



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

This document provides an overview of the guidelines for the Mental Health Parity assessment of the Georgia Medicaid program. It was developed by the Department of Community Health in cooperation with the Department of Behavioral Health and Developmental Disabilities.

# Mental Health Parity and Addiction Equality Act of 2008

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The Georgia Medicaid and PeachCare for Kids® (CHIP) programs are administered under the authority of the State’s Department of Community Health (DCH). Both full-risk Managed Care and traditional Fee-For-Service (FFS) delivery systems are utilized to provide services to beneficiaries.

### *Managed Care*

Georgia Families® is a partnership between DCH and private health plans (also called “care management organizations” or “CMOs”) to provide benefits and health care services to Medicaid and PeachCare for Kids® members, Planning for Healthy Babies® (P4HB) enrollees, and Georgia Families 360° members. PeachCare for Kids® is Georgia’s Children’s Health Insurance Program (CHIP), and the P4HB program is Georgia’s Section 1115 Family Planning Waiver program. The Georgia Families 360° program facilitates the coordination of care for children, youth and young adults in Foster Care or receiving Adoption Assistance and select youth involved with the Department of Juvenile Justice.

### *Fee-For-Service (FFS)*

Aged, Blind and Disabled members receive care through the FFS program. Under 1915(c) of the Social Security Act, Georgia also manages several Home and Community-Based Waivers to eligible individuals who may require such services in order to remain in their communities and avoid institutionalization. A limited number of Low-Income Medicaid members also receive care through the FFS program.

## **BENEFIT PACKAGES**

A benefit package includes all benefits provided to a specific population group. For the purpose of conducting the MHPAEA parity compliance, Georgia has identified the following benefit packages:

- I. Title XIX Children (Title XIX members 0 to 20 years of age);
- II. Title XIX Adults (Title XIX members 21 or more years of age);
- III. Title XIX Children with a Nursing Facility Level of Care;
- IV. Title XIX Adults with a Nursing Facility Level of Care;
- V. Title XIX Foster Care; and
- VI. Title XXI<sup>1</sup>

As Georgia’s managed care program is comprehensive, the CMOs are responsible for conducting the parity analysis for the Title XIX Children, Adults, and Foster Care benefit packages. They are also required to fulfill parity requirements in their contract with the State and submit documentation to the State as required by the State. DCH is responsible for reviewing the documentation provided by the CMOs and ensuring CMO contracts meet mental health parity requirements. CMS approval of State managed care contracts is also required.

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<sup>1</sup> States may request deemed compliance with parity for separate CHIP programs that provide full Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coverage that meets Medicaid EPSDT statutory requirements. Georgia requested CMS approval of deemed compliance for the Title XXI benefit package via the submission of a State Plan Amendment (SPA). The SPA was approved on June 28, 2018 with an October 2, 2017 effective date.

While the State is not required to conduct a FFS parity analysis, DCH and its sister agency, the Department of Behavioral Health and Developmental Disabilities (DBHDD), are performing this analysis in order to evaluate mental health parity across delivery systems. The State is conducting the parity analysis for the FFS Title XIX Children and Children with a Nursing Facility Level of Care, and FFS Title XIX Adults and Adults with a Nursing Facility Level of Care benefit packages.

In order to assess compliance in a uniform manner, DCH is providing definitions and data specifications to the CMOs so that we may all produce consistent and meaningful results. The data specifications are attached to this document as Appendix A.

## **MENTAL HEALTH/SUBSTANCE USE DISORDER AND MEDICAL/SURGICAL CONDITIONS**

Georgia has selected the most current International Classification of Diseases (ICD-10) manual as the “generally recognized independent standard of current medical practice” to define Mental Health/ Substance Use Disorders (MH/SUD) and Medical/Surgical (M/S) conditions.

### **Only primary diagnosis codes should be considered when labeling a condition as MH/SUD or M/S.**

- For the purpose of analysis for compliance with MHPAEA, MH/SUD conditions are defined as those codes listed in Chapter 5 in the ICD-10 manual, except codes F70 through F89 (Intellectual Disabilities and Developmental Disorders).
  - MH conditions are defined as F codes:
    - F01 through F09
    - F20 through F54
    - F56 through F69
    - F90 through F99
  - SUD conditions are defined as F codes:
    - F10 through F19
    - F55 through F55
  - Codes F70 through F89 are ***excluded*** from MH/SUD conditions
- For the purpose of analysis for compliance with MHPAEA, M/S conditions are defined as codes F70 through F89 in Chapter 5 of the ICD-10 manual, as well as all codes listed in all other chapters of the ICD-10 manual.

## CLASSIFICATIONS

The same classification criteria must be used for both Medical/Surgical and Mental Health/Substance Use Disorder benefits. For the purposes of conducting Medicaid Mental Health Parity analysis, use the following criteria:

**Inpatient:** All services provided to a member when a physician has written an order for admission to a licensed hospital including a Psychiatric Residential Treatment Facility, a licensed skilled nursing facility, or a licensed inpatient hospice facility with a length of stay of twenty-four (24) hours or longer.

