Optum

Residential Crisis

Optum Maryland Provider Training

Participant Guide

Key Learning Points

1. Residential Crisis Overview
2. Eligibility Requirements
3. Authorization Process
4. Claims Submission

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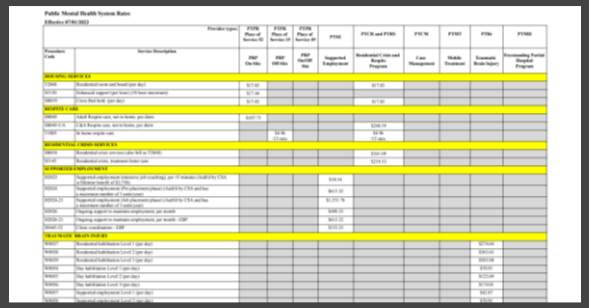
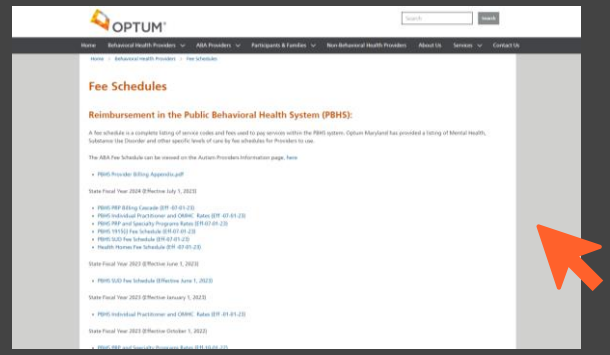
Residential Crisis Overview

Residential Crisis Resources

Fee Schedule

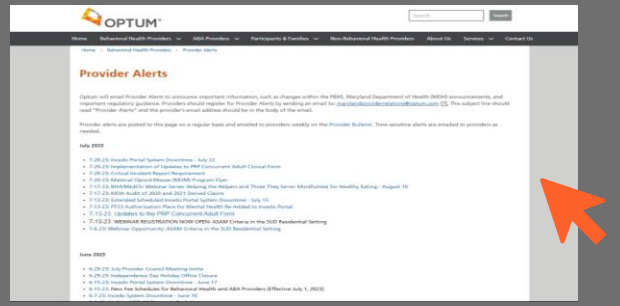
The Fee Schedule is located on the Optum Maryland Website. Click the picture below to locate the most up to date Fee Schedule.



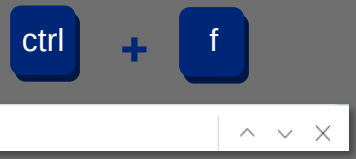


Provider Alerts

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.



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.

Optum Maryland

GUIDE 2

Guide for Specialty Providers **not** enrolling in Medicaid

Welcome to Optum!

As a Maryland provider you have the opportunity to provide services to Maryland recipients across the state. The purpose of this guide is to assist you in getting started and equip you with the required resources.

Checklist

This guide is for specific provider types not enrolled by Medicaid

1. Certain providers will use a different registration process. If you are a provider **enrolled by Medicaid**, please click here for the first version of the guide.
2. Providers must have an NPI for each site/service that they provide.
   - *e.g.*, PRPs operating out of two sites will have two NPIs or an OMHC and PRP on the same site will have 2 NPIs.
   - You can apply for NPI numbers through NPPES by clicking here.
3. If you are categorized as any of the providers below, please ensure that you are familiar with your registration process:

   Residential Rehabilitation (RRP):
   - An RRP is **not** a direct enrollment in Medicaid, but rather a subsidiary of PRP. However, PRP is still required to follow the Medicaid process as detailed in the guide provided here.
     - If a non-profit PRP decides to acquire RRP beds, they can only do so by successfully obtaining a bed through the LBHA.
     - Once an RRP bed is obtained, you can authorize and bill for the RRP beds.

   Recovery Residences: to become a certified recovery residence in Maryland complete the MCORR application and submit the required documentation here. Submit the completed application to mcorr.info@maryland.gov.

   Residential Crisis/Respite: Must be licensed and approved by the department. Contact bha.licensing@maryland.gov for further information and to request ASO enrollment.

