



# **Idaho Behavioral Health Plan Transition Guide for Medicaid Expansion**

December 20, 2019

# Idaho Behavioral Health Plan Transition Guide for Medicaid Expansion

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## **Background**

In November 2018, voters passed a proposition to expand Medicaid in Idaho. The goal of Medicaid Expansion is to provide Medicaid coverage to individuals with incomes up to 138% of the Federal Poverty Level. Optum Idaho is working with the Idaho Department of Health and Welfare (IDHW) Division of Medicaid (Medicaid), State agencies, and other stakeholders to ensure a smooth implementation for all newly eligible Idahoans and for all Optum network providers.

A vital component of the successful implementation of Medicaid Expansion is the transition of newly eligible members that are in a current episode of mental health and/or substance use disorder (SUD) treatment at the time they gain Medicaid eligibility. These members can be divided into two broad categories:

1. Members who will need to be transitioned from their current provider to a provider that is in Optum Idaho's network for the Idaho Behavioral Health Plan;
2. Members who can stay with their current provider because their current provider is in Optum Idaho's network for the Idaho Behavioral Health Plan, but will have services covered by a different payer(s).

Optum has worked collaboratively with the SUD Program Partners; IDHW Division of Behavioral Health (DBH), Idaho Department of Correction (IDOC), Idaho Supreme Court (ISC), and the Idaho Department of Juvenile Corrections (IDJC), along with the IDHW Division of Medicaid to issue the guidance contained in this document to aid providers in their effort to support Members in the two categories listed above.

## **Members Transitioning Payers and Transitioning from State-funded Programs to a Provider in IBHP Network**

Participants in Division of Behavioral Health (DBH)'s Adult Mental Health (AMH) Program that become Medicaid eligible under Expansion will need to be transitioned to Medicaid outpatient providers to receive covered services in the Idaho Behavioral Health Plan (IBHP). In preparation for this transition, providers can expect the following:

### **Appointments**

Clients of AMH clinics may reach out either independently or with the assistance of DBH staff to schedule a first appointment with their new provider. This process may begin prior to the member's effective date of Medicaid coverage (which is as early as January 1, 2020 for all members becoming eligible through Expansion). It is important to understand that members eligible under Medicaid Expansion cannot be verified as eligible in Provider Express until the date their coverage becomes effective January 1, 2020 (or later). It is understood that the initial appointment may be requested prior to when a provider can verify a member's Medicaid coverage, and that providers are encouraged to confirm a member's Medicaid eligibility at every appointment.

Providers who have access to the Partner Access Data Portal (PDAP) will be able to verify if the member has pending Medicaid coverage that will begin January 1, 2020. The only way for a provider



to have real-time visibility in to Medicaid eligibility for Expansion members prior to January 1, 2020 is to review the member's record in PDAP. To gain access to PDAP, please email [PartnerAccess@dhw.idaho.gov](mailto:PartnerAccess@dhw.idaho.gov). For more information about PDAP, please review the PDAP training, hosted on <http://www.medicaidexpansion.idaho.gov>.

## **Clinical Documentation**

Optum, DBH and Medicaid established guidance on the information a provider will need to serve a member transferring from another provider. To support providers and members in this transition, Optum provided DBH staff with the following recommended documentation for member transition:

### Required Information

- Member information (Name, Medicaid ID)

### Recommended Information

- The most recent Comprehensive Diagnostic Assessment (CDA)
- Other assessments (e.g. GAIN)
- Current Treatment Plan
- Medication List (medication(s), dose(s), indication for prescribing, side effect(s))
- Previous 30-90 days of notes
- Releases of Information
- Primary Care Physician information
- Contact information for the referring clinician

It is understood that not all information will be available/applicable in all situations. The goal is to give IBHP providers as much information possible to minimize interruption in the member's treatment episode.

## **Members Transitioning Payers and Remaining with Current Provider**

The majority of outpatient behavioral health providers in the SUD Network are also credentialed in the Optum Network (3 of 4 providers not in Optum's network are in the credentialing process at this time). Because of this overlap, many members will be able to continue receiving services at the same provider from which they received State-funded services, even after they become Medicaid eligible through Expansion. In this instance, providers will make changes to the payer(s) that they bill, but will be able to continue the member's current treatment episode. Please see "Changes to IBHP to Support Member Transitions" (page 5) for additional detail applicable to transitioning populations.

