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In Lieu of Services (ILOS)

June 29, 2022 / Review of ILOS and How to Refer

Presenters and Panelists

- Dr. Ken Dunham, Carolina Complete Health – Medical Director
- Jesse Hardin, Carolina Complete Health Network – Head of Stakeholder Experience
- Katie McKay, Carolina Complete Health Network – Network Integration Coordinator

Agenda

- Review CCH In Lieu of Services (ILOS)
- Massage Therapy Guidelines Referral Process
- Resources and Future Trainings

Why we're in business

OUR PURPOSE

Transforming the health of the community, one person at a time

What we do

OUR MISSION

Better health outcomes at lower costs

What we represent

OUR PILLARS



Focus on the Individual



Whole Health



Active Local Involvement

What drives our activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

In Lieu of Services (ILOS)

ILOS Definition

- Alternative services or settings that are substituted for services or settings covered under the Medicaid or NC Health Choice State Plans or otherwise covered by this Contract but have been determined by the Department to be medically appropriate, cost-effective substitutes for the State Plan services included within this Contract.



Massage Therapy

Behavioral Health Urgent Care (BHUC)



Inpatient psychiatric care/treatment in Institutes for Mental Disease (IMD)



Massage Therapy

In Lieu of Service: Massage Therapy

- Alternative pain management via massage therapy provided by a licensed practitioner in lieu of pharmaceutical pain management with Schedule II narcotics.
- This service will require prior authorization.
- **Anticipated outcomes: reduction in chronic pain and back pain without the use of opiate therapies.**

Massage Therapy UM Guidelines

- One unit = 15 Minutes
- If you provide a one-hour massage, you bill 4 units on the claim
- A member is limited to 10 hours per year
- A provider can bill for up to 40 units per year
- Age range is 21+, however EPSDT applies!

EPSDT

Early: *Assessing and identifying problems early*

Periodic: *Checking children's health at periodic, age-appropriate intervals*

Screening: *Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems*

Diagnostic: *Performing diagnostic tests to follow up when a risk is identified*

Treatment: *Control, correct or reduce health problems found.*

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit:

- provides comprehensive and preventive health care services **for children under age 21** who are enrolled in Medicaid.
- is key to ensuring that children and adolescents **receive appropriate** preventive, dental, mental health, developmental and **specialty services**.
- makes short-term and long-term services available to recipients under 21 years of age **without many of the restrictions Medicaid imposes** for services under a waiver OR for adults (recipients 21 years of age and over).
- uses clinical practice guidelines from Bright Futures, a national health promotion and prevention initiative, led by the American Academy of Pediatrics and supported, in part, by the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) , Maternal and Child Health Bureau (MCHB).

With EPSDT, benefit limitations, such as number of units allowed per year or age restrictions, do not apply as long as the service is medically necessary.

EPSDT

EPSDT services must:

- be medically necessary to correct or ameliorate a defect, physical or mental illness or a condition that is identified through a screening examination
- be listed in section 1905(a) of the Social Security Act
- not be experimental/investigational, unsafe or considered ineffective
- adhere to the Bright Futures/AAP Periodicity Schedule for preventative, pediatric healthcare. The Periodicity Schedule is available online at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

For more on EPSDT, visit our [Education & Training](#) page.

Procedure Codes

- Procedure Code: sometimes called a CPT code, is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.
- **Massage Therapy CPT Codes: 97124, 97140**
 - 97124: Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion).
 - 97140: Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes.

Acknowledgement and Referral Form

- Completed by the REFERRING provider and the member.
- This is shared with the LMT as the referral for services.
- ***Best Practice: use a fax cover sheet to display provider contact information.***

Acknowledgement and Referral Form

Benefit Option available to Carolina Complete Health (CCH) members Massage Therapy for Pain

Service Goals and Objectives/Treatment Philosophies

CCH offers massage therapy provided by a licensed massage therapist as an alternative pain management strategy in lieu of pharmaceutical pain management, particularly Schedule II narcotics. This service will require prior authorization.

Description of Service/Item

CCH proposes alternative pain management via massage therapy provided by a licensed massage therapist in lieu of pharmaceutical pain management with Schedule II narcotics. This service will require prior authorization.

Anticipated Outcomes

Improved pain management with avoidance or reduction of the use of opiate therapies.