   Gambling Services: Providers who are not enrolled in Medicaid enroll through the Maryland Center of Excellence on Problem Gambling here.
4. The Optum team will add the records for non-Medicaid providers and will send you a token for the Incedo Provider Portal.
   - *The token will be sent to you via email, after which you can proceed to self-register for the Incedo Provider Portal (IPP)*
   - *Click here for the IPP self registration tutorial video*

   (If token is not received in your inbox, please check your junk/spam folder.)
5. Once registered, create your authorizations in the Incedo Provider Portal (IPP) before you provide services to anyone.
   - *Click here to view tutorial videos for authorizations*

   (Note: Assessments typically do not require authorizations)

Resources

Click on the box to get to the resource

- **Provider Education** — Tutorial videos/guides to help you through the IPP, authorizations, claims, backdating, and more.
- **Provider Manual** — The Provider Manual, LOC Appendix, Medical Necessity Criteria, Billing Appendix, and more.
- **Provider Resources** — This page houses FAQs, Provider Guides, ICD-10 codes, and more.
- **Fee Schedules** — Where to find Fee Schedules by levels of care.
- **Provider Alerts** — Sign up for provider alerts to come directly to your e-mail.
- **Provider Forms** — Forms that you can print and download.
- **Auth Submission Window** — Guide on how far you can backdate based on level of care.

FAQ

- **What diagnoses can I use for authorization and claims?** Please refer to your provider manual and locate the appropriate dx list linked here *(under Clinical/Utilization Management)*.
- **What codes can I use for authorization and claims?** Please refer to your provider manual and locate the appropriate Fee Schedule linked here.
- **Why did I get a denial for my claim?** Click here to view a list of common denial reasons.

Things to consider before calling Customer Service:

Each provider type is assigned a unique Incedo username and password. If you have multiple provider types, please verify you are using the correct credentials.

Optum Customer Service: 1-800-888-1965
Provider Relations E-mail:

Locate the link named "Provider Guide #2- Non-Medicaid"

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

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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

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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.

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Authorization Process

1. Residential Crisis Overview
2. Eligibility Requirements
3. **Authorization Process**
4. Claims Submission

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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.

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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.

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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

