



Healthy Montana Kids Extended Plan Mental Health Benefits for Children with a Serious Emotional Disturbance (SED)

WHO'S ELIGIBLE?

A Healthy Montana Kids (HMK) coverage group enrolled child whom DPHHS determines to have a SED.

WHAT ARE THE SERVICES? (Benefit table on reverse)

- **HMK BASIC MENTAL HEALTH PLAN** benefits include pharmacy services, inpatient mental health services, therapeutic group home services with prior approval, and individual, family, and group psychotherapy office visits. All HMK Basic Mental Health Plan claims are billed to Blue Cross and Blue Shield of Montana.
- **HMK EXTENDED MENTAL HEALTH PLAN** benefits include additional community based services not included as a benefit under the HMK Basic Plan. Those other services include: therapeutic family care (moderate level), day treatment, respite care and community based psychiatric rehabilitative and support. A child enrolled in the Extended Plan remains eligible for all Basic Mental Health Plan benefits. **All HMK Extended Plan claims are processed by Blue Cross and Blue Shield of Montana, with one exception.**
 - **Community Based Psychiatric Rehabilitation and Support (CBPRS)** claims under the HMK Extended Plan are processed by **XEROX**. Please follow Medicaid billing guidelines since payment is based on the Medicaid reimbursement rate identified in the Medicaid Mental Health Services Plan Fee Schedule, located at (<http://www.dphhs.mt.gov/mentalhealth/children>). The XEROX provider phone number is 1-800-624-3958. More information is available from Montana's Healthcare Programs' provider website at www.mtmedicaid.org.

HOW IS A CHILD DETERMINED ELIGIBLE FOR HMK EXTENDED PLAN BENEFITS?

- An HMK mental health provider completes a clinical/psychological assessment of the child and faxes it to 1-877-418-4533 or mails it to: **HMK Extended Mental Health Plan Specialist, DPHHS, PO Box 202951 Helena, MT 59620-2951.**
- The assessment should be dated less than six months old and include the DSM-IV diagnosis and extensive social history of how the child's SED impacts their interaction at home, school, and in the community. The assessment must be signed by a licensed psychologist, social worker, or professional counselor. Please reference "HMK Clinical Assessment Guidelines" for more detailed information.
- SED assessments are only paid for children already enrolled in the HMK coverage group.

WHEN DO SERVICES BEGIN?

- Once approved, the child is eligible for HMK Extended Mental Health Plan benefits beginning the first day of the month in which the assessment was received.
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WHAT ELSE DO I NEED TO KNOW?

- HMK Extended Mental Health Plan benefit limits begin anew each October 1.
- An updated SED assessment is required each year when the family reapplies for HMK coverage.
- The HMK Extended Mental Health Plan does not require prior authorization of services or co-payments.
- The HMK Extended Mental Health Plan relies upon the mental health provider and the family to coordinate services.

*******INELIGIBLE SERVICES*******

Comprehensive School & Community Treatment (CSCT)
Case Management

FOR MORE INFO:

- Contact HMK@ 1-877-KidsNow (543-7669) extension 6002 or (406) 444-6002 or FAX 1-877-418-4533 or e-mail hmk@mt.gov. The clinical assessment guidelines, fact sheet, and benefit table are available on the HMK website at www.hmk.mt.gov, under the "Provider" or "Family Resources" tabs.

HMK Mental Health Benefits Billing

Extended Benefit Plan Runs October 1 – September 30

All services must be medically necessary

Mental Health Benefit ⇒	Pharmacy	Inpatient Hospitalization Partial Hospitalization* Residential Treatment Center	Therapeutic Group Home	Therapeutic Family Care or Home Support Services (Moderate level in child's home)	Day Treatment	Respite Care	Psychotherapy Office Visits Individual, Family and/or Group	SED Clinical Assessment	CBPRS Community Based Psychiatric Rehabilitation and Support
HMK Basic <i>(Submit to BCBSMT)</i> ⇒	COVERED	COVERED	COVERED With prior approval	NOT COVERED Limited exceptions may apply	NOT COVERED	NOT COVERED	COVERED	COVERED	NOT COVERED
HMK EXTENDED <i>(Submit to BCBSMT)</i> ⇒	COVERED Under Basic Plan	COVERED Under Basic Plan	COVERED Under Basic Plan	COVERED 30 days	COVERED 120 hours	COVERED 144 hours	COVERED Under Basic Plan	COVERED Under Basic Plan	COVERED (120 hours) EXCEPTION: SUBMIT CLAIMS TO ACS
CPT CODES ⇒	-----	-----	S 5145	H 2020	H 2012 With Modifier HA	S 5150 With Modifier HA	90791 90792 90832 90834 90837 90846 90847 90853	90791 90792	H 2019

HMK Basic Benefits- Submit claims to Blue Cross and Blue Shield of Montana (BCBSMT). BCBSMT's customer service phone number for HMK benefits and claims questions is 1-800-447-7828 ex. 8647. Provider and family information may also be found at www.bcbsmt.com.

HMK Extended Benefits- The Extended Plan benefits are **in addition** to the HMK Basic Plan benefits. Submit all claims to Blue Cross and Blue Shield of Montana. **There is one exception.**

- **Community Based Psychiatric Rehabilitation and Support-** Submit to XEROX. Please pay close attention to Medicaid billing practices in order for claims to pay timely. The XEROX provider relations phone number is 1-800-624-3958 and more information is available from the Montana's Healthcare Program's provider website at www.mtmedicaid.com.