

**APPENDIX E**

**MENTAL/NERVOUS HEALTH &  
SUBSTANCE ABUSE GUIDELINES**

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This appendix to the Business Procedure Manual briefly describes the mental health, nervous health and substance abuse benefits and guidelines available to the members of Blue Cross and Blue Shield of Kansas. The information applies specifically to those providing psychiatric, mental, nervous, and substance abuse services on an inpatient, outpatient and/or partial-day basis.

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**NOTE:** The revision date appears in the footer of the document. Links within the document are updated as changes occur throughout the year.

## Eligible Providers and Facilities

Blue Cross and Blue Shield of Kansas reimburses outpatient nervous and mental services provided by the following types of providers and facilities, as recognized by the insured's contract. Providers who are unlicensed or who are not included among the covered providers listed below will not be reimbursed for psychotherapy or any other services connected with a nervous and mental diagnosis. Supervision of an unlicensed provider or a provider not listed below does not constitute a service being rendered by an eligible provider.

1. A licensed Doctor of Medicine, or Doctor of Osteopathy.
2. A Clinical Psychologist (PhD or PsyD) licensed to practice under the laws of the State of Kansas.

3. A licensed Social Worker authorized to engage in private independent practice (LSCSW) under the laws of the State of Kansas.
4. An Advanced Registered Nurse Practitioner (ARNP), with a minimum of a master's degree in psychiatric/mental health nursing or related mental health field.
5. A hospital.
6. A state-licensed Medical Care Facility, defined as:
  - An alcoholic treatment facility,
  - A drug abuse treatment facility,
  - A psychiatric hospital,
  - A community mental health center.

## Utilization Management

### • **New Directions**

Blue Cross and Blue Shield of Kansas contracts with New Directions, effective 1/1/09, to conduct utilization management of mental health and substance abuse services.

New Directions provides the following services:

1. Precertification. Reviews for approval/denial of pre-admission certification requests for inpatient hospitalizations and partial-day treatment, determining appropriateness by utilizing established criteria.
2. Concurrent review of length of stay authorizations.
3. Discharge planning and case management for continuing care once the patient is discharged from the hospital for selected cases.
4. Retrospective review of cases not prior-authorized.

5. Appeals review and reconsideration on problem cases.
6. Review of outpatient treatment plans for medical necessity as specified by plan directives.

- **Court-Ordered Admissions/Services**

Blue Cross and Blue Shield of Kansas consider court-ordered admissions/services eligible, subject to the Member's individual contract limitations, to include medical necessity. The court order does not negate the prior authorizations requirements. The Prior Authorization of court-ordered services would be handled by BCBSKS or New Directions, whichever is appropriate.

- **Precertification**

New Directions Behavioral Health provides authorization for inpatient, partial-day services, and Intensive Outpatient services

There are two ways to initiate the Precertification request for inpatient, partial, or Intensive Outpatient

1. Call New Directions Topeka office customer service line at: **1-800-952-5906**.
2. Fax in the Higher Level of Treatment (HLOC) Treatment form to **(913) 982-8176**. Fillable form is available on the BCBSKS.com website:  
[New Directions Inpatient/PHP/IOP Form](#)

For more information regarding Precertification, please refer to Section IV, B and C, in Policy Memo No. 1.

### **Information needed for Precertification**

- ✓ Patient's name
- ✓ Date of birth
- ✓ Insured's name

- ✓ Health identification number
- ✓ Address
- ✓ Planned date of admission
- ✓ Reason(s) for admission
- ✓ Treatment Plan
- ✓ Signs and symptoms
- ✓ Patient history
- ✓ Supportive laboratory and/or diagnostic tests
- ✓ Consultation reports
- ✓ Previous outpatient treatment and results
- ✓ Expected length of stay

## Benefits

For benefit information regarding SPECIFIC contracts and/or groups providers are encouraged to call:

**Provider Benefit Hotline**  
**1-800-432-0272**  
**785-291-4183 (Topeka)**

Occasionally BCBSKS does not consider an item or service to be medically necessary. In such situations the item or service becomes a provider write-off. In the few situations where services are known to be denied as not medically necessary (including deluxe items) and the patient insists on the services, the provider must obtain a patient waiver in advance of the services being rendered. (See Section IX. WAIVER FORM) Failure to discuss the above with the patient in advance and obtain the waiver will result in a provider write-off.