## **Applicable Populations**

The SUD Program network and the IBHP network are nearing 100% overlap. Because the SUD Program providers are also in the IBHP network we are anticipating that no clients currently served in the SUD Program will need to transition providers once they become Medicaid eligible. This includes members that are served in the following programs:

- Division of Behavioral Health – Substance Use Disorder Program
- Idaho Department of Correction – Substance Use Disorder Program

- Community Health Center Network of Idaho – Mental Health Program
- Idaho Supreme Court – Substance Use Disorder Program
- Idaho Department of Juvenile Corrections – Substance Use Disorder Program

If an individual currently in services through one of these programs gains eligibility under Medicaid Expansion, they may continue with their current treatment provider with minimal interruptions in their treatment episode, as long as the provider is credentialed in the IBHP network. The member should not experience any disruptions in treatment; the provider will simply change who they bill for the services.

### **Service Crosswalk**

Attached in Appendix A to this document, you will find a service comparison providing a detailed listing of services available in state-funded programs and services available through Medicaid. The left side of the document lists the services that are billable under each State-funded program; this information is matched with a corresponding Medicaid service if applicable. If the service is available under Medicaid, the comparison will indicate which Medicaid program's fee schedule to consult.

Because each member receives a unique array of services, it is possible that a provider may need to bill multiple payers for the member's care. For example, if a provider renders psychotherapy to a member and also provides transportation to and/or from the appointment, that provider will need to bill multiple payers. In this example, the outpatient psychotherapy appointment is billed to Optum, and the transportation benefit is billed to MTM (the Medicaid contractor for Non-Emergency Medical Transportation).

If you have questions about an existing service within the SUD Program, please consult Appendix A to identify if the service within the SUD Program has a comparable service provided under Medicaid funding. For those services that are not funded under Medicaid, please contact the appropriate program for information.

### **Medication Assisted Treatment (MAT)**

Outpatient medication management appointments are a covered service under the IBHP, and can be billed to Optum using the Evaluation and Management codes (please consult your Optum fee schedule). IBHP does not have an MAT bundled service at this time. Optum does not reimburse providers for Pharmacy benefits. Providers offering MAT will need to bill the outpatient appointment to Optum and bill through a pharmacy that accepts Idaho Medicaid for the medication. In order for a prescription to be filled by Medicaid, a prescriber must first be enrolled with Medicaid as a prescriber. To enroll as a prescriber with Medicaid, please [click here](#). Please consult Medicaid's preferred drug list for information on pharmacy coverage through Medicaid.

### **Pharmacy**

The Division of Medicaid has a published preferred drug list located on their website. Please [click here](#) or on the link in the "Resources" section to see the preferred drug list. The list also contains links to prior authorization forms, when applicable, to aid providers in the authorization process. For questions about prescription drugs, please contact Magellan Medicaid Administration, Inc's provider line at (800) 922-3987. Contact information for Magellan is also located on the IDHW website [here](#).

## **Differences in Authorization requirements between IBHP and SUD Program**

Current Substance Use Disorder (SUD) services (Assessment and Treatment Plan, Drug/Alcohol Testing, Group/Individual Counseling, Case Management, and Intensive Outpatient Program (IOP)) in the IBHP do not require a prior authorization. These outpatient services will be reimbursed by Optum Idaho when they are provided by a network Provider to an enrolled member of the Idaho Behavioral Health Plan and meet established medical necessity criteria (regardless if a prior authorization is required). The claim will be paid based on verification of member eligibility and Provider contract status. However, all out of network services do require provider-specific prior authorization. Partial Hospitalization Program (PHP) is a newly added service to the IBHP (effective 1/1/2020). This service will be available for SUD, Mental Health, and co-occurring diagnoses, and requires prior authorization. For a complete listing of prior authorized services in the IBHP, please consult the [Optum Idaho Provider Manual](#).

## **Temporary Changes to IBHP to Support Member Transitions**

To ensure that providers may continue the current episode of a member's treatment with minimal interruptions in services, Optum has implemented two exemptions to current processes, which will apply to many members served in the State-funded SUD Program. The first is an exemption to the requirement to have a Comprehensive Diagnostic Assessment (CDA) on file, and the second is an exemption of Prior Authorization requirements for Skills Building/CBRS. Both of these exemptions will be in place for the first 180 days of 2020, from January 1, 2020 to June 28, 2020.

### Comprehensive Diagnostic Assessment (CDA)

Optum Idaho will lift the requirement to have a Comprehensive Diagnostic Assessment (CDA) on file to continue the current episode of treatment for that member until June 28, 2020. Each of the following must be true of the member in order to lift this requirement.

- The member must be eligible under Medicaid Expansion (as indicated by group number 22132 or 22135 and plan name "MAGI Adult Basic" or "MAGI Adult Enhanced" when verifying Medicaid eligibility on Provider Express).
- The member must be continuing a current treatment episode from State-funded services (e.g. DBH-funded SUD/MH treatment).
- The provider must have the appropriate required assessment on file for the current treatment episode (e.g., a GAIN-I).
- There must be no change in the level of care or services rendered without a CDA to evidence medical necessity for the change.