Referral Information

Diagnosis Code	
Member Name	
Member DOB	
Member Medicaid ID	
Member Phone Number	

Doctor Acknowledgement

Signature

Date

Patient Acknowledgement

Signature


Date

Please keep a copy of this form for your records and send a copy to the Massage Therapist. Prior Authorization must be sent to CCH for approval. Please indicate the diagnosis code on the authorization. With approval, a member may be eligible for up to 10 hours of total care per year. For questions, please reach out to Member Services at 1-833-552-3876.

Massage Therapy Assessment Checklist

Available online: <https://network.carolinacompletehealth.com/resources/manuals-and-forms.html>

- To be completed by the LMT at each session to track member's progress
- Share a copy back to referring provider



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Massage Therapy Assessment Checklist

Description of Service

CCH offers massage therapy provided by a licensed massage therapist as an alternative pain management strategy in lieu of pharmaceutical pain management, particularly Schedule II narcotics. This service will require prior authorization from the referring provider.

Anticipated Outcomes

Improved pain management with avoidance or reduction of the use of opiate therapies.


Massage Therapist Acknowledgement

Confirmation that I, _____, have discussed the intent of the In Lieu of Service benefit to help support the member's pain management through massage therapy and without the use of high-risk medications like opioids.

Massage Therapist Signature	Date

Appointment Assessment

<p>1. Prior to the massage therapy appointment, utilizing the disability index, please create a baseline assessment of the member's need and pain level.</p>	
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2. Pain scale tracked this visit, please detail.	
3. Following the massage therapy appointment, utilizing the disability index, please reassess the member's pain level. <i>Disability index expected to be assessed at the beginning and end of therapy or as indicate.</i>	

Post Therapy Assessment

Following the massage therapy, the member feels confident that this therapy session has helped reduce or avoid the need for high-risk medications like opioids.	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Post Observation

Did we achieve the goal of providing an alternative pain management? <i>If yes to post therapy assessment, we have achieved the goal.</i>	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Patient Acknowledgement

Signature	Date

Please keep a copy of this assessment for your records. A specialist provider should also coordinate care with the referring provider.

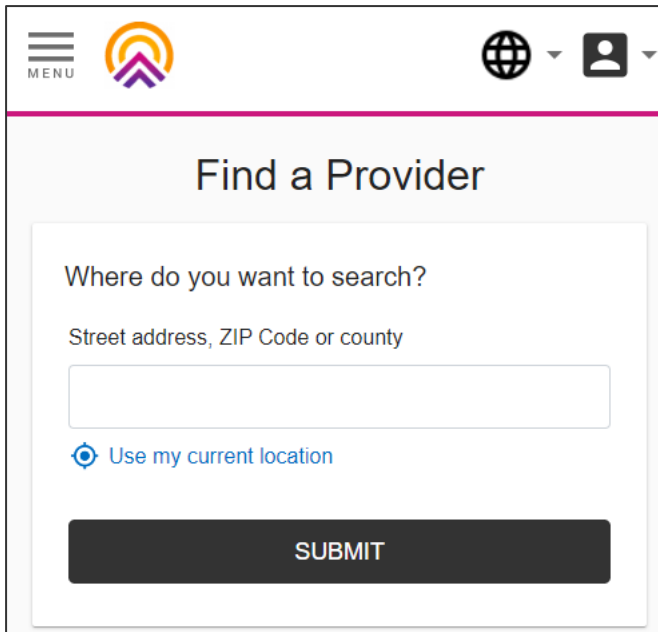
Overview of Process

1. **Referring Provider and member complete the Acknowledgment and Referral Form. This is sent to the Licensed Massage Therapist (LMT) for pain management in lieu of narcotics.**
2. LMT verifies member eligibility and submits an authorization* for the massage therapy ILOS.
3. LMT reaches out to the member to discuss the service and get verbal consent for treatment.
4. Once auth is approved, LMT schedules member for first visit.
5. LMT sees the member for service, checking member eligibility again, and uses the Assessment Checklist as a tool for documentation and coordination of care.
6. LMT bills for the service using CMS 1500 form and with appropriate CPT codes.
7. Clean claims will be resolved (finalized paid or denied) 95% within 15 calendar days and 99% within 30 calendar days following receipt of the claim. Payment is made via check or Electronic Funds Transfer (EFT).