**NOTE: BCBSKS members are not to be billed for services determined to be unnecessary through the medical and utilization review process, per the Contracting Provider Agreements.**

## Limited Patient Waiver (Form # 15-169)

For an example of the Limited Patient Waiver Form, please refer to Section IX, Policy Memo No. 1, Policies and Procedures. A Sample waiver form can also be found after the last page of Policy Memo No. 1 and also on the BCBSKS.com web site under "Forms."

### [Waiver Form](#)

**NOTE:** The waiver form cannot be utilized for services considered to be content of another service provided.

- **Situations Requiring a Waiver**

1. Medical necessity denials
2. Utilization denials
3. Deluxe features (Applicable to deluxe orthopedic or prosthetic appliances as specified in the member contract)
4. Patient demanded services
5. Experimental/investigational procedures

- **The Waiver Form Must Be:**

1. Signed **prior** to receipt of service.
2. Patient and service specific.
3. Date of service and dollar amount specific.
4. Retained in the patient's file at the provider's place of business. (The waiver form is no longer required with claims submission. Use the GA modifier for all electronic and paper claims.)
5. Presented on an individual basis to the patients. It may not be a blanket statement signed by all patients.

- Acknowledged by patient that he or she will be personally responsible for the amount of the charge, to include an approximate amount of the charge at issue.

**NOTE:** If the waiver is not signed prior to the service being rendered, the service is considered a contracting provider write-off, unless there are extenuating circumstances.

## **Outpatient Coverage for Nervous and Mental Conditions**

The conditions described in the member's basic coverage also control this section, except where this section specifically states there is a change.

The Out-Patient Services for Nervous and Mental Conditions section of the member's contract provides for the following information in regard to Definitions, Covered Providers, Covered Services and Limitations and Exclusions.

- Definitions of Terms**

**Medical Care Facility:** Any of the following facilities that are licensed by the State of Kansas to provide outpatient diagnosis and/or treatment of a Nervous or Mental Condition:

- an alcoholic treatment facility;
- a psychiatric hospital;
- a drug abuse treatment facility; or
- a community mental health center.

**NOTE:** Facilities must operate within the scopes of their state licensure. (i.e., a licensed drug abuse facility is restricted to treating primary diagnosis of substance abuse.)

**NOTE:** If a facility also meets the definition of "Hospital," it will be considered a Hospital and not a Medical Care Facility. Outpatient services rendered by a hospital and submitted as

"professional services" are payable under the Outpatient Nervous and Mental Rider.

**Nervous or Mental Condition:** A disorder specified in the Diagnostic and Statistical Manual of the American Psychiatric Association but exclusive of those shown as "not attributable to a mental disorder that are a focus of attention or treatment."

- **Covered Providers**

1. Regardless of any other provision in the Member's Contract or Certificate, the Section does not provide benefits for services when provided by a Provider or Professional Provider as defined in the Contract or Certificate, but only provides benefits for the following (referred to as "Covered Providers" in this Section).

- A Hospital
- A Medical Care Facility
- A Licensed Doctor of Medicine, or Doctor of Osteopathy
- A Clinical Psychologist licensed to practice under the law of the State of Kansas
- A licensed Social Worker authorized to engage in private, independent practice (LSCSW) under the State of Kansas.

**NOTE:** In the case of out-of-area claims received for outpatient treatment of nervous and mental conditions, the allowance would be determined for hospitals, medical care facilities, and ambulatory surgical centers as the provider's usual charge for the covered service.

- Advanced Registered Nurse Practitioner. Direct reimbursement will be made to Advanced Registered Nurse Practitioners (ARNP) for covered services regardless of the county in which they are located (per Senate Bill 187).

2. Hospice and home health agencies do not fall within the definition of eligible providers of nervous and mental services. No coverage should be provided unless the service is billed by and payment made to an eligible provider.

- **Covered Services**

Except as limited, the Section provides benefits for the cost of treatment by COVERED PROVIDERS for NERVOUS or MENTAL CONDITIONS.

- **Limitations**

All of the limitations and the exclusions of the Member's basic Contract or Certificate apply to the Rider, except for benefits specifically added by the Rider.

