



**\*\*\* Provider Alert\*\*\***

**TO:** ValueOptions NorthSTAR Providers

**FROM:** Sandy Potter, LCSW, LSOTP  
Director of Clinical Operations

**DATE:** August 31, 2006

**SUBJECT:** Medication Management Services for NorthSTAR Members with a Primary Diagnosis of Mental Retardation, Autism or Pervasive Developmental Disorder

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This issue was brought to NTBHA and the State as a concern related to access to medication management services for members who have a primary diagnosis of Mental Retardation, Autism or Pervasive Developmental Disorder. Most providers are seeking relief on having to do complete Uniform Assessments on MR clients who may need only medication management services (payable through ValueOptions).

There are multiple factors which affect the billing procedures for medication management and other behavioral interventions provided to persons enrolled in NorthSTAR who have a primary diagnosis of Mental Retardation, Autism or Pervasive Developmental Disorder. This alert is intended to provide a resource to NorthSTAR providers for the correct billing of services provided to this population, and assessment requirements.

Clinically, persons with a primary diagnosis of Mental Retardation, Autism or Pervasive Developmental Disorder are also affected by problems with substance abuse, Severe Mental Illnesses in adults, and Severe Emotional Disturbances in children. Clinically, the provider must assess the nature of the current disturbance in order to provide the most appropriate and effective intervention. Some clinical situations which are clear to define would be the situation with an adult who is abusing alcohol and also has a diagnosis of mild mental retardation. This person could benefit from chemical dependency services and this intervention would be billable to NorthSTAR. Other situations are more complex, such as a child diagnosed with Autism, and major depression who is highly reactive to changes in his/her environment and has frequent behavioral outbursts as a result. The interventions are more than likely related to the treatment and management of his/her reactivity to the environmental as a result of his/her Autism. These services would not be reimbursable under NorthSTAR.

The NorthSTAR program does not reimburse for services provided to persons with a sole diagnosis of Mental Retardation, Autism or Pervasive Developmental Disorder. If the member

has dual diagnosis which qualifies the member for NorthSTAR services, the clinical intervention is only reimbursable if the service is targeted to treating the behavioral health condition (see NorthSTAR provider manual for Target Populations). If the service is intended to manage behavioral disturbances related to Mental Retardation, Autism or Pervasive Developmental Disorder, then there are multiple billing streams which provide reimbursement for this activity. When reimbursement is pursued under other billing streams for services such as “Medication Management only”, then NorthSTAR required assessments do not need to be completed, and/or waivers submitted to ValueOptions, as the provider will be billing to other sources and will not need an authorization from ValueOptions.

Below is the excerpt from the 2006 Medicaid Manual that speaks to billing medication management for Mental Retardation, Autism or Pervasive Developmental Disorder:

#### **7.4.6 Claims Filing Information**

All behavioral health claims for NorthSTAR enrollees in the Dallas SA must be filed to the NorthSTAR BHO, ValueOptions. Behavioral health specialists and hospitals are not to bill TMHP for behavioral health services provided to clients who are enrolled in or eligible for enrollment in the NorthSTAR Program.

***Exception:** Claims with a primary diagnosis of developmental disability (mental retardation, autism, pervasive developmental disorder) are submitted to TMHP.*

If a behavioral health claim is submitted to TMHP for any diagnosis other than a developmental disability, it is denied. If it is paid erroneously, TMHP recoups it later.

Possible billing streams for persons with a primary diagnosis of Mental Retardation, Autism or Pervasive Developmental Disorder :

- If the member is on Medicaid then the traditional “card services” should be billed directly to Medicaid (TMHP) or if the service is provided by the member’s Primary Care Physician the billing should go to the member’s STAR plan if the member is in Medicaid Managed care. Reimbursable services include:
  - Professional Services including medication management, assessment, behavioral therapies
  - Medications
- If the member is on Medicare then the traditional “card services” should be billed directly to Medicare or to the member’s Medicare HMO. This includes:
  - Professional Services including medication management, assessment, behavioral therapies
  - Medications if Medicare Part D

- Dual Eligible's have the following additional co-pay and coinsurance coverage through TMHP

**Medicare Crossover Reimbursement through THMP for dual eligible's**

**2.6.1 Part A**

The payment of the Medicare Part A coinsurance and deductibles for Medicaid clients who are Medicare beneficiaries is based on the following:

- If the Medicare payment amount equals or exceeds the Medicaid payment rate, Medicaid (TMHP) does not pay the Medicare Part A coinsurance/deductible on a crossover claim.
- If the Medicare payment amount is less than the Medicaid payment rate, Medicaid (TMHP) pays the Medicare Part A coinsurance/deductible, but the amount of the payment is limited to the lesser of the coinsurance/ deductible or the amount remaining after the Medicare payment amount is subtracted from the Medicaid payment rate.

**2.6.2 Part B**

The payment of the Medicare Part B coinsurance and deductibles for Medicaid clients who are Medicare beneficiaries is based on the following:

- If the Medicaid client is eligible for Medicaid only as a qualified Medicare beneficiary, Medicaid pays the Medicare Part B coinsurance/deductible on valid Medicare claims.
- If the Medicaid client is not a qualified Medicare beneficiary, Medicaid pays the client's Part B:
  - Deductible liability on valid, assigned Medicare claims.
  - Coinsurance liability on valid, assigned Medicare claims that are within the amount, duration, and scope of the Medicaid program, and would be covered by Medicaid when the services are provided, if Medicare did not exist.

Medicaid (TMHP) payment of a client's coinsurance/deductible liabilities satisfies the Medicaid obligation to provide coverage for services that Medicaid would have paid in the absence of Medicare coverage.

Should you need additional information please contact:

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