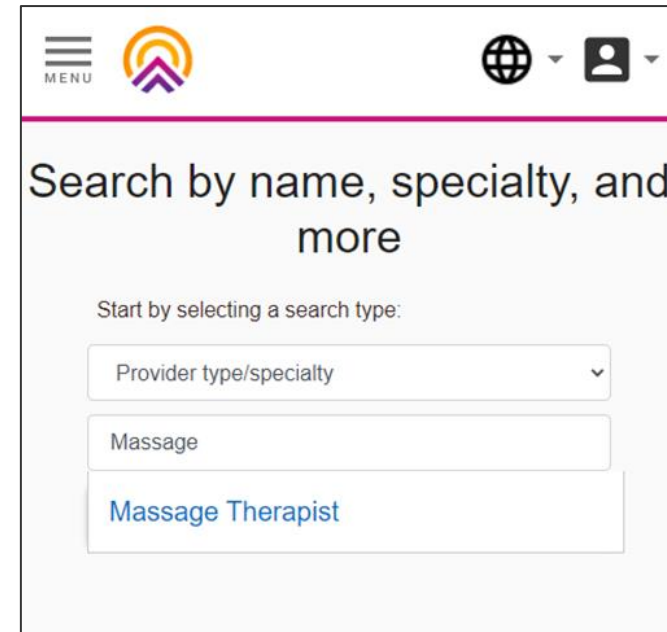
*Authorization can take up to 14 days for review and notification

Finding a CCH Licensed Massage Therapist

1. Visit the [Find-a-Provider Provider Directory](#)
2. Search by street address, ZIP Code or county
3. Search by provider type/specialty: Massage Therapist



The screenshot shows the 'Find a Provider' search form. At the top, there is a navigation bar with a menu icon, the CCH logo, a globe icon, and a user profile icon. Below the navigation bar, the title 'Find a Provider' is centered. The main content area contains the text 'Where do you want to search?' followed by 'Street address, ZIP Code or county'. There is a text input field for the search criteria. Below the input field is a link that says 'Use my current location' with a location pin icon. At the bottom of the form is a large black button labeled 'SUBMIT'.



The screenshot shows the search results for 'Massage Therapist'. At the top, there is a navigation bar with a menu icon, the CCH logo, a globe icon, and a user profile icon. Below the navigation bar, the title 'Search by name, specialty, and more' is centered. The main content area contains the text 'Start by selecting a search type:'. There is a dropdown menu with 'Provider type/specialty' selected. Below the dropdown menu is a text input field with 'Massage' entered. Below the input field is a text input field with 'Massage Therapist' entered.

Behavioral Health Urgent Care (BHUC)

Behavioral Health Urgent Care (BHUC)

- BHUC offers a **safe alternative** and diversion from the use of hospital emergency departments to address the needs of Members experiencing behavioral health crises.
- A BHUC is a service containing Triage, Crisis Assessment, Interventions, Disposition and Discharge Planning with the goal to **reduce inappropriate utilization of the Emergency Department** for BH specific needs and assisting Members by **linking** them to more clinically appropriate **community-based services** and decreasing the recurrence of crisis needs.

Accessing BHUCs

- No Authorization required for BHUC
- To find a BHUC and other BH Crisis Resources, visit:
<https://crisissolutionsnc.org/>

Additional BH Crisis Resources

- **CCH BH Crisis Line: 1-855-796-7093, 24 hours a day, seven days a week.**
- 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline

Inpatient psychiatric care/treatment in Institutes for Mental Disease (IMD)

Institutes for Mental Disease (IMD)

- A hospital, nursing facility, or other institution of **more than 16 beds**, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases.
- This service offers psychiatric and therapeutic interventions including medication management, group therapy and room and board.
- The goal of this service is **stabilization** of psychiatric symptoms to allow for treatment in a **less restrictive** setting.

IMD – UM Guidelines

- Prior authorization is required for all Inpatient Psychiatric and Substance Use services.
- UM Guidelines are for members ages 21-64. EPSDT applies for members under 21.

Mental Health Admissions

- An admission review is completed every three (3) days followed by an Administrative Denial after fifteen (15) days in a calendar month.
- IMDs can bill up to fifteen (15) days in a calendar month for mental health admissions.

Substance Use Disorder Admissions

- An admission review is completed every seven (7) days as is required per [Clinical Coverage Policy 8B](#) which follows how the state ADATCs are also reviewed.
- There is no bed day limit for SUD admissions if medical necessity for the service continues to be met.

