

Medicaid Mental Health and Substance Use Disorder Payment Responsibility Grid

Introduction:

The grid below indicates Medicaid Health Plan (MHP) and Prepaid Inpatient Health Plan (PIHP) coverage responsibility for mental health and substance use disorder services. It should be used by MHPs, PIHPs, Community Mental Health Service Programs, providers and others, as applicable, to determine the responsible entity for payment of mental health and substance use disorder services delivered to Enrollees.

This grid generally delineates coverage responsibility by the setting in which a service is provided. MDHHS reserves the right to modify this grid in the future and will update it in accordance with any change in MDHHS policy. All entities should follow Medicaid policy, as described in the Medicaid Provider Manual and the entity's contract with the State and as directed by MDHHS.

Acronyms:

- CMHSP – Community Mental Health Services Program
- CCBHC – Certified Community Behavioral Health Clinic
- DRG – Diagnosis Related Group
- ED – Emergency Department
- FFS – Fee for Service
- I/DD – Intellectual/Developmental Disability
- MHA – Mental Health Assessment
- MHP – Medicaid Health Plan
- MAT – Medication Assisted Treatment
- NF – Nursing Facility
- OBSUT – Office-Based Substance Use Treatment
- OTP – Opioid Treatment Provider
- PAR – Pre-Admission Review
- PIHP – Prepaid Inpatient Health Plan
- SBIRT – Screening, Brief Intervention, and Referral to Treatment Services
- SED – Serious Emotional Disturbance
- SMI – Serious Mental Illness
- SUD – Substance Use Disorder

Notes:

- For enrollees who are not enrolled in an MHP and receive FFS Medicaid, FFS is the responsible payer wherever the grid indicates MHP coverage responsibility.
- Unless otherwise indicated by the most current ICD-10-CM coding guidelines, list first the ICD-10 code for the diagnosis, condition, problem, or other reason for the encounter/visit that is shown in the medical record to be chiefly responsible for the services provided, followed by additional ICD-10 codes that describe any coexisting conditions.
- Specialty supports and services provided to individuals with an I/DD outlined in the Medicaid Provider Manual are the responsibility of the PIHP; physical health, mental health and substance use disorder services for these individuals should be covered in accordance with this grid and Medicaid policy.
- Prior authorization may apply to services included in this grid; see relevant coverage rules for additional information.
- Refer to the Medicaid Provider Manual for additional coverage and reimbursement information, including information for individuals enrolled in an Integrated Care Organization.

