Independent Provider Network Collaborative

December 1, 2023

Presented by: John Laukkanen

COLORADO
Department of Health Care Policy & Financing

Housekeeping

- IPN Collaborative will be held on the 1st Friday of each quarter (Sept, Dec, March, June)
- Meeting will be recorded and posted on IPN Webpage: https://hcpf.colorado.gov/behavioral-health-independent-provider-network-collaborative
- Standing Agenda items:
  - Communication Efforts
  - Policy Updates
  - Billing/Coding Updates
  - Rates
  - Legislative Update
  - IPN Working Group Updates
- Share Questions/Comments in chat function

Provider Bulletins

https://hcpf.colorado.gov/bulletins

November 2023 Provider Newsletter

Behavioral Therapy Providers—Behavioral Assessment Code Reduction Reversal Procedure codes (96136, 96137)

Table of Contents

Page	Title
All Providers	
1	Did You Know? Third Party Liability (TPL)
2	NCCI Notification of Quarterly Updates
2	RAC Provider Training
ColoradoPAR Program	
3	Acentra Provider Training
Behavioral Health	
3	Annual Supervision Attestation
4	Medicare Allowing LMFTs, LPCs and LACs to Enroll
4	Neuro/Psychological Testing Policy Change
5	New Specialty Types for SUD
5	ASD as Covered Diagnosis Under RAEs for Psychotherapy Services
6	Removing First Position Modifiers
7	New Code for Drop-In Centers
7	Safety Net Provider Training and Technical Assistance
7	IMD Campus Policy
Hospice	
7	Rate Update Effective October 1, 2023, (FFY 2023-2024)
Hospital	

Policy Updates

Annual Supervision Attestation

Licensed clinicians looking to supervise unlicensed and/or pre-licensed practitioners that fall under the guidelines of the Colorado Medicaid Standards for Unlicensed Practitioners policy must submit an attestation to each contracted Regional Accountable Entity (RAE) to engage in supervision practices outlined by this policy, effective February 1, 2023.

This attestation must be submitted to each contracted RAE annually subsequent to the submission of the initial attestation, no later than January 1 of each calendar year. Visit the Behavioral Health Reform web page to view the policy and the attestation form.

Policy Updates (contd)

Provider Revalidation

The flexibility that paused disenrollment for providers past their revalidation date during the COVID-19 Public Health Emergency (PHE) is ending effective November 12, 2023. As a result of the PHE ending, Providers will need to revalidate. Providers will not be disenrolled (Contract will remain open), however we will suspend claims

Providers are encouraged to review revalidation information and resources for guidance on the provider revalidation process. Refer to the Revalidation Quick Guide located on the Quick Guides web page and the Provider Revalidation Manual located under the Revalidation Resources section on the Revalidation web page for more information.

Billing and Coding Updates

Removing 1st Position Modifiers January 1, 2024

The January 1, 2024 State Behavioral Health Services (SBHS) Billing Manual will reflect all required 1st position modifiers have been removed. The only services that will require a 1st position modifier are the following codes:

Code	Modifier	Current Position	Future Position	Descriptions
H0019	HB	Second	First	Adult MH Transitional Living
H0019	U1	Second	First	QRTP
H2036	U1	second	First	ASAM 3.1
H2036	U3	second	First	ASAM 3.3
H2036	U5	second	First	ASAM 3.5
H2036	U7	second	First	ASAM 3.7

Billing and Coding Updates

Medicare Allowing Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Counselors (LPCs) and Licensed Addiction Counselors (LACs) to Enroll

CMS has announced a rule change that now allows marriage and family therapists and mental health counselors – including eligible addiction, alcohol or drug counselors who meet qualification requirements for mental health counselors – to enroll for the first time in Medicare. Newly eligible practitioners can enroll in Medicare starting November 1, 2023, and can start billing Medicare effective January 1, 2024. Refer to the CMS announcement for more information.