IMD – Billing

- When billing for IMD services, NC DHHS has indicated the revenue code to be used is 160
- For more information, see the [IMD Provider Bulletin](#)

Additional Resources

Online Resources

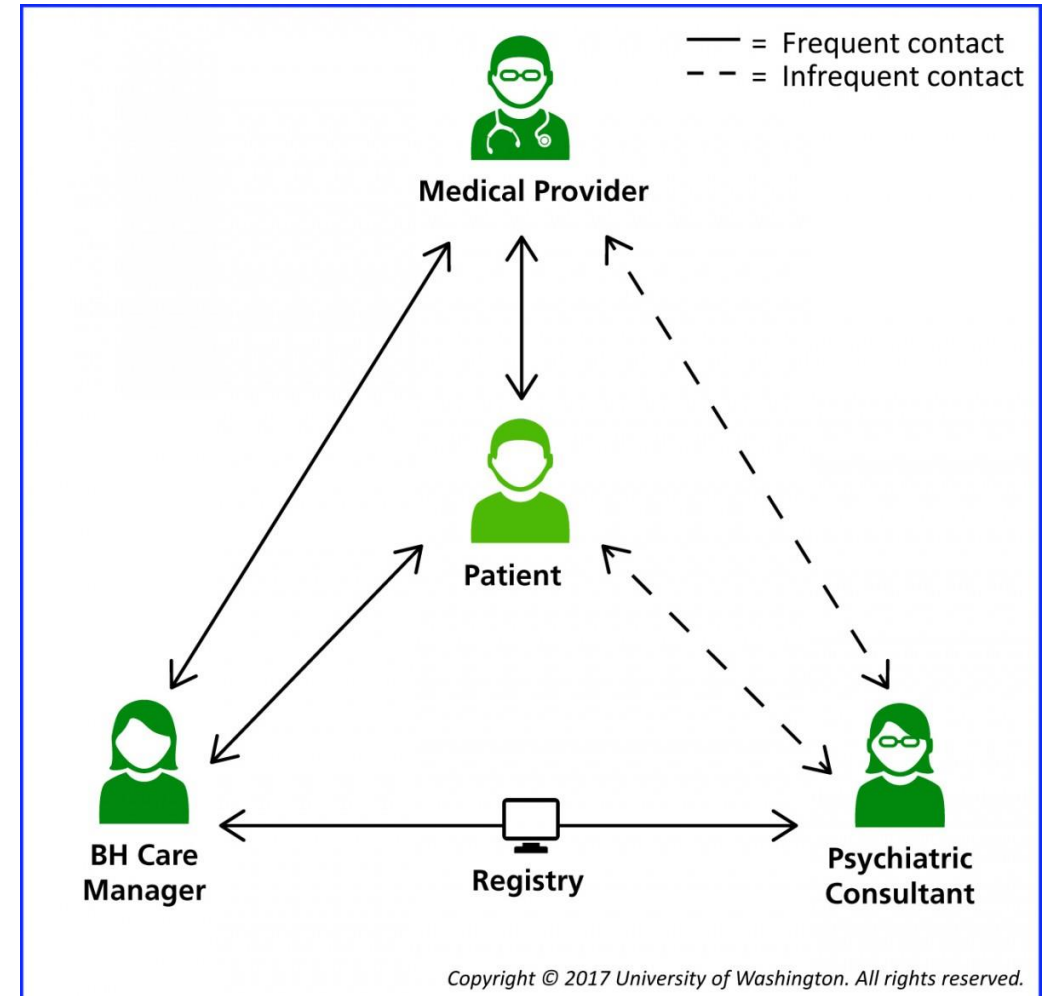
- Education and Training
 - <https://network.carolinacompletehealth.com/resources/education-and-training.html>
- Provider Resources and Toolkits
 - <https://network.carolinacompletehealth.com/resources.html>
- In Lieu of Services (ILOS)
 - <https://network.carolinacompletehealth.com/resources/in-lieu-of-services--ilos-.html>

Upcoming Training

Join us on Wednesday July 27, 2022 for an overview of Behavioral Health Integration with a detailed review of The Collaborative Care Model

- [Register in advance!](#)

If you have suggestions for upcoming trainings, let us know!



Key Contact Information

Carolina Complete Health Network:
NetworkRelations@cch-network.com

1-833-552-3876

[Provider Engagement Team](#)

Online:

www.network.carolinacompletehealth.com



Questions?
