

Key Message and Tips for Providers: Mental Health and Substance Use Services



Message

Medicaid is the largest payer for mental health services and plays a significant role in the financing of substance use disorder services.[1] Together mental health and substance use disorder services are referred to as behavioral health services. With proper treatment and support, improvement and even recovery are possible for individuals with mental illnesses and substance use disorders.

To receive Medicaid-covered behavioral health services, most States require that the illness or condition, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition,[2] has persisted for 6 months and is expected to continue for more than a year.[3, 4, 5, 6]

State Medicaid programs include coverage for core behavioral health services for eligible individuals if they are medically necessary and included in the individual's plan of care. Services typically include outpatient assessment and treatment, inpatient services, emergency services, and crisis intervention. In addition, beneficiaries may receive case management, community support services, rehabilitation services, and day treatment programs.[7, 8]

TIPS

Follow these tips to ensure patients receive the care they need and help strengthen the integrity of the Medicaid program:

- Make sure that behavioral health treatment limitations are no more restrictive than limitations for medical and surgical benefits.[9, 10]
- Perform screening of patients to determine the existence of physical and mental illnesses, or substance use disorders, and make referrals for treatment as required;
- Be aware of limitations on the amount, duration, and scope of services, and track patient use;
- Submit authorization requests if services are expected to go beyond program limits;
- Monitor and audit documentation to ensure it is complete, current, and sufficient to support the services billed; and
- Check with your State Medicaid agency for information about services in your area since these programs vary from State to State.

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¹ Centers for Medicare & Medicaid Services. Medicaid.gov. (2015, March). Behavioral Health Services. Retrieved March 13, 2015, from <http://medicaid.gov/medicaid-chip-program-information/by-topics/benefits/mental-health-services.html>

² Psychiatry Online. DSM® Library. [Subscription Site]. (2015). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Retrieved March 19, 2015, from <http://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596>

³ State of Oklahoma. Health Care Authority. (2014, September 12). OHCA Policies and Rules. Outpatient Behavioral Health Services. 317:30-5-240.1 Definitions. Retrieved March 19, 2015, from <http://www.okhca.org/xPolicyPart.aspx?id=562&chapter=30&subchapter=5&part=21&title=OUTPATIENT%20BEHAVIORAL%20HEALTH%20SERVICES>

⁴ State of Alaska. Department of Health and Social Services. (2013). Alaska Medical Assistance Provider Billing Manual. Section 1: Mental Health Physician Clinic Services Policies and Procedures. Retrieved March 18, 2015, from <http://manuals.medicaidalaska.com/mhpc/mhpc.htm>

⁵ Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities. Division of Behavioral Health. (2010, January). Kentucky Adult Targeted Mental Health Case Management Training Manual. (p 2). Retrieved April 29, 2015, from <https://dbhdid.ky.gov/dbh/documents/TCMManual-Adult.pdf>

⁶ Illinois Department of Human Services. (2014 July 1). Title 59: Mental Health, Chapter IV: Department of Human Services, Part 132, Medicaid Community Mental Health Services Program. Section 132.25. Definitions. Medical Necessity. Retrieved April 29, 2015, from <http://www.dhs.state.il.us/page.aspx?item=56754>

⁷ SAMHSA-HRSA Center for Integrated Health Solutions. (n.d.). Billing Tools. Paying for Primary Care and Behavioral Health Services Provided in Integrated Care Settings. [Analysis of 50 States and District of Columbia “Billing and Financial Worksheets” compiled in mid-2014 by the National Council for Behavioral Health’s Center for Integrated Health Solutions, funded by the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration]. Retrieved March 23–24, 2015, from <http://www.integration.samhsa.gov/financing/billing-tools>

⁸ Centers for Medicare & Medicaid Services. Medicaid.gov. (n.d.). State Medicaid and CHIP Profiles. Retrieved April 30, 2015, from <http://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html>

⁹ Centers for Medicare & Medicaid Services. (2013, January 16). Application of the Mental Health Parity and Addiction Equity Act to Medicaid MCOs, CHIP, and Alternative Benefit (Benchmark) Plans. Retrieved March 16, 2015, from <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO-13-001.pdf>

¹⁰ Centers for Medicare & Medicaid Services. (n.d.). The Center for Consumer Information & Insurance Oversight. The Mental Health Parity and Addiction Equity Act. Retrieved March 16, 2015, from http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet.html