The exemption in CDA requirement only applies to members transitioning from State-funded programs to Medicaid funding for their current treatment episode. It does not apply to members seeking services for the first time. New treatment episodes, changes in level of care, and/or additional services for the transitioning member require appropriate clinical assessment (i.e. CDA) to evidence the medical necessity criteria for the level of care. After June 28, 2020, all members, whether or not they have transitioned from State-funded services, will need to have an up-to-date CDA on file. Providers are



encouraged to administer the CDA to all transitioning clients as they are able between January 1, 2020 and June 28, 2020 to ensure that all member records are up to date by June 28, 2020.

Skills Building/CBRS Prior Authorization

Skills Building/CBRS (Code H2017) will have prior authorization requirements lifted only for Medicaid Expansion members (as identified by rate code/group number in their eligibility information) for the first 180 days of 2020 (from January 1, 2020 to June 28, 2020).

This temporary lift exemption will allow newly eligible members under Expansion to access the care they need with limited interruption to their episode of treatment, and reduce administrative burden on providers working to intake new clients eligible under Expansion. Providers will follow Optum's normal prior authorization processes to request authorization for dates of service after June 28, 2020.

To verify if a member is eligible under Medicaid Expansion, look for group 22132 (MAGI Adult Basic) or group 22135 (MAGI Adult Enhanced) when verifying the member's Medicaid eligibility on Provider Express. If the member is in either "MAGI Adult Basic" or "MAGI Adult Enhanced", providers can submit claims directly to Optum for Skills Building/CBRS without a prior authorization in place for dates of service from January 1, 2020 to June 28, 2020. Prior authorization requirements will remain in place for all other prior authorized services rendered to members in the aforementioned groups. Prior authorization requirements will remain in place for Skills Building/CBRS for members that are in any group other than group numbers 22132 or 22135.

Type of Exemption	All ME Members	ME Members Transitioning from State Funded Program
Comprehensive Diagnostic Assessment	Does not apply	Applies
CBRS/Skills Building Prior Authorization	Applies	Applies

**SUD Assessment**

This information was communicated to network providers on October 28, 2019 (Provider Alert title ["State-Approved SUD Assessment"](#))

The Idaho Department of Health and Welfare's Division of Behavioral Health (DBH) has announced a change regarding the state-approved Substance Use Disorder (SUD) Assessment. Effective January 1, 2020, when a substance use concern is identified, the provider must assess the member using the six American Society of Addiction Medicine (ASAM) dimensions as outlined below. DBH is no longer mandating the use of one specific SUD assessment tool. The Comprehensive Diagnostic Assessment (CDA), with ASAM information, meets the requirements for a SUD assessment in the IBHP, effective January 1, 2020. The Division of Behavioral Health will publish these standards in early December. Please note that the GAIN-I is required for court-involved pre-sentence investigation reports. Contact the Department of Correction, Department of Juvenile Corrections, and/or the Idaho Supreme Court for more information about GAIN-I requirements for the justice-involved population.

When a substance use concern is identified during the assessment process, the provider must include the six ASAM dimensions in their CDA. The ASAM assessment and placement determination must be

completed by an individual trained in the ASAM criteria multidimensional assessment process and level of care placement decision making. An example of an available training can be found at [changecompanies.net/etraining](https://changecompanies.net/etraining).

- Dimension 1 – Acute Intoxication and/or Withdrawal Potential
- Dimension 2 – Biomedical Conditions and Complications
- Dimension 3 – Emotional, Behavioral, or Cognitive Conditions and Complications
- Dimension 4 – Readiness to Change
- Dimension 5 – Relapse, Continued Use, or Continued Problem Potential
- Dimension 6 – Recovery/Living Environment.

## Resources

- [Optum Idaho](#)
  - [Alerts and Announcements](#)
  - [Guidelines and Policies \(Provider Manual\)](#)
- [DXC Technologies \(Idaho Medicaid\)](#)
  - [Provider Handbook](#)
- [MTM \(Non-Emergency Medical Transportation\)](#)
  - See Appendix B for enrollment information
- [BPA Health \(State-funded SUD Services\)](#)
- [IDHW Medicaid Expansion](#)
- [How to enroll in Medicaid](#)
  - [Idalink](#)
  - [Live Better Idaho](#)
  - [Your Health Idaho](#)
- [Magellan RX Management](#)
- [Healthandwelfare.idaho.gov – Medicaid](#)
  - [Prescription Drugs](#)
  - [Preferred Drug List with Prior Authorization Criteria](#)
  - [Medicaid Fee Schedule](#)

