



# Iowa Department of Human Services

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For Human Services use only:

**General Letter No. 8-AP-425**  
Employees' Manual, Title 8  
Medicaid Appendix

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## **BEHAVIORAL HEALTH SERVICES MANUAL TRANSMITTAL NO. 15-2**

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **BEHAVIORAL HEALTH SERVICES MANUAL**, Chapter III, *Provider-Specific Policies*, pages 2, 5, and 6, revised.

### **Summary**

The **BEHAVIORAL HEALTH SERVICES MANUAL** is revised to align with current ICD-10 policies, procedures, and terminology.

### **Effective Date**

October 1, 2015

### **Material Superseded**

This material replaces the following pages from the **BEHAVIORAL HEALTH SERVICES MANUAL**, which includes the following:

<u>Page</u>	<u>Date</u>
<b>Chapter III</b>	
2, 5	May 1, 2014
6	April 1, 2015

### **Additional Information**

The updated provider manual containing the revised pages can be found at:  
<http://dhs.iowa.gov/sites/default/files/BehaviorHealth.pdf>.

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).



## 1. Assessment

The assessment is a diagnostic tool for gathering information to:

- ◆ Establish or support a diagnosis, and
- ◆ Provide the basis for the development or modification to the treatment plan and development of discharge criteria.

Components of a clinical assessment include:

- ◆ Client demographic information
- ◆ Presentation/complaint
- ◆ Medical history and medications
- ◆ Treatment history
- ◆ Substance use history
- ◆ Mental status
- ◆ DSM diagnosis
- ◆ Functional assessment (with age-appropriate expectations)

## 2. Diagnosis

Assign a multi-axis diagnosis or diagnostic impression in accordance with the current edition of the International Classification of Disease, Tenth Revision (ICD-10).

Report only diagnostic codes that are clearly and consistently supported by the documentation in the record. Information relating to a diagnosis that is over 12 months old needs to be confirmed.

## 3. Interpreter Services

Interpretative services may be covered, whether done orally or through sign language. Interpreters must provide only interpretation services for the agency. The services must facilitate access to Medicaid covered services.



Payment will be approved for the following:

- ◆ Individual outpatient services
- ◆ Couple, marital, family, or group outpatient services
- ◆ Reassessment, including:
  - The assessment of current symptoms and behaviors related to the diagnosis and progress toward treatment goal,
  - Justification of changed or new diagnosis, and
  - Response to other concurrent treatments such as medications.

Upon discharge, provide final recommendations to the member, including further services and providers, if needed, and activities recommended to promote further recovery. Keep a copy in the member's file.

## **6. Exclusions**

Payment will not be made for the following:

- ◆ Services performed without relationship for a specific condition, risk factor, symptom, or complaint
- ◆ Services covered under Part B of Medicare except for the Part B Medicare deductible or coinsurance
- ◆ Services using investigational or experimental methods
- ◆ Sensitivity training, marriage enrichment, assertiveness training, growth groups or marathons
- ◆ Services for nonspecific conditions of distress, such as job dissatisfaction or general unhappiness
- ◆ Services in a medical institution



### C. BASIS OF PAYMENT

Behavioral health providers are reimbursed based on a fee schedule. The amount billed should reflect the actual cost of providing the services. The fee schedule amount is the maximum payment allowed.

Click [here](#) to view the fee schedule for Behavioral Health providers.

### D. PROCEDURE CODES AND NOMENCLATURE

Medicaid recognizes Medicare's National Level II Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes. However, all HCPCS and CPT codes are not covered.

Refer to the current fee schedule for a listing covered of codes.

Providers who do not have Internet access can obtain a copy upon request from the IME.

It is the provider's responsibility to select the code that best describes the item dispensed. Claims submitted without a procedure code will be denied. Refer coverage questions to the IME. Claim forms must be completed with all required elements. Claims submitted without a procedure code and an ICD-10-CM diagnosis code will be denied.

### E. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for Behavioral Health providers are billed on federal form CMS-1500, *Health Insurance Claim Form*.

Click [here](#) to view a sample of the CMS-1500.

Click [here](#) to view billing instructions for the CMS-1500.

Refer to [Chapter IV. Billing Iowa Medicaid](#) for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The Billing Manual can be located online at:  
<http://dhs.iowa.gov/sites/default/files/All-IV.pdf>