- **Exclusions**

The following exclusions apply only to Outpatient Coverage for Nervous and Mental Conditions. All other general exclusions as described in the member's contract also apply.

1. Services received while the member is an inpatient in a Hospital or Medical Care Facility.
2. Non-medical services. This includes (but not limited to) legal services, social rehabilitation, educational services, vocational rehabilitation, job placement services.
3. Services of volunteers.
4. Any assessment against any Member required by a diversion agreement or by order of the court to attend an alcohol and drug safety action program certified by Kansas statutes.
5. Coverage for evaluations and diagnostic tests ordered or requested in connection with criminal actions, divorce, child custody or child visitation proceedings.

- **Payment of Benefits**

1. Benefits will be paid directly to contracting eligible Providers for Covered Services performed and billed by that Eligible Provider.

2. Benefits will be paid to the member if the Eligible Provider is Non-Contracting.

## **Blue Cross Blue Shield Biologically Based Outpatient Mental Health Review Process**

Claim audits will identify biologically based mental health cases based on diagnosis submitted. Claims submitted with 6 or more biologically based mental health service visits per benefit year will be routed to New Directions for medical necessity review.

- **Biologically Based Diagnosis Codes**

|                         |                                   |
|-------------------------|-----------------------------------|
| 295.1x – 295.9x         | Schizophrenic Disorders           |
| 296.01 – 296.89         | Major Affective Disorders         |
| 297.1                   | Delusional Disorders              |
| 298.8 – 298.9           | Psychotic Disorders               |
| 299.0x – 299.9x         | Pervasive Developmental Disorders |
| 300.01 & 300.21         | Panic Disorders                   |
| 300.3                   | Obsessive Compulsive Disorders    |
| 300.4                   | Dysthymic Disorders               |
| 301.13                  | Cyclothymic Disorder              |
| 314.00, 314.01, & 314.9 | Attention Deficit Disorders       |

## **Partial Day Psychiatric Care**

This Partial Day Psychiatric Care Program is applicable to all Local Contracts, including the State of Kansas Employee Group Contract, and to all National and Special Account Contracts, unless an individual contract specifies otherwise. It is NOT applicable to the Federal Employee Program.

The following hospitals and free standing facilities currently have approval to provide contractual benefits under BCBSKS contracts for partial day psychiatric care:

## **HOSPITALS**

Salina Regional HC, Salina  
St. Francis Hospital and Medical Center, Topeka  
Stormont-Vail Health Care, Topeka  
Via Christi RMC, Wichita  
Prairie View, Inc., Newton

## **TYPE**

Psychiatric  
Substance Abuse  
Psychiatric  
Substance Abuse, Psychiatric  
Substance Abuse, Psychiatric

## **FREESTANDING PARTIAL-DAY TREATMENT PROGRAM (PDPF)**

Atchison Valley Hope, Atchison  
New Chance, Inc., Dodge City  
Community Mental Health Center of Crawford Co, Girard  
Halstead Valley Hope, Halstead  
First Step at Lakeview, Lawrence  
Mirror, Inc., Newton  
Norton Valley Hope, Norton  
Community Mental Health Center of Crawford Co, Pittsburgh  
Central KS Foundation, Salina  
City On A Hill, Scott City  
Options Adult Services, Wichita, KS  
Parallax Program, Wichita  
Women's Recovery Center/Central Kansas  
King's Alcohol/Drug Treatment Center LLC, Winfield

## **FREESTANDING SUBSTANCE ABUSE FACILITIES (FSAF)**

Atchison Valley Hope, Atchison  
Corner House, Emporia  
Community Mental Health Center of Crawford Co, Girard  
Halstead Valley Hope, Halstead  
Mirror, Inc., Newton  
Norton Valley Hope, Norton  
Valeo Behavioral Health Care, Topeka  
Parallax Program, Wichita

# **Outpatient Substance Abuse Facility Services (OSAF)**

Blue Cross and Blue Shield of Kansas (BCBSKS) will cover medically necessary services performed under the umbrella license issued by the State of Kansas, SRS, when the services are related to:

- Counseling Treatment
- Diagnostic and Referral
- Support Services

- **Multiple Locations**

SRS requires that each location have a separate license. BCBSKS also requires that each current license be provided when new provider NPI numbers are established or a new location is added to an already established NPI number.

