policy sunset on June 31, 2021. A [Public Notice](#) issued by HFS late last year proposed the change take place on Jan. 1, 2022. HFS' state plan amendment for this change was approved by CMS earlier this year.

The policy change impacts inpatient UR for both Medicaid FFS and MCO plan claims. For FFS claims, [Utilization Review Attachment B](#) has been updated to remove references to the 60-day detoxification readmission limit.

Given the [Public Notice](#) and subsequent [CMS approval](#) of the State Plan Amendment for this change with an effective date of Jan. 1, 2022, IHA encourages member hospitals to reprocess applicable bills filed on or after this date. IHA also encourages member hospitals to request that HFS or the applicable MCO waive timely filing requirements, if bills are outside of a 6-month window of the patient discharge date. Questions regarding HFS' notice may be directed to the Bureau of Professional and Ancillary Services at 877-782-5565 for FFS claims or to the applicable HCI MCO plan.

Community-Based Behavioral Health Service Rate Changes and Billing Guidance

On Oct. 27, HFS issued a [Provider Notice](#) outlining updates to the Community-Based Behavioral Health Services (CBS) [fee schedule](#) and corresponding billing guidance. Rate increases were mandated by this year's budget implementation bill, also referred to as the BIMP ([Public Act 102-0699](#)). Previously, HFS issued a [Public Notice](#) announcing the reimbursement rate increases for certain services effective for dates of service on and after July 1, 2022, which are reflected in the updated fee schedule.

However, providers must submit replacement claims to receive the higher rates, with details on how to do so in the Provider Notice. The notice also provides background on how Licensed Practitioners of the Healing Arts may begin billing retroactively for Integrated Assessment and Treatment Planning services provided on or after July 1, 2022. Providers may direct requests for FFS claims to a community mental health center billing consultant in the Bureau of Professional and Ancillary Services at 877-782-5565, option sequence 1, 2, 4, and then 8. Managed care questions should be directed to the applicable MCO.

Medicare Updates

2023 Physician Fee Schedule Final Rule Impacts Behavioral Health and Telehealth

On Nov. 1, CMS released their Calendar Year 2023 (CY2023) Physician Fee Schedule [final rule](#) and its associated [fact sheet](#). The [Consolidated Appropriations Act, 2022](#) delayed the Medicare requirement for an in-person visit with a physician or practitioner within 6 months prior to an initial mental health telehealth service. The final rule confirms that in-person requirements for telehealth services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder will be effective on the 152nd day after the Public Health Emergency (PHE) ends. In addition, in recognition of healthcare workforce needs, the final rule:

- Permits auxiliary personnel (e.g., Licensed Professional Counselors and Licensed Marriage and Family Therapists) to provide behavioral health services that are incident to a physician or non-physician practitioner's (NPP) services under the general supervision of a physician or NPP, rather than under direct supervision. To accomplish this change, CMS added an exception to the direct supervision requirement under CMS' "incident to" regulation at [42 CFR 410.26](#);
- Clarifies that any service furnished primarily for the diagnosis and treatment of a mental health or substance use disorder can be furnished by auxiliary personnel under the general supervision of a physician or NPP who can provide and bill for services delivered incident to their own professional services;
- Creates a General Behavioral Health Integration (BHI) code for monthly care integration personally performed by a Clinical Psychologist or Clinical Social Worker when the mental health services these practitioners provide serve as "the focal point of care integration";
- Creates a psychiatric diagnostic evaluation to serve as the initiating visit for the new General BHI service;
- Maintains audio-only telehealth coverage 151 days post-PHE and direct supervision flexibility through CY2023; and
- Allows telehealth services to continue being reimbursed at the non-facility professional rate through CY2023.

For more information on behavioral health and telehealth policy changes made in the CY2023 Outpatient Prospective Payment System (OPPS) [final rule](#) and the CY2023 Medicare Physician Fee Schedule (PFS) [final rule](#), see [IHAs Medicare Policy Fact Sheet](#).

Behavioral Health Policy Updates and Resources

PASRR Program Refresher Training & Maximus Outreach

As a reminder, on Mar. 14 HFS partnered with Maximus to support a redesign of the state's Pre-Admission Screening and Resident Review (PASRR) system. This includes new processes for hospital-based screening and assessments of all patients, regardless of payer source, seeking placement in Nursing Facilities, Specialized Mental Health Rehabilitation Facilities, and Supportive Living Programs. The transition included moving the screening and assessment processes to a new web-based management system, AssessmentPro. New hospital staff involved in the PASRR process are encouraged to register for AssessmentPro to ensure continuous hospital coverage of the portal, including on weekends.

On Oct. 18, Maximus informed IHA that they have begun weekly outreach to individual hospital staff identified as having used AssessmentPro to submit PASRR Level I screens resulting in automatic approvals for submissions at a rate that is statistically improbable. This is outlined in the HFS [Provider Notice](#) and the [IHA PASRR Memo](#), both issued in September. Only the identified screeners and their associated "administrators" (manager(s) that signed up to be AssessmentPro leads) at each hospital will be contacted over the next few months for additional training and technical assistance, not all screeners at the hospital.

For questions or comments on the PASRR process or AssessmentPro, email ILPASRR@maximus.com or call 833 PASRR IL (833.727.7745). For more information, see Maximus' [Illinois Tools & Resources Page](#).

Fentanyl Test Strip Availability

IHA has been asked by the Illinois Dept. of Public Health to remind member hospitals and health systems that [Public Act 102-1039](#) became effective on June 2, enabling pharmacies, clinics, and other medical organizations to acquire and distribute fentanyl test strips. According to data from CMS, fentanyl overdose is now the top cause of death among U.S. adults aged 18 to 45. Increasing fentanyl testing is a core priority of Illinois's Statewide Overdose Action Plan ([Priority 21](#)) and is a cheap, easy, and effective way to prevent many accidental overdose deaths.

New '988' Suicide and Crisis Lifeline Resources

While most information online and in the news has shared the helpful and life-saving aspects of 988, the national Suicide and Crisis Lifeline, incorrect information has also been shared. The Illinois Dept. of Human Services (DHS) has released a new [Myth Busters](#) handout to assist healthcare providers and the public in understanding some of the myths that have been circulating on social media, along with correct information.

Hospitals and health systems are encouraged to engage their regional 988 Lifeline Call Center to ensure relevant behavioral health programs are included as a resource for callers, as well strengthening relationships with local [crisis providers](#) funded by DHS' Division of Mental Health Program 590. Path, Inc. (Bloomington), is the statewide 988 Lifeline Center, which provides coverage for all uncovered regions in the state, backup coverage to all existing regional Lifeline Call Centers, and statewide text and chat services to all callers. Illinois' regional 988 Lifeline Call Centers include:

- Memorial Behavioral Health (Springfield);
- Suicide Prevention Services (Batavia);
- DuPage County Health Department (Wheaton);
- Community Counseling Centers of Chicago (Chicago); and
- Lake County Health Department (Waukegan).

For more information about 988 resources, please visit IDHS' [988 Suicide & Crisis Lifeline](#) webpage. To learn more about Illinois' 988 planning activities and meetings visit IDHS' [988 Suicide & Crisis Lifeline Planning](#) webpage. To ask a question about 988, please complete and submit this [request form](#) to the Division of Mental Health.

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