These providers currently must use Modifier HO on claims submitted directly to Medicaid without a Medicare denial. The policy will be changing effective April 1, 2024. The use of the HO modifier will only be allowed after April 1, 2024, in situations where enrolled Medicare providers are supervising unlicensed behavioral health providers and submitting claims as the rendering provider.

Billing and Coding Updates

Autism Spectrum Disorder (ASD) as a Covered Diagnosis
Under the Regional Accountable Entity (RAEs) for Psychotherapy Services

Managed Care Entities (MCEs) will be responsible for Autism Spectrum Disorder (ASD) (International Classification of Diseases [ICD] codes F84.0-F84.9) as a covered diagnosis for psychotherapy services only for members under 21 years old, effective January 1, 2024. Specifically, the following services will be required to be billed to MCEs when treating ASD:

90785	90834	90838	90849
90832	90836	90846	90853
90833	90837	90847	

Codes 90791 and 90792 will be covered under both Fee-for-Service (FFS) and the Capitated Behavioral Health Benefit (responsibility of the MCE) since these codes are used for both assessment as well as to initiate psychotherapy services.

Codes that currently do not require a covered diagnosis as indicated in Appendix I of the State Behavioral Health Services Billing Manual should already be paid by the MCEs when an ASD diagnosis is used.

Billing and Coding Updates

Neuro/Psychological Testing Policy Change

Providers will be able to submit claims for neuro/psychological testing to the Department or the Managed Care Entity (MCE) as determined by the diagnosis identified at the point of referral effective January 1, 2024. Providers will determine the scope of testing needed based on a review of available member history and existing clinical documentation when a referral for neuro/psychological testing is received. Providers will identify the primary payer (MCE or Fee-for-Service [FFS]) based on the primary condition being assessed or dismissed.

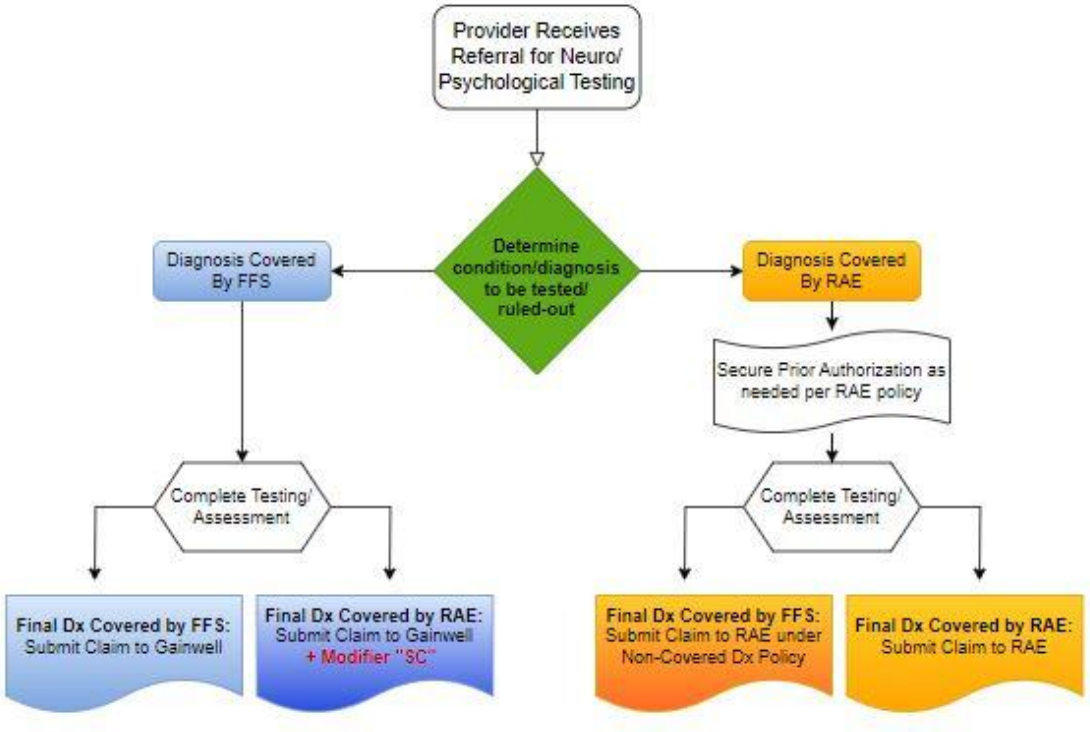
Providers will need to submit claims to the fiscal agent for reimbursement if the referring diagnosis is covered under the FFS benefit. Providers will be able to submit the claim to the fiscal agent by adding modifier code SC if the testing yields a diagnosis which is part of the Capitated Behavioral Health Benefit (responsibility of the MCE). Modifier code SC indicates that it is an exception to the allowed diagnosis for FFS.