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Setting in Which Service is Provided					
Outpatient Office (e.g., Clinic, Physician Office)	Emergency Intervention Services and Post-Crisis Stabilization Services	Medical Emergency Department (ED)	Inpatient Acute Care Hospital	Inpatient Psychiatric Hospital or Inpatient Psychiatric Bed/Unit Within Acute Care Hospital <i>Excludes State Psychiatric Hospitals</i>	Nursing Facility
Mental Health Services for Individuals with Mild to Moderate Mental Illness or Whose Severity Has Not Yet Been Determined NOTE: Unless otherwise specified, the payment responsibilities delineated in this table hold true regardless of whether the individual has concurrent SUD or I/DD.					
<p>Payer responsible: Mixed, depending on outpatient setting.</p> <p>The PIHP is responsible for outpatient mental health services provided at CCBHCs. The PIHP is also responsible for outpatient mental health services provided by SUD providers for individuals with co-occurring mental health and substance use disorders. (For outpatient emergency intervention and post-crisis stabilization services, see right.)</p> <p>The MHP is responsible for outpatient mental health services provided in other office- or clinic-based settings to individuals with mild to moderate mental illness or whose severity has not yet been determined. This includes necessary screening.</p>	<p>Payer responsible: PIHP.</p> <p>The PIHP is responsible for emergency intervention services and post-crisis stabilization services (in outpatient or residential settings) as outlined in the Intensive Crisis Stabilization Services section of the Medicaid Provider Manual.</p> <p>If the provider believes that inpatient psychiatric hospital services and/or specialty mental health services and supports may be needed, the provider should contact the PIHP for a PAR. The PIHP is responsible for authorization of and payment for the PAR, which may be provided on-site, face-to-face, or over the telephone by the PIHP.</p> <p>The PIHP is responsible for stabilization services following psychiatric hospitalization.</p> <p>The PIHP and MHP should closely coordinate post-crisis stabilization services for shared enrollees.</p>	<p>Payer responsible: Mixed, depending on service provided.</p> <p>The MHP is responsible for medical screening and stabilization services and any medical treatment associated with the episode of care, including treatment of mild-to-moderate mental illness provided in the ED.</p> <p>If after medical screening and stabilization, a medical health professional believes that inpatient psychiatric hospital services and/or specialty mental health services and supports may be needed, the ED should contact the PIHP for a PAR. The PIHP is responsible for authorization of and payment for the PAR, which may be provided on-site, face-to-face, or over the telephone by the PIHP.</p>	<p>Payer responsible: Mixed, depending on service provided.</p> <p>The MHP is responsible for all inpatient medical treatment associated with the episode of care, with the exception of inpatient psychiatric stays (see right).</p> <p>If a medical health professional believes that inpatient psychiatric hospital services and/or specialty mental health services and supports may be needed, the hospital should contact the PIHP for a PAR. The PIHP is responsible for authorization of and payment for the PAR, which may be provided on-site, face-to-face, or over the telephone by the PIHP.</p>	<p>Payer responsible: PIHP.</p> <p>The PIHP is responsible for all inpatient psychiatric stays, either in inpatient psychiatric hospitals or psychiatric beds/units within a general acute care hospital.</p> <p>The PIHP provides the authorization for mental health inpatient admission and is responsible for mental health inpatient admission costs, including psychiatrists' fees.</p>	<p>Payer responsible: MHP or FFS, depending on beneficiary enrollment.</p> <p>Nursing facilities complete the Pre-Admission Screening and Annual Resident Review (PASARR).</p> <p>Mental health services provided by the nursing facility staff, as specified in the resident's plan of care, are included in the facility's per diem rate. Nursing facilities must provide mental health, I/DD or related condition services that are of lesser intensity than specialized services to all residents who need such services.</p>

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Mental Health Services for Individuals with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) NOTE: Unless otherwise specified, the payment responsibilities delineated in this table hold true regardless of whether the individual has concurrent SUD or I/DD.					
Payer responsible: PIHP The PIHP is responsible for outpatient mental health services provided to individuals with SMI or SED.	Payer responsible: PIHP. The PIHP is responsible for emergency intervention services and post-crisis stabilization services (in outpatient or residential settings) as outlined in the Intensive Crisis Stabilization Services section of the Medicaid Provider Manual. If the provider believes that inpatient psychiatric hospital services and/or specialty mental health services and supports may be needed, the provider should contact the PIHP for a PAR. The PIHP is responsible for authorization of and payment for the PAR, which may be provided on-site, face-to-face, or over the telephone by the PIHP. The PIHP is responsible for stabilization services following psychiatric hospitalization. The PIHP and MHP should closely coordinate post-crisis stabilization services for shared enrollees.	Payer responsible: Mixed, depending on service provided. The MHP is responsible for medical screening and stabilization services and any medical treatment associated with the episode of care. If after medical screening and stabilization, a medical health professional believes that inpatient psychiatric hospital services and/or specialty mental health services and supports may be needed, the ED should contact the PIHP for a PAR. The PIHP is responsible for authorization of and payment for the PAR, which may be provided on-site, face-to-face, or over the telephone by the PIHP.	Payer responsible: Mixed, depending on service provided. The MHP is responsible for all inpatient medical treatment associated with the episode of care, with the exception of inpatient psychiatric stays (see right). If a medical health professional believes that inpatient psychiatric hospital services and/or specialty mental health services and supports may be needed, the hospital should contact the PIHP for a PAR. The PIHP is responsible for authorization of and payment for the PAR, which may be provided on-site, face-to-face, or over the telephone by the PIHP.	Payer responsible: PIHP. The PIHP is responsible for all inpatient psychiatric stays, either in inpatient psychiatric hospitals or psychiatric beds/units within a general acute care hospital. The PIHP provides the authorization for mental health inpatient admission and is responsible for mental health inpatient admission costs, including psychiatrists' fees.	Payer responsible: PIHP for specialized services. Specialized services are those identified by the PASARR Level II and are provided or arranged by the PIHP. These services must be available to nursing facility individuals regardless of whether they are identified and required by the PASARR process, or whether the individual is determined to require additional services to be provided or arranged for by the State as specialized services. Individuals with a primary diagnosis of dementia are also covered by this requirement. Specialized services are defined as those mental health services for residents who have a mental illness, I/DD or related condition which: 1) are of greater intensity than those normally required from a NF, 2) are provided in conjunction with usual NF services, 3) are determined through the PASARR process, 4) are provided or arranged for by the local CMHSP, or 5) result in the continuous and aggressive implementation of an individualized plan of care.

