

## **Table of Contents**

1.0	Description of the Service.....	1
2.0	Eligible Recipients.....	1
2.1	General Provisions.....	1
2.2	Limitations.....	1
2.3	EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age.....	1
3.0	When the Service Is Covered.....	2
3.1	Specific Criteria.....	2
4.0	When the Service Is Not Covered.....	3
5.0	Requirements for and Limitations on Coverage.....	3
6.0	Providers Eligible to Bill for the Service.....	4
7.0	Additional Requirements.....	4
8.0	Billing Guidelines.....	4
8.1	Claim Type.....	5
8.2	Diagnosis Codes That Support Medical Necessity.....	5
8.3	Procedure Code(s).....	5
8.4	Reimbursement Rate.....	5
9.0	Policy Implementation/Revision Information.....	5

## **1.0 Description of the Service**

Health and Behavior Intervention provides intensive, focused counseling for pregnant and postpartum women who have serious psychosocial needs, which include individualized problem-solving, priority setting, instruction, and action planning to effect behavior modification or environmental change. It may include individualized treatment therapies designed specifically to aid in overcoming the identified problems. It may also include the involvement of the woman's significant other or other service providers.

## **2.0 Eligible Recipients**

### **2.1 General Provisions**

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

### **2.2 Limitations**

Pregnant and postpartum women who receive Medicaid and have one or more of the specified intensive psychosocial needs are eligible for this service.

**Note:** Postpartum is defined as the period of time from the last day of pregnancy through the last day of the month in which the 60<sup>th</sup> post-delivery day occurs.

### **2.3 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination\*\* (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**\*\*EPSDT and Prior Approval Requirements**

- a. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does NOT eliminate the requirement for prior approval.
- b. IMPORTANT ADDITIONAL INFORMATION about EPSDT and prior approval is found in the Basic Medicaid Billing Guide, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

*Basic Medicaid Billing Guide:* <http://www.ncdhhs.gov/dma/medbillcaguide.htm>

*EPSDT provider page:* <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>

### 3.0 When the Service Is Covered

**IMPORTANT NOTE:** EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED.** For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

#### 3.1 Specific Criteria

Health and Behavior Intervention is covered for pregnant or postpartum women with one or more of the following conditions:

- a. Substance abuse (alcohol or drugs) or history of substance abuse with potential negative impact on the current pregnancy
- b. Child abuse, family violence, or severe family dysfunction or history of such problems with potential negative impact on the current pregnancy
- c. Severe emotional crises associated with situations such as loss of job, divorce, homelessness, death, terminal illness
- d. Episodic disorders: severe depression, psychosis, behavior disorders
- e. Suicidal tendencies
- f. Intense negative feelings about the current pregnancy

- g. Intense negative feelings about previous poor pregnancy outcome such as fetal death, stillborn, infant death, or congenital abnormalities
- h. HIV infection/AIDS and other life-threatening medical problems
- i. Pending incarceration during the pregnancy
- j. Major psychological behavioral disorders such as anorexia

#### 4.0 When the Service Is Not Covered

**IMPORTANT NOTE:** EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED.** For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

Health and Behavior Intervention is not covered when the criteria listed above are not met.

#### 5.0 Requirements for and Limitations on Coverage

**IMPORTANT NOTE:** EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED.** For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

Health and Behavior Intervention services for pregnant and postpartum women should be face-to-face in the home or clinic (not the area mental health center). It can be provided by telephone when life-threatening situations exist.

Health and Behavior Intervention services may be provided in addition to services provided by the area mental health center. The two agencies may not provide the same service for the same reason or criteria. Counseling services must be coordinated to ensure continuity of care.

This short-term service may begin during the pregnancy and continue through the end of the month in which the 60th postpartum day occurs. Long-term counseling needs may necessitate referrals to other providers.

## 6.0 Providers Eligible to Bill for the Service

Local health departments are eligible to provide this service.

This service must be rendered by a licensed clinical social worker.

## 7.0 Additional Requirements

Initial and subsequent client contacts must be documented. The Intensive Psychosocial Counseling Initial and Subsequent Assessment forms, a narrative note, or Subjective data, Objective data, Assessment, and Plan of Action (SOAP) note are acceptable forms for documentation. If the narrative note is used, the reason for the referral, presenting problem, summary/impression, treatment plan, and disposition must be included.

Screening tools may be used in conjunction with the assessment tool. The tools are used to help identify and screen specific psychosocial problems such as: alcohol and/or substance abuse, depression, HIV infection/AIDS, domestic violence or suicidal tendencies.

Confidentiality of the records must be maintained.

Coordination of care strategies must be identified by all caregivers to avoid duplication of services.

At a minimum, the client's record must include the following documentation:

- a. Client's name and date of birth
- b. Client's Medicaid identification number (MID)
- c. Dates of service
- d. Documentation of initial and subsequent contacts
- e. Plan of treatment/care and outcome
- f. Total service time component (example: 35 minutes = 2 units)
- g. Name and title of person performing the service

## 8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in the Medicaid managed care programs.

Health and Behavior Intervention is reimbursed up to four units per day. One unit = 15 minutes, with a maximum of 44 units per pregnancy and postpartum. Additional units may be requested through the claims adjustment process. Claims for additional units will be considered for reimbursement only when conditions of coverage are met and documentation supports medical necessity.

Health and Behavior Intervention must be billed per date of service.

Health and Behavior Intervention cannot be reimbursed when provided on the same date as the following services:

- a. Home visit for newborn care and assessment
- b. Home visit for postnatal assessment and follow-up care

If a Health and Behavior Intervention home visit is determined to be necessary during a Maternity Care Coordination home visit, bill only one service.

### **8.1 Claim Type**

CMS-1500 (HCFA-1500)

### **8.2 Diagnosis Codes That Support Medical Necessity**

- V22.0 Supervision of normal first pregnancy
- V22.1 Supervision of other normal pregnancy
- V22.2 Pregnant state, incidental
- V23.0 Pregnancy with history of infertility
- V23.1 Pregnancy with history of trophoblastic disease
- V23.2 Pregnancy with history of abortion
- V23.3 Grand multiparity
- V23.4 Pregnancy with other poor obstetric history
- V23.5 Pregnancy with other poor reproductive history
- V23.7 Insufficient prenatal care
- V23.81 Elderly primigravida
- V23.82 Elderly multigravida
- V23.83 Young primigravida
- V23.84 Young multigravida
- V23.89 Other high-risk pregnancy
- V23.9 Unspecified high-risk pregnancy
- V24.0 Immediately after delivery
- V24.2 Routine postpartum follow-up

### **8.3 Procedure Code(s)**

CPT code 96152—Health and behavior intervention

### **8.4 Reimbursement Rate**

Providers must bill their usual and customary charges.

## **9.0 Policy Implementation/Revision Information**

**Original Effective Date:** October 1, 2002

### **Revision Information:**

<b>Date</b>	<b>Section Revised</b>	<b>Change</b>
9/1/05	Section 2.0	A special provision related to EPSDT was added.
9/1/05	Section 8.0	Text stating that providers must comply with Medicaid guidelines was added to Section 8.0.
12/1/05	Section 2.3	The web address for DMA's EDPST policy instructions was added to this section.
12/1/06	Sections 2 through 5	A special provision related to EPSDT was added.
5/1/07	Sections 2 through 5	EPSDT information was revised to clarify exceptions to policy limitations for recipients under 21 years of age