Providers should first seek prior authorization according to the MCE's policy if the referring diagnosis is part of the Capitated Behavioral Health Benefit (responsibility of the MCE). Providers should still submit the claim to the MCE if the concluding diagnosis is a non-covered MCE diagnosis.

This policy will be included in the January 1, 2024, State Behavioral Health Services Billing Manual.

Billing and Coding Updates

Neuro/Psychological Testing Policy Change



Rates Updates

FFS Rate Review - https://hcpf.colorado.gov/rate-review

- 3 year review cycle
- Next Meeting - Friday Mar 29, 2024

RAE Capitation Rate Process

- Collect utilization and enrollment data for RAEs (Nov)
- Reprice cost-based utilization including sub-capitated arrangements (Dec)
- Make adjustments for known policy changes or updates (Jan)
- Trend the data into the future period for both utilization and cost trends (Feb)
- Make final pricing and policy adjustments based on audit findings and legislative updates (Mar-May)

Legislative Updates

- **HB 23-1269 -** Act requires HCPF to analyze how directed payment authority can be used as a part of a comprehensive plan to facilitate an adequate network of services for children and youth by requiring each MCE to pay no less than state department-established fee schedule rates https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20HB%2023-1269%20Directed%20Payment%20Legislative%20Report.pdf

- **SB 23-002 -** Act authorizes HCPF to seek federal authorization from CMS to provide Medicaid reimbursement for community health worker services
  - Stakeholder Sessions in January (9th and 23rd) and February (3rd and 27th)
  - Submission deadline to CMS: July 1, 2024
  - CMS approval, system updates, provider communications: 2024-2025
  - Benefit Go-Live: July 1, 2025
    https://hcpf.colorado.gov/communityhealthworkers

- **SB 23-174 -** Act requires HCPF to provide certain behavioral health services for Medicaid recipients who are under 21 years of age https://hcpf.colorado.gov/sb23-174-coverage-policy

- **HB 23-1200 -** MCEs are required to enter into single case agreements with willing providers of behavioral health services enrolled in Medicaid when network development and access standards are not met and a member needs access to a medically necessary behavioral health service

IPN Working Group Updates

First meeting was held on November 3rd

1. Reviewed and approved Standing Agenda Items for IPN Collaborative
2. Reviewed 21 Recommendations from Arrow Report. Identified recommendations to start addressing in January:

   #5 Establish an IPN advocate or liaison within each RAE and HCPF

   #6 Coordinate single points of contact at each RAE

   #15 Create a streamlined training of the billing manual

3. Discussed potential RAE disparity issues and solutions

RAE Disparity Issues

During the Nov 3rd IPN Working Group meeting 2 items were identified:

- In line with the change in modifiers coming January 1, HCPF confirmed with each RAE the implementation of this change is aligned among the RAEs.

- 2nd Payer Billing (when Medicaid is the secondary payer) - HCPF will bring information to the January meeting regarding Third Party Liability (TPL) policies and resources to understand this issue better.

  https://hcpf.colorado.gov/coordination-benefits

Next Meeting
Friday, March 1st
1-2:30 PM

John.laukkanen@state.co.us