APPENDIX A

# Service Crosswalk

**How to use:**

1. Identify the service(s) that the member is utilizing under state funding by code and service name in the first two columns.
2. In the third through eighth columns, identify the member’s program based on the partner that funds the program. Some funding streams may braid funds differently than others. Programs listed are as follows:
  - a. Division of Behavioral Health SUD (DBH)
  - b. Idaho Supreme Court (ISC)
  - c. DBH Adult Mental Health (AMH)
  - d. Idaho Department of Correction (IDOC)
  - e. Idaho Department of Juvenile Corrections (IDJC)
  - f. Community Health Center Network of Idaho (CHCNI) (Mental Health for Criminal Justice Population, funded through DHW)
3. The Medicaid payer(s) for that service (or a comparable service) is located in the ninth column. To bill that payer for the particular service(s) under Medicaid, please consult that payer’s fee schedule and provider manual, as codes and service names may differ from those used by State-funded programs. Resource links are located at the end of this appendix.

**Important notes:**

1. If the member is eligible for both Medicaid and State-funded programs, bill Medicaid for any services covered by Medicaid. Many of the SUD Program partners will not reimburse for a Medicaid-covered service provided to a member that is eligible for both State-funded services and Medicaid.
2. This service comparison does not guarantee payment, it is informational only. All relevant policies and procedures from each individual payer will apply. For questions, consult the appropriate plan.
3. This document works under the assumption that the individual has Medicaid. Many of the SUD Program services may continue for individuals qualifying for SUD services, but may not be payable to individuals that also qualify for Medicaid. When service is indicated as “not covered”, it does not indicate that the service has been removed from the SUD Program, it indicates that the service is not covered by Medicaid.
4. This crosswalk is targeted to aid in the transition of care for Medicaid members eligible under Expansion. This document is time-relevant and may become outdated as services may be discontinued and/or added to the Medicaid state plan and/or the SUD Program after January 1, 2020.
5. There may be additional services in each Medicaid plan that are not listed on this crosswalk. Please consult the respective plan’s documentation for a comprehensive listing of their covered services.

State-Funded Services								Medicaid-Funded Services		
		(SUD) Program				Mental Health				
Code	Service	DBH	ISC	IDJC	IDOC	AMH	CHCNI	Medicaid Payer	Code	Service
H0046	1:1 Monitoring and Observation in a HART	x						Not covered	N/A	N/A
0359T	Adaptive Behavior Assessment	x						Optum (IBHP) <sup>3</sup>	97151	Behavior Identification Assessment

1 – Covered by exception only; please consult the program for more information  
 2 – Idaho Department of Health and Welfare – Division of Medicaid is investigating covering this service in the future  
 3 – Service covered for members under 18 years of age (may be covered for transitional age youth from 18-21 under EPSDT)  
 4 – Review Formulary for covered medications

APPENDIX A

State-Funded Services								Medicaid-Funded Services		
Code	Service	(SUD) Program				Mental Health		Medicaid Payer	Code	Service
		DBH	ISC	IDJC	IDOC	AMH	CHCNI			
H0017	Adolescent Residential	x <sup>1</sup>	x	x				Not covered	N/A	N/A
H0045	Adolescent Safe & Sober Housing		x	x				Not covered	N/A	N/A
H0043	Adolescent Transitional	x		x				Not covered	N/A	N/A
H0044	Adult Enhanced Safe & Sober Housing	x						Not covered	N/A	N/A
H0018	Adult Halfway House	x	x	x				Not covered	N/A	N/A
H0017	Adult Medically Monitored Residential	x						Not covered <sup>2</sup>	N/A	N/A
H0017	Adult Residential	x	x	x	x <sup>1</sup>			Not covered <sup>2</sup>	N/A	N/A
H0044	Adult Safe & Sober Housing	x	x	x	x <sup>1</sup>			Not covered	N/A	N/A
H0044	Adult Safe & Sober Housing--Program Fee	x						Not covered	N/A	N/A
H0008	Adult Social Detox	x			x <sup>1</sup>			Not covered	N/A	N/A
H0047	Aftercare Group	x	x					Not covered	N/A	N/A
H0001	Alcohol and/or drug assessment	x	x	x	x	x		Optum (IBHP)	H0001	Alcohol and/or drug assessment
S5199	Basic Housing Essentials	x						Not covered	N/A	N/A
T1001	Behavioral Health Nursing Services	x						Not covered	N/A	N/A
H0032	BH Treatment Plan	x					x	Optum (IBHP)	Varies	See plan documentation
H0032	BH Wraparound Plan Development	x						Not covered	N/A	N/A
36415	Blood Draw	x						DXC (Medical)	36415	Blood Draw
H0020	Buprenorphine Services	x						Optum (IBHP) ( <i>appointment</i> )	Varies	Office Outpatient, new/established patient
								Medicaid Pharmacy <sup>4</sup>	Varies	See plan documentation
-----	Care Coordination						x	Not covered	N/A	N/A
H0046	Case Coordination in Specialized MH Program	x						Not covered	N/A	N/A
H0006	Case Management		x		x	x		Optum (IBHP)	T1017	Case Management
H0006	Case Management - Basic and Intensive	x	x	x	x			Optum (IBHP)	T1017	Case Management
T1017	Case Management - Behavioral Health	x						Optum (IBHP)	T1017	Case Management
H0006	Case Management - Family without client present	x	x	x	x			Not covered <sup>2</sup>	N/A	N/A
H0006	Case Management (PWWC Family without client present)	x						Not covered <sup>2</sup>	N/A	N/A
H0006	Case Management (PWWC)	x						Not covered	N/A	N/A
H0006	Case Management (SOAR)	x						Not covered	N/A	N/A
T1009	Child Care	x	x	x	x			Not covered	N/A	N/A
90899	Clinical Care Consultation	x						Not covered	N/A	N/A
CMH09	Clothing/Personal Care					x		Not covered	N/A	N/A
CMH07	CMH Case Management					x		Optum (IBHP)	T1017	Case Management
36415	Collection of venous blood by venipuncture					x		DXC (Medical)	36415	Collection of venous blood by venipuncture
H2017	Community Based Rehabilitative Services	x				x		Optum (IBHP)	H2017	Skills Building/CBRS

