CHAPTER V

BILLING INSTRUCTIONS

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INTRODUCTION

BEHAVIORAL HEALTH SERVICES ADMINISTRATOR (BHSA)

Magellan of Virginia serves as the Behavioral Health Services Administrator or "BHSA" and is responsible for the management and direction of the Fee for Service (FFS) behavioral health benefits program under contract with DMAS. Magellan of Virginia is authorized to create, manage, enroll, and train a FFS provider network; perform service authorization; adjudicate claims; process claims; gather and maintain data; reimburse providers; perform quality assessment and improvement; conduct member outreach and education; resolve member and provider issues; and perform utilization management including care coordination for the provision of Medicaid-covered behavioral health services. Magellan of Virginia's authority includes entering into or terminating contracts with providers and imposing sanctions upon providers as described in any contract between a provider and Magellan of Virginia. DMAS shall retain authority for and oversight of Magellan of Virginia entity or entities.

MEDICAID MANAGED CARE

Most individuals enrolled in Medicaid and FAMIS receive their Medicaid services through Medicaid Managed Care Organizations (MCOs). MCOs must adhere to all Mental Health Services program requirements, service authorization criteria and reimbursement rates and MCO benefit service limits may not be less than fee-for-service benefit limits. Providers must participate with the member's MCO (or negotiate as an MCO out-of-network provider) in order to be reimbursed for MCO contracted services. Behavioral health providers must contact the member's MCO directly for information regarding the contractual coverage, and reimbursement guidelines for services provided through the MCO.

Medicaid Managed Care Programs

Providers under contract with a Medallion 4.0 and/or a CCC Plus Managed Care Organization (MCO) should contact the MCO for billing information. Additional information is located on the DMAS website at:

https://www.dmas.virginia.gov/for-providers/managed-care/ccc-plus/ (CCC Plus) and
https://www.dmas.virginia.gov/for-providers/managed-care/medallion-40/ (Medallion 4.0)

Program of All-Inclusive Care for the Elderly (PACE)
Providers under contract with PACE should contact the PACE Program for billing information. For additional details see https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/program-of-all-inclusive-care/.

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All FFS Mental Health Services providers must be under contract with Magellan of Virginia. Magellan of Virginia enrolled providers must contact Magellan of Virginia directly for information on reimbursement and claims processing instructions. All claims processing and reimbursement information can be found by contacting Magellan of Virginia at 1-800-424-4536 or by email at VAProviderQuestions@MagellanHealth.com or by visiting the Magellan of Virginia website at https://www.magellanofvirginia.com/for-providers/.

Providers must be credentialed with the member's MCO in order to bill for Mental Health Services rendered to a Medallion 4.0 or CCC Plus member. For CCC Plus and Medallion 4.0, contact the MCO for specific information on reimbursement and claims processing instructions. Information is also available in the "Mental Health Services Doing Business with CCC Plus and Medallion 4.0 MCO's" document available on the DMAS website at https://www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/. Additional billing guidance on EBH services is located in Appendix D and Appendix E of this manual.

Providers shall not round up for partial units of service. Providers may accumulate partial units throughout the week for allowable span billing, however, shall bill only whole units. Time billed shall match the documented time rendering the service in the member's clinical record and in accordance with DMAS requirements. Providers should refer to the MCO or BHSA for information on services that allow span billing.

ICD-10

In accordance with CMS requirements, DMAS and its contractors exclusively use ICD-10 CM diagnostic coding structure for electronic diagnosis and billing purposes. ICD-10 CM is the only recognized HIPAA compliant coding system; therefore, it will be the only one accepted on electronic forms and transactions for Medicaid claims. In addition, in Section I of the DSM5 titled 'Use of the Manual' and in the subsection called the 'Coding and Reporting Procedure', the paragraph informs clinicians about this transition to ICD10. To assist providers, the corresponding ICD10 diagnosis codes are provided alongside the listed DSM5 diagnosis codes.