

April 2019

Behavioral health alternate payment methodology in federally qualified health centers and rural health clinics

Background: Effective with dates of service beginning April 1, 2019, Medicaid established an alternative payment methodology (APM) for behavioral health (BH) services provided in federally qualified health centers (FQHCs) and rural health clinics (RHCs). On March 20, 2019, the *Louisiana Register* published the rule regarding the new behavioral health APM. The APM applies to services provided by one of the following practitioners:

1. Physicians with a psychiatric specialty
2. Nurse practitioners or clinical nurse specialists with a psychiatric specialty
3. Licensed clinical social workers
4. Clinical psychologists

The APM allows reimbursement for BH services equal to the all-inclusive prospective payment system rate on file for the date of services. This reimbursement will be in addition to any all-inclusive prospective payment system (PPS) rate on the same date for medical and dental services.

FQHC and RHC providers should use HCPCS code H2020 for billing the APM rate. Moving forward, FQHC and RHC providers can bill the T1015, D0999 and H2020 on the same day of service and be reimbursed for all three HCPCS codes at the PPS rate on file for the date of service.

Healthy Blue's system will be updated to accommodate the alternative payment methodology by June 7, 2019.

Provider billing requirements:

- Providers should submit HCPCS code H2020 on the first line of the claim submission and include detailed lines for all services rendered along with usual or customary charges or zero. DXC Technology will have encounter edits in place to ensure proper billing of this HCPCS code.
- Providers should submit separate claims for behavioral health services and physical health services as both the H2020 and the T1015 codes are required to be billed on the first claim line.
- Providers should bill with the rendering provider's information in box 24J and box 31. If the provider specialty of the rendering provider is not one of the specialties indicated above, then the provider will not receive reimbursement for the H2020 encounter code.

How will Healthy Blue handle behavioral health claims that were submitted prior to the system updates and claims held by providers pending system updates?

Providers have two options for submission of claims for services rendered before Healthy Blue's system has been updated:

1. Providers can hold their claims and submit them after June 7, 2019.

<https://providers.healthybluelouisiana.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

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2. Providers can bill their current claims with the APM code and receive claim denials. Healthy Blue will recycle denied claims without the need for any action from the provider.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-521-6942**.