1 – Covered by exception only; please consult the program for more information

2 – Idaho Department of Health and Welfare – Division of Medicaid is investigating covering this service in the future

3 – Service covered for members under 18 years of age (may be covered for transitional age youth from 18-21 under EPSDT)

4 – Review Formulary for covered medications

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State-Funded Services								Medicaid-Funded Services		
Code	Service	(SUD) Program				Mental Health		Medicaid Payer	Code	Service
		DBH	ISC	IDJC	IDOC	AMH	CHCNI			
H2017	Community Based Rehabilitative Services, group	x						Optum (IBHP)	H2014	Skills Training and Development (Partial Care)
H2011	Community Crisis Intervention	x				x		Optum (IBHP)	H2011	Crisis Intervention
H2015	Community Transition Support Services	x						Optum (IBHP)	H2015	Community Transition Support Services
H2015	Comprehensive Community Support Services, per 15 minutes					x		Optum (IBHP)	H2015	Community Transition Support Services
AMH01	Crisis Pharmacological Management					x		Optum (IBHP)	Varies	Office Outpatient, new/established patient
90839	Crisis Psychotherapy, 60 minutes	x				x		Optum (IBHP)	90839	Crisis Psychotherapy
T1005	Crisis Respite Services--Ind	x						Not covered	N/A	N/A
90840	Crisis, 30 min - Add-on	x						Optum (IBHP)	90840	Crisis Psychotherapy
H0003	Drug/Alcohol Testing	x		x	x			Optum (IBHP)	H0003	Drug/Alcohol Testing
S9448	Education (Medicaid Supplement)	x	x		x			Not covered	N/A	N/A
-----	Education-Alcohol Wise			x				Not covered	N/A	N/A
-----	Education-Marijuana 101			x				Not covered	N/A	N/A
-----	Education-Nicotine 101			x				Not covered	N/A	N/A
-----	Education-Other Drugs			x				Not covered	N/A	N/A
-----	Education-Parent Wise			x				Not covered	N/A	N/A
H0044	Emergency Temp Housing							Not covered	N/A	N/A
99212	Established Outpatient; 10 minutes	x				x		Optum (IBHP)	99212	Established Outpatient; 10 minutes
99213	Established Outpatient; 15 minutes	x				x		Optum (IBHP)	99213	Established Outpatient; 15 minutes
99214	Established Outpatient; 25 minutes	x				x		Optum (IBHP)	99214	Established Outpatient; 25 minutes
99215	Established Outpatient; 40 minutes	x				x		Optum (IBHP)	99215	Established Outpatient; 40 minutes
99211	Established Outpatient; 5 minutes	x				x		Optum (IBHP)	99211	Established Outpatient; 5 minutes
90847	Family Psychotherapy, with patient present	x	x		x	x	x	Optum (IBHP)	90847	Family Psychotherapy
90846	Family Psychotherapy, without patient present	x	x		x	x		Optum (IBHP)	90846	Family Psychotherapy, without patient present
90889	Follow up 12-month attempts unsuccessful							Not covered	N/A	N/A
90889	Follow up 12-month interview completed							Not covered	N/A	N/A
90889	Follow up 30-day attempts unsuccessful							Not covered	N/A	N/A
90889	Follow up 30-day interview completed							Not covered	N/A	N/A
90889	Follow up 6-months attempts unsuccessful							Not covered	N/A	N/A
90889	Follow up 6-months interview completed							Not covered	N/A	N/A
90889	GPRA 6-month follow up	x						Not covered	N/A	N/A
90889	GPRA attempt (4) unsuccessful	x						Not covered	N/A	N/A
90889	GPRA Discharge	x						Not covered	N/A	N/A
90889	GPRA Intake	x						Not covered	N/A	N/A
90853	Group psychotherapy (other than of a multiple-family group)	x	x		x	x	x	Optum (IBHP)	90853	Group Psychotherapy