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Setting in Which Service is Provided		
ASAM Level 1: Outpatient and ASAM Level 2: Intensive Outpatient (IOP) and High-Intensity Outpatient (HIOP)	ASAM Level 3: Residential	ASAM Level 4: Inpatient
Substance Use Disorder (SUD) Treatment Services		
<p>Outpatient SUD Services Provided in Office-Based Setting Payer responsible: Mixed, depending on provider affiliation.</p> <ul style="list-style-type: none"> The PIHP is responsible for office-based substance use treatment (OBSUT) services delivered by providers with a specialty SUD services contract with the PIHP and eligible SUD services provided by CCBHCs. The MHP is responsible for OBSUT services delivered by providers who do not have a specialty SUD services contract with the PIHP. <p>Outpatient SUD Services Provided in Medical ED Payer responsible: MHP</p> <ul style="list-style-type: none"> The MHP is responsible for ambulatory withdrawal management and bridge MAT services provided in the ED. If the enrollee is admitted for acute medical detoxification, the ED costs are rolled into the inpatient DRG. <p>Outpatient SUD Services Provided in Other Settings and IOP, HIOP, and Partial Hospitalization Services Payer responsible: PIHP</p> <p>Ambulatory Withdrawal Management Payer responsible: Mixed, depending on setting and provider affiliation.</p> <ul style="list-style-type: none"> The PIHP is responsible for ambulatory withdrawal management services provided at CCBHCs and CMHSPs. Payment responsibility for ambulatory withdrawal management services delivered in office-based settings should follow guidance for outpatient SUD services provided in office-based settings, as described above. 	<p>Clinically and Medically Managed Residential Treatment Includes low intensity, population-specific high intensity, high intensity, and withdrawal management residential treatments. Payer responsible: PIHP</p> <p>Nursing Facility Payer responsible: MHP or FFS, depending on beneficiary enrollment. Services rendered for the treatment of alcohol and drug use are an ancillary service and are not included in the facility's per diem rate.</p>	<p>Medically Managed Inpatient Treatment Payer responsible: FFS, with one exception (see below).</p> <p>FFS is responsible for medically managed intensive inpatient acute detox and associated potentially life-threatening substance-induced toxic conditions requiring acute medical monitoring or intervention and detoxification services in acute care settings.</p> <p>Medically managed inpatient or medically monitored intensive inpatient SUD services may be provided during inpatient psychiatric stays as part of treating co-occurring mental health and SUD conditions. These services are the responsibility of the PIHP and reimbursed as part of existing payment arrangements.</p>

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Medical Services – Professional and Facility Services, Including Diagnostic Tests (e.g., Radiology and Laboratory Services, Including Toxicology Screening)					
Payer responsible: MHP.	Payer responsible: PIHP.	Payer responsible: MHP.	Payer responsible: MHP.	<p>Payer responsible: Mixed, depending on service provided.</p> <p>The PIHP is responsible for costs related to providing a psychiatric admission, history and physical.</p> <p>The MHP is responsible for medical services.</p>	<p>Payer responsible: MHP or FFS depending on beneficiary enrollment.</p> <p>Ancillary services (defined in the Nursing Facility Chapter of the Medicaid Provider Manual) should be billed to the MHP or FFS based upon beneficiary enrollment.</p>