- **Outpatient Substance Abuse Facility (OSAF) Partial Day Programs**

If you are licensed for Outpatient Intensive Day Treatment and have a program that involves the patient being in sessions 15 hours or more a week, you should contact the Institutional Provider Relations Department for approval to bill partial day service on a UB92 claim form.

Provider Relations                      1-800-432-0216, ext 8692

***NOTE: Services performed by a Medical Doctor or Doctor of Osteopathy, a Licensed Clinical Psychologist; Licensed Specialist Clinical Social Worker; or Specially Trained Advanced Registered Nurse Practitioner, under their license and not that of the OSAF SRS umbrella license, must be billed by the performing provider under their own NPI number, and cannot bill under the OSAF NPI number.***

- **SRS OSAF Medical Record Requirements**

- **Treatment Plans**

Each case record shall contain a treatment plan which must include:

- ✓ Short and long term goals
- ✓ Assignment of a primary counselor
- ✓ A description of the type and frequency of counseling to be provided

- ✓ A description of supportive services needed
  - ✓ The signatures of the client and counselor to verify participation in the formulation of the treatment plan.
- **Progress Notes**  
Each case record shall contain progress notes which:
    - ✓ Document services provided in accordance with the treatment plan.
  - **Assessment and Updates Every 90 days**  
Program policies shall include:
    - ✓ Practices for continued assessment and updates of the client's treatment plan no less often than every 30 days for residential programs and outpatient day treatment programs, and every 90 days for outpatient programs; updates shall be initialed by the client.
    - ✓ Policies shall include a procedure for recording assessments and updates in the client's treatment record.
  - **Discharge Summary**  
Upon termination of the relationship with the client, every individual case record shall include:
    - ✓ A discharge summary in which is entered a final evaluation regarding the progress of the client toward the goals and objectives as set forth in the most current treatment plan.

***Please contact your licensing agency for current mandates on medical recordkeeping.***

- **Claims Filing Requirements**

- **ICD-9 CM Diagnoses:**  
BCBSKS requires the use of the ICD-9 CM diagnosis coding system rather than the DSM IV-R coding system. The ICD-9 diagnosis must be coded at the highest level of specificity.

- **AMA-CPT:**  
The procedure codes and guidelines for OSAF claims are the same as those of other psychiatric providers, with few exceptions. The procedure codes are in the AMA-CPT code book.
- **HCPCS:**  
BCBSKS does not recognize many of the alpha/numeric HCPCS codes. Please contact your professional relations representative for assistance.
- **Reporting Units for Substance Abuse:**  
Most codes within the Psychiatric section of the AMA-CPT book are based on per session and do not require, nor are they reimbursed on, multiple units of service.

- **OSAF Procedures Codes**

- **90801 – 90802**
  - ✓ When 90801 or 90802 are billed with another psychiatric service, they will be denied content of the other psychiatric service.
  - ✓ Considered eligible services when billed alone.
  - ✓ Not time based. Do not report time or units greater than 001.
- **90804 – 90829**
  - ✓ Do not report time or units greater than 001.
- **90845**
  - ✓ Do not report time or units greater than 001.
- **90846, 90847, 90849**
  - ✓ Must be billed under the patient who is receiving current treatment.
  - ✓ You must use their name, identification number, and diagnosis.
  - ✓ May be billed one time per family member whose diagnosis is being treated.

- ✓ Do not report time or units greater than 001.
- **90853, 90857**
  - ✓ Not time-based. Do not report time or units greater than 001.
- **90875 – 90876**
  - ✓ Non-covered for most contracts.
  - ✓ Call the Benefit Information Department for specific patient coverage.
  - ✓ **Addiction specialists may not perform these services.**
  - ✓ **OSAF providers may not bill these codes.**
  - ✓ **The MD or DO/licensed clinical psychologist/LSCSW/specially trained ARNP must bill using their own provider number.**
- **90880**
  - ✓ Non-covered.
- **90882, 90885, 90887**
  - ✓ Not medically necessary or content of another psychiatric service.
  - ✓ If billed in absence of another service, this code requires a Policy Memo No. 1 Limited Patient Waiver for patient responsibility, otherwise it will be denied as provider write-off.