1 – Covered by exception only; please consult the program for more information

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State-Funded Services								Medicaid-Funded Services		
		(SUD) Program				Mental Health				
Code	Service	DBH	ISC	IDJC	IDOC	AMH	CHCNI	Medicaid Payer	Code	Service
H0046	Group Skill Training	x						Optum (IBHP)	H2014	Skills Training and Development
H0043	HART	x						Not covered	N/A	N/A
H0018	HART Based Discharge Transition Care	x						Not covered	N/A	N/A
90847	Intensive Outpatient				x			Optum (IBHP)	Varies	See plan documentation
S9448	Intensive Outpatient (Education)			x	x			Optum (IBHP)	Varies	See plan documentation
90846	Intensive Outpatient-Family without client present			x				Optum (IBHP)	90846	Family Psychotherapy, without patient present
90785	Interactive Complexity	x						Optum (IBHP)	90785	Interactive Complexity
T1013	Interpreter Services	x		x	x			Optum (IBHP)	T1013	Language Interpretation
----	Labs						x	DXC (Medical)	Varies	See plan documentation
H2015	Life Skills--Group	x	x	x	x			Optum (IBHP)	H2014	Skills Training and Development
H2015	Life Skills-Group (Client not present)	x	x	x				Not covered	N/A	N/A
H2015	Life Skills--Individual	x	x	x	x			Optum (IBHP)	H2017	Skills Building/CBRS
H2015	Life Skills--Individual (Client not present)	x	x	x				Not covered	N/A	N/A
S9976	Lodging	x						Not covered	N/A	N/A
H0020	MAT Evaluation	x						Optum (IBHP)	Varies	Office outpatient, new/established patient
T2023	MAT Management Fee	x						Not covered	N/A	N/A
H2016	Medical Needs Benefit	x						Not covered	N/A	N/A
90885	Medical Report (Past Record)	x						Not covered	N/A	N/A
J3490	Medication Administration	x						Not covered	N/A	N/A
----	Medications						x	DXC (Medical)	Varies	See plan documentation
H0032	Mental health service plan development by non-physician					x		Optum (IBHP)	Varies	See plan documentation
H0046	Mental health services, not otherwise specified					x		Optum (IBHP)	Varies	See plan documentation
H0020	Methadone Services	x						Optum (IBHP) (appointment)	Varies	Office outpatient, new/established patient
								Medicaid Pharmacy <sup>4</sup>	Varies	See plan documentation
96118	Neuropsychological Testing Battery	x						Optum (IBHP)	Varies	Neuro/psychological Testing codes
96120	Neuropsychological Testing Battery, Interpretation, and report (Administered by computer)	x						Optum (IBHP)	Varies	Neuro/psychological Testing codes
96133	Neuropsychological Testing Evaluation *each additional hour	x						Optum (IBHP)	96133	Each additional hour
96132	Neuropsychological Testing Evaluation *first hour	x						Optum (IBHP)	96132	Neuropsychological testing
99201	New Outpatient; 10 minutes	x					x	Optum (IBHP)	99201	Office outpatient, new patient
A0080	Non-emergency transport of client, number	x				x		MTM (NEMT)	Varies	See plan documentation

1 – Covered by exception only; please consult the program for more information

2 – Idaho Department of Health and Welfare – Division of Medicaid is investigating covering this service in the future

3 – Service covered for members under 18 years of age (may be covered for transitional age youth from 18-21 under EPSDT)