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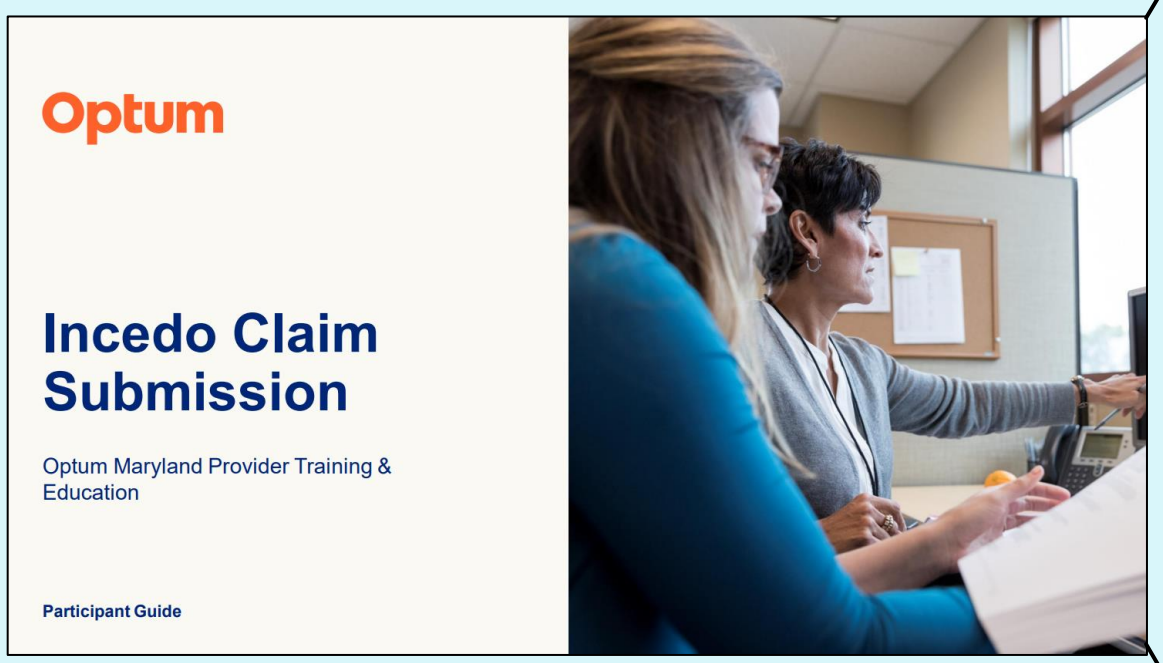
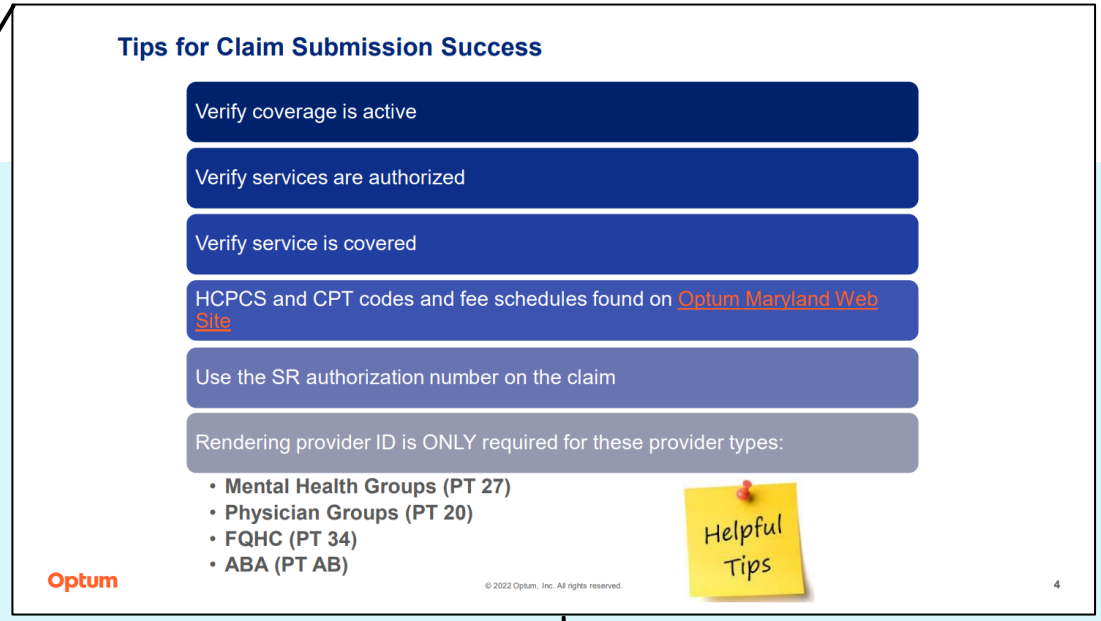
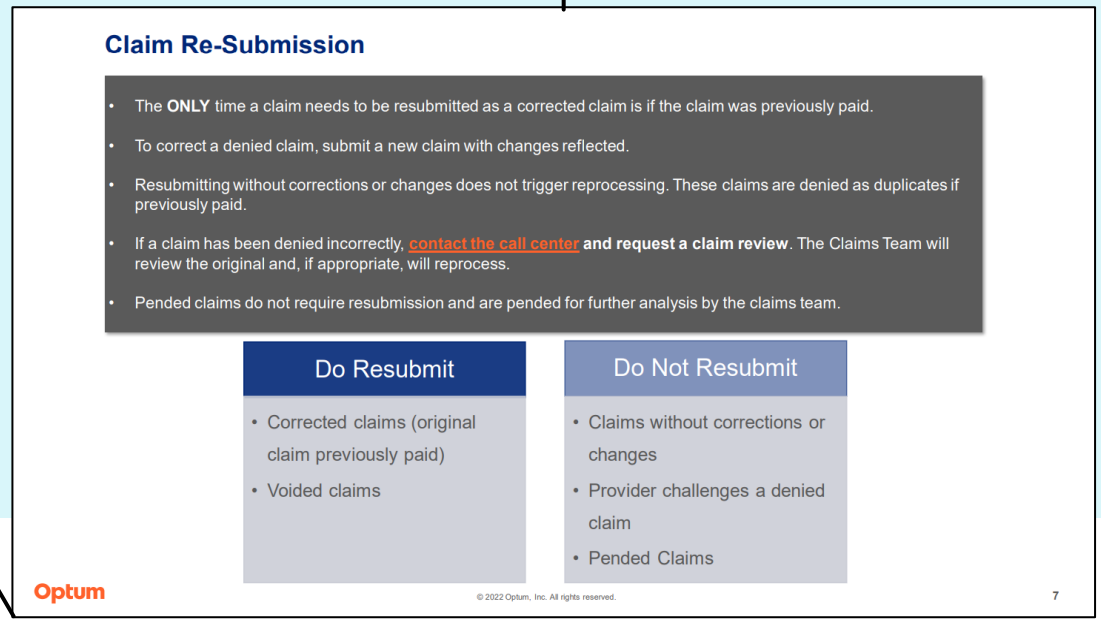
Claims Participant Guide



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





Claims Process Tips

Claims should be submitted on a CMS 1500 form.

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

One unit is billed per day.

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
H0018

*On June 1, 2023, S9485 was **replaced** by **H0018***

Residential Crisis Room and Board code
T2048

Professional Services:

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

E&M 99211	99212	99213	99214	99215

99202	99203	99204	99205

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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.

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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