**NOTE:** FEP does not accept waivers.

- ✓ **Addiction specialists may not perform this service.**
- ✓ **OSAF providers may not bill this code.**
- ✓ **If for some reason you find it necessary to bill this code the following applies:**

**The MD or DO/licensed clinical psychologist/LSCSW/specially trained ARNP must use their own provider number.**

- **90899**
  - ✓ Describe service or procedure provided on claim attachment.
  - ✓ Use modifier 22 when submitting any claim attachment.
  
- **90901 – 90911**
  - ✓ Biofeedback is non-covered under most contracts.
  - ✓ Call the Benefit Information Department at 1-800-432-0272 for specific patient coverage.
  
- **HCPCS Code S9480**
  - ✓ Any provider wanting to bill this procedure must first have their protocols reviewed to establish actual level of care that is being provided.
  - ✓ Intensive Outpatient Substance Abuse Programs must meet certain requirements in order to be reimbursed as a program. They include, but may not be limited to the following: multi-modal; multi-disciplinary; minimum of 3 times per week, 3 hours per day; individualized treatment planning; and reasonable admission criteria.
  - ✓ Upon completion of this approval process the provider will be given permission to bill this code and guidelines to follow.
  - ✓ Contact your professional relations representative for further information.

## Inpatient Psychiatric Services

Inpatient nervous and mental benefits are available under major medical and share pay comprehensive contracts as follows.

- **Hospital and Medical Care Facility Services**

A member receiving treatment primarily for a Nervous or Mental Condition (psychoses, neuroses, behavioral and personality disorders, alcoholism, drug abuse, mental retardation, and organic brain syndrome) shall be entitled to a maximum of 60 days per benefit period in a hospital or medical care facility. The payment shall be allowable charges subject to the member's deductible and coinsurance.

With a rider to extend coverage for bed-patient nervous or mental conditions, the member has the following additional benefits:

1. Hospital and Medical Care Facility Services inpatient days are extended to cover the 61<sup>st</sup> through 120<sup>th</sup> days of inpatient care.
2. Doctor's Medical (non-surgical) Services for Hospital or Medical Care Facility Inpatients
  - a. One routine visit a day by a doctor for the 61<sup>st</sup> through 120<sup>th</sup> days of inpatient care for all Nervous or Mental Conditions combined in each benefit period.
  - b. One psychiatric service a day for 120 days in each benefit period. BCBSKS will not pay for both a routine visit and a psychiatric service billed for the same day.

# Diagnoses

- **ICD-9-CM Diagnoses**

Blue Cross and Blue Shield of Kansas require the use of the ICD-9-CM coding system rather than the DSM IV coding system. BCBSKS does not recognize DSM IV codes.

- **Tobacco Disorder**

Diagnosis code 305.1, Tobacco-use disorder, is processed as an eligible psychiatric benefit when performed by an eligible provider of service.

- **Attention Deficit Disorder**

There is no definitive test for Attention Deficit Disorder (ADD). If testing is done for ADD, the provider should be specific on the name of test, lab work and/or testing being completed, so benefits can be determined. If actual services being provided are known (i.e., psych testing, lab work, counseling), benefits can be quoted.

- **Eye Movement Desensitization and Reprocessing (EMDR)**

Please refer to BCBSKS.COM, Provider, Publications, Medical Policy, Eye Movement Desensitization and Reprocessing, for the most up-to-date policy. [EMDR Policy](#)

Eye movement desensitization and reprocessing (EMDR) therapy is a complex method of psychotherapy that combines a range of therapeutic approaches with eye movements or other forms of rhythmical stimulation (e.g., sound and touch) in ways that stimulate the brain's information processing system. Eye movement desensitization and reprocessing was introduced in 1989 as a treatment for post-traumatic stress disorder (PTSD). Since then, it has been proposed as a treatment of various psychiatric and behavioral disorders including phobias, panic and anxiety disorders, as well as eating disorders.

EMDR is considered a valid therapy component when provided during a psychotherapy session for Acute Stress Disorder or Post Traumatic Stress Disorder.

EMDR is considered experimental/investigational as a stand alone service.