4 – Review Formulary for covered medications

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State-Funded Services								Medicaid-Funded Services		
Code	Service	(SUD) Program				Mental Health		Medicaid Payer	Code	Service
		DBH	ISC	IDJC	IDOC	AMH	CHCNI			
	of miles from pick-up to drop-off for client									
T1001	Nursing assessment / evaluation					x		DXC (Medical)	T1001	Nursing assistant - evaluation
99211	Office Outpatient Established Patient; 5 minutes					x		Optum (IBHP)	99211	Office outpatient, established patient
99202	Office Outpatient New Patient; 20 minutes	x				x	x	Optum (IBHP)	99202	Office outpatient, new patient
99203	Office Outpatient New Patient; 30 minutes	x				x	x	Optum (IBHP)	99203	Office outpatient, new patient
99204	Office Outpatient New Patient; 45 minutes	x				x	x	Optum (IBHP)	99204	Office outpatient, new patient
99205	Office Outpatient New Patient; 60 minutes	x				x	x	Optum (IBHP)	99205	Office outpatient, new patient
S9448	OP and IOP Education	x	x		x			Not covered	N/A	N/A
90846	OP and IOP Family without client present	x	x	x	x			Optum (IBHP)	90846	Family Psychotherapy, without patient present
H0005	OP and IOP Group	x	x	x	x	x		Optum (IBHP)	H0005	Group counseling, substance abuse
H0004	OP and IOP Individual	x	x	x	x	x		Optum (IBHP)	H0004	Individual counseling, substance abuse
90847	OP and IOP Individual with Family Members	x		x	x			Optum (IBHP)	90847	Family Psychotherapy
90847	Outpatient				x			Optum (IBHP)	90847	Family Psychotherapy
S9448	Outpatient (Education)		x	x	x			Not covered		
H0038	Peer Support	x				x		Optum (IBHP)	H0038	Peer Support
90863	Pharmacologic Management	x						Optum (IBHP)	Varies	Office outpatient, new/established patient
H0046	Pharmacologic Management in Specialized MH Program	x						Optum (IBHP)	Varies	Office outpatient, new/established patient
H1000	Prenatal Care	x						DXC (Medical)	H1000	Prenatal care
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers					x		Not covered	N/A	N/A
90791	Psychiatric Diagnostic Evaluation	x				x	x	Optum (IBHP)	90791	Comprehensive Diagnostic Assessment
90792	Psychiatric Diagnostic Evaluation with Medical Services	x				x	x	Optum (IBHP)	90792	Comprehensive Diagnostic Assessment with medical services
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes					x		Not covered	N/A	N/A
96137	Psychological or Neuropsychological Test Administration and Scoring by Physician *each add'l 30 min	x						Optum (IBHP)	96137	Psychological or Neuropsychological Test Administration , ea add'l 30 min

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4 – Review Formulary for covered medications

APPENDIX A

State-Funded Services								Medicaid-Funded Services		
Code	Service	(SUD) Program				Mental Health		Medicaid Payer	Code	Service
		DBH	ISC	IDJC	IDOC	AMH	CHCNI			
96136	Psychological or Neuropsychological Test Administration and Scoring by Physician *first 30 min	x						Optum (IBHP)	96136	Psychological or Neuropsychological Test Administration
96139	Psychological or Neuropsychological Test Administration and Scoring by Technician *each add'l 30 min	x						Optum (IBHP)	96139	Psychological or Neuropsychological Test Administration and Scoring by Technician *each add'l 30 min
96138	Psychological or Neuropsychological Test Administration and Scoring by Technician *first 30 min	x						Optum (IBHP)	96138	Psychological or Neuropsychological Test Administration and Scoring by Technician *first 30 min
96131	Psychological Testing, Interpreting, and report *each additional hour	x						Optum (IBHP)	96131	Psychological Testing, Interpreting, and report *each additional hour
96130	Psychological Testing, Interpreting, and report *first hour	x						Optum (IBHP)	96130	Psychological Testing, Interpreting, and report *first hour
90832	Psychotherapy, 30 minutes	x				x	x	Optum (IBHP)	90832	Psychotherapy, 30 minutes
90833	Psychotherapy, 30 minutes (Add-On)	x					x	Optum (IBHP)	90833	Psychotherapy, 30 minutes (Add-On)
90834	Psychotherapy, 45 minutes	x				x	x	Optum (IBHP)	90834	Psychotherapy, 45 minutes
90836	Psychotherapy, 45 minutes (Add-On)	x					x	Optum (IBHP)	90836	Psychotherapy, 45 minutes (Add-On)
90837	Psychotherapy, 60 minutes	x				x	x	Optum (IBHP)	90837	Psychotherapy, 60 minutes
90838	Psychotherapy, 60 minutes (Add-On)	x				x	x	Optum (IBHP)	90838	Psychotherapy, 60 minutes (Add-On)
H0038	Recovery Coaching	x	x	x	x			Optum (IBHP)	H0038	Recovery Coaching
90889	Report Preparation	x						Not covered	N/A	N/A
MH02	Residential Care					x		Not covered	N/A	N/A
T1005	Respite Care Services--Group	x						Optum (IBHP) <sup>3</sup>	S5150	Group Respite Care
T1005	Respite Care Services--Individual	x						Optum (IBHP) <sup>3</sup>	S5150	Individual Respite Care
T2048	Safe and Stable Housing/Adult Residential	x						Not covered	N/A	N/A
H0022	Staffing (Planned Facilitation)	x	x	x	x			Not covered	N/A	N/A
H0020	Suboxone Services	x						Optum (IBHP) (appointment)	Varies	Office outpatient, new/established patient
								Medicaid Pharmacy <sup>4</sup>	Varies	See plan documentation
T1017	Targeted case management, each 15 minutes					x		Optum (IBHP)	T1017	Case Management
Q3014	Telehealth Transmission	x						Optum (IBHP)	Q3014	Telehealth Transmission
T1014	Telehealth Transmission	x						Optum (IBHP)	T1014	Telehealth Transmission
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug);	x				x		Optum (IBHP)	96372	Therapeutic, prophylactic, or diagnostic injection (specify

