



TO: Behavioral Health Clinics, Enhanced Care Clinics, Special Services Providers and Hospitals  
RE: Children's Behavioral Health Rehabilitation Billing Procedures

The purpose of this bulletin is to provide clarification on a recent decision of the Department related to claims submission for behavioral health rehabilitation services to individuals under the age of 21.

For the purpose of this policy bulletin, rehabilitation services are defined as:

- Intensive In-home Child and Adolescent Psychiatric Services (IICAPS)
- Multisystemic Therapy (MST)
- Multidimensional Family Therapy (MDFT)
- Functional Family Therapy (FFT)
- Extended Day Treatment (EDT)

As a reminder, Medicaid is always the payer of last resort. The Department acknowledges that many primary insurance carriers do not cover the listed rehabilitation services. Therefore, the provider must obtain a denial letter that clearly articulates that the service rendered is not a covered service. This letter must be kept on file in the member's record. If the episode of care lasts longer than six months, the provider must pursue and obtain subsequent denial letters for each six month period of treatment. The denial letter from the primary insurance carrier will be accepted as evidence of pursuit of third party reimbursement for auditing purposes for the applicable six month period of treatment. Each six month period of treatment must have a denial letter.

A copy of denial letter from the primary carrier must be stored in the client's file for audit purposes and does not need to be submitted with the claim to HP. The TPL denial date submitted on the claim would represent the date the letter was received from the primary carrier.

**Claim Submission:**

When submitting claims denied by the primary insurance carrier to HP for processing please follow the billing guides located on the Web site [www.ctdssmap.com](http://www.ctdssmap.com).

Third party liability guidelines are found under the Web site [www.ctdssmap.com](http://www.ctdssmap.com) under "Publications" under Chapter 5 "Claim Submission Information" and Chapter 11 "Other Insurance and Medicare Billing Guides."