- **CODING**

- ✓ CPT code 90806 should be used when EMDR is used as a therapy component provided during a psychotherapy session for Acute Stress Disorder or Post Traumatic Stress Disorder. When billed on a CMS-1500 claim form, if 90899 is billed with 90806 it will be considered content of service.
- ✓ CPT code 90899 should be used when EMDR is used as a stand alone service.

## AMA CPT-IV Psychiatric Codes & Guidelines

Following, you will find the more widely utilized CPT psychiatric codes and subsequent Blue Cross and Blue Shield of Kansas billing guidelines. For procedural nomenclature, please refer to your American Medical Association CPT Reference.

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- **Reporting of Time/Units for Psychiatric Services**

Total time in minutes does NOT need to be indicated on the claim when:

1. A specific time is indicated in the nomenclature of the procedure code; or

2. BCBS guidelines specify "do not report time or units."

- **General Clinical Psychiatric Diagnostic or Evaluation Interview Procedures**

- **90801**

- ✓ When 90801 is billed with another psychiatric service, 90801 will be denied content of the other psychiatric service.
- ✓ 90801 is considered an eligible service when billed alone.
- ✓ Do not report time or units.
- ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.

- **90802**

- ✓ Same as 90801.

- **Psychiatric Therapeutic Procedures**

- **90804-90829**

- ✓ Do not report time or units.
- ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.

- **90845**

- ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.

- **90846**

- ✓ Bill under the patient's name and identification number.
- ✓ May be billed one time per patient whose diagnosis is being treated.
- ✓ Do not report time or units.

- ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.
- **90847**
  - ✓ May be billed one time per patient whose diagnosis is being treated.
  - ✓ Do not report time or units.
  - ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.
- **90849**
  - ✓ May be billed one time per patient whose diagnosis is being treated.
  - ✓ Do not report time or units.
  - ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.
- **90853**
  - ✓ Do not report time or units.
  - ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.
- **90857**
  - ✓ Do not report time or units.
  - ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.
- **90865**
  - ✓ Do not report time or units.
  - ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.

- **Psychiatric Somatotherapy**

- **90862**

- ✓ Do not report time or units.

- ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.

- **90870**

- ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.

- **90871**

- ✓ Deleted.

- **Other Psychiatric Therapy**

- **90882**

- ✓ Not medically necessary or content of other psychiatric service.

- **90885**

- ✓ Not medically necessary or content of other psychiatric service.

- **90887**

- ✓ Not medically necessary or content of other psychiatric service.

- **90889**

- ✓ Not medically necessary or content of other psychiatric service.

- **Other Procedures**

- **90899**

- ✓ Describe service or procedure provided.

- **Biofeedback**

- **90875-90876, 90880, 90901-90911**

- ✓ Biofeedback is non-covered under most contracts. There are some contracts that have specific guidelines for biofeedback (i.e., Boeing).

- **Other**

- **96100-96103**

- ✓ Time or units required.

- ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.

- **Case Management Services**

- **Team Conferences**

- 99366-99368**

- ✓ Not medically necessary or content of other psychiatric service.

- **Targeted Case Management**

Level III HCPCS code for use in billing targeted case management to Blue Cross Blue Shield.

- **Y9117**

- ✓ Non-covered service.

- ✓ Use this code to receive a denial for non-covered services to submit the claim to Medicaid as the secondary insurance.

- **Hospital Care (99221 – 99233)**

- **CPT Guidelines**

- ✓ Hospital care by the attending physician in treating a psychiatric inpatient or partial hospitalization may be initial or subsequent in nature and may include exchanges with nursing and ancillary personnel.

- ✓ Reimbursed up to the Maximum Allowable Payment (MAP) or charge, whichever is less.

- **Inpatient Services**

The psychiatric hospital contracting provider agreement indicates a psychiatric hospital shall:

- ✓ Include on all inpatient billings charges for hospital services provided to Blue Cross and Blue Shield of Kansas insured's that are obtained from another organization (related or unrelated), except for the technical components of anatomical laboratory, while and inpatient at your hospital.
- ✓ All Milieu therapy including group therapy or activity therapy of any kind is considered to be a portion of the psychiatric hospital per diem, whether the professional provider/therapist is a hospital employee or not.
- ✓ Services for individual therapy or psychological testing performed by independently practicing providers can be billed separately.

**NOTE:** Please report accurate place of service.