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APPENDIX A

State-Funded Services							Medicaid-Funded Services			
Code	Service	(SUD) Program				Mental Health		Medicaid Payer	Code	Service
		DBH	ISC	IDJC	IDOC	AMH	CHCNI			
	subcutaneous or intramuscular									substance or drug); subcutaneous or intramuscular
T2002	Transportation Child Pick Up	x						MTM (NEMT)	N/A	See plan documentation
T2003	Transportation Flat Fee	x		x	x			MTM (NEMT)	N/A	See plan documentation
A0080	Transportation of Child	x						MTM (NEMT)	N/A	See plan documentation
A0080	Transportation of Client	x	x	x	x			MTM (NEMT)	N/A	See plan documentation
T2002	Transportation Pick Up	x	x	x	x			MTM (NEMT)	N/A	See plan documentation
CMH08	Transportation/Gas/Lodging					x		MTM (NEMT)	N/A	See plan documentation
S0125	Travel for Professional	x	x	x	x			Optum (IBHP)	T2002	Travel for Professional
J3490	Unclassified drugs					x		Contact Medicaid for info <sup>4</sup>	Varies	See plan documentation
T1017	Wraparound Case Management	x						Not covered	N/A	N/A
90887	Wraparound Collateral Contact	x						Not covered	N/A	N/A
WA01	Wraparound Travel	x						Not covered	N/A	N/A

**Resources:**

- Optum Idaho (Idaho Behavioral Health Plan) <http://www.optumidaho.com>
- MTM (Non-Emergency Medical Transport) <https://www.mtm-inc.net/idaho/>
- Managed Care of North America (MCNA) – Dental <https://www.mcnaid.net/en/home/>
- Liberty Health Care (YES and DD assessments) <http://idahoias.com/>
- DXC Technologies (Medical) <https://www.idmedicaid.com/default.aspx>
- Idaho Department of Health and Welfare (IDHW) <https://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx>
- Medicaid Preferred Drug List: <https://healthandwelfare.idaho.gov/Portals/0/Medical/PrescriptionDrugs/IDMPDL.pdf>
- Medicaid Provider Handbook: <https://www.idmedicaid.com/Provider%20Guide/Provider%20Handbook.aspx>
- Medicaid Fee Schedule: <http://healthandwelfare.idaho.gov/Providers/MedicaidProviders/MedicaidFeeSchedule/tabid/268/Default.aspx>

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## Become an MTM Sole Source Provider!

You know your patients better than anyone! For this reason, many Idaho facilities have chosen to become sole source providers. By becoming a sole source provider, you have the ability to:

- Offer the best service possible to your patients
- Better manage your patients' transportation needs
- Get paid in the process

This combination of great service and optimal efficiency can be invaluable! If you are interested in becoming a sole source provider and transporting your patients, below are the requirements you must have to get started. Credentials must be in an approved status before trips can be set up and paid for by MTM. Typically, the full start-up time for a new provider ranges from three weeks to three months. We have found that the most successful transportation providers have secured insurance as their first priority.

Company Credentials	Driver Credentials	Vehicle Credentials
Auto Liability (\$500,000)	Driver's License	Current Registration
General Liability (\$500,000)	Driving Record	Vehicle Safety Inspection
Federal ID W-9	Drug Screen	
Worker's Compensation	CPR Training	
Disclosure of Ownership	First Aid Training	
Drug Screening Program (random from third party)	IDHW and National Background Checks	
Provider Audit (record keeping check)	Defensive Driving Training Certificate	
Service Agreement (contract of expectations)	Fraud Waste and Abuse Certificate	
Schedule A (rates)	Emergency Training Certificate	
Idaho Contract Amendment	Assisting Passengers with Disabilities Training Certificate	
Schedule B Amendment	Wheelchair Securement Training Certificate	
	Cultural Competency Training	

To get started, visit our **Provider Application website** and begin completing the requested information: <https://www.mtm-inc.net/healthcare/nemt/join-our-network/transportation-provider-application/>