**Outpatient:** All covered services or items, excluding inpatient services, prescription drugs, durable medical equipment, orthotics and prosthetics, emergency care, that are provided to a member in accordance with Medicaid Policy, in any setting other than an inpatient setting.

**Emergency Care:** All covered services or items delivered in an emergency, or to stabilize an emergency/crisis regardless of setting.

**Prescription Drugs:** All covered medications, drugs and associated supplies, regardless of where they are administered or provided.

### MH/SUD – Inpatient Classification

*For the purpose of analysis for compliance with MHPAEA, MH/SUD inpatient benefits are defined as those services provided to a member when a physician has written an order for admission to a licensed hospital, a licensed skilled nursing facility, or a licensed inpatient hospice facility with a length of stay of twenty-four (24) hours or longer, for treatment for diagnostic codes listed in Chapter 5 of the ICD-10 manual, with the exception of codes F70 through F89.*

MH/SUD Inpatient Services include:

- Inpatient Hospital Services
- Psychiatric Residential Treatment Facility (PRTF) Services
- Detoxification Services

### MH/SUD – Outpatient Classification

*For the purpose of analysis for compliance with MHPAEA, MH/SUD outpatient benefits are defined as all covered services or items, other than prescription drugs and emergency care, which are provided to a member in accordance with Medicaid Policy, in any setting other than an inpatient setting, for treatment for diagnostic codes listed in Chapter 5 of the ICD-10 manual, with the exception of codes F70 through F89.*

MH/SUD Outpatient Services include<sup>2</sup>:

- Partial Hospitalization
- Methadone maintenance
- Tobacco cessation counseling for pregnant women
- Residential
- Assessment/Evaluation
- Crisis Services
- Outpatient Services (e.g. Nursing, Medication Administration, etc.)
- Counseling Services (e.g. Individual Therapy, Group Therapy, Family Therapy, etc.)
- Intensive Outpatient Services (e.g. ACT, Substance Abuse Intensive Outpatient Program, Intensive Family Intervention)
- Rehabilitative Services (e.g. Psychosocial Rehabilitation, Peer Support, Skills Training, Task-Oriented Rehabilitation, etc.)
- Case Management (e.g. Community Support, Case Management, Intensive Customized Care Coordination)
- Detoxification Services
- Psychological Services

**The Outpatient Classification is divided into two distinct Subclassifications: 1) Office Visits (e.g., physician visits) and 2) all other outpatient items and services. No other subdivisions are allowed in this classification. For instance, primary care office visits cannot be separated from specialist office visits.**

### **MH/SUD – Prescription Drugs Classification**

*For the purpose of analysis for compliance with MHPAEA, MH/SUD prescription drug benefits are defined as all covered medications, drugs and associated supplies, regardless of where they are administered or provided, for treatment for diagnostic codes listed in Chapter 5 of the ICD-10 manual, with the exception of codes F70 through F89.*

MH/SUD Prescription Drugs include:

- Drugs in any of the following classes:
  - Antidepressants
  - Antipsychotics
  - Anxiolytics
  - Mood Stabilizers
  - Opiate Dependence Treatments
  - Sedative Hypnotics
  - Stimulants

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<sup>2</sup>The majority of services listed under the Mental Health/Substance Use Disorder header are for both mental health and addiction.

- The following products:
  - Naloxone Products
  - Acamprostate/Disulfiram
  - Vivitrol

### **MH/SUD – Emergency Care Classification**

*For the purpose of analysis for compliance with MHPAEA, MH/SUD emergency care is defined as all covered services or items delivered in an emergency setting, or to stabilize an emergency/crisis regardless of setting, for treatment for diagnostic codes listed in Chapter 5 of the ICD-10 manual, with the exception of codes F70 through F89.*

MH/SUD Emergency Care Services include:

- Emergency Room
- Emergency Transportation

### **M/S – Inpatient Classification**

*For the purpose of analysis for compliance with MHPAEA, M/S inpatient benefits are defined as those services provided to a member when a physician has written an order for admission to a licensed hospital, a licensed skilled nursing facility, or a licensed inpatient hospice facility with a length of stay of twenty-four (24) hours or longer for treatment for diagnostic codes F70 through F89 in Chapter 5 of the ICD-10 manual, as well as all codes listed in all other chapters of the ICD-10 manual.*

M/S Inpatient Services include:

- Inpatient Hospital Services
- Nursing Facility Services
- Inpatient Dialysis Services

### **M/S Benefit Classification – Outpatient**

*For the purpose of analysis for compliance with MHPAEA, M/S outpatient benefits are defined as all covered services or items, other than prescription drugs and emergency care, which are provided to a member in accordance with Medicaid Policy, in any setting other than an inpatient setting for treatment for diagnostic codes F70 through F89 in Chapter 5 of the ICD-10 manual, as well as all codes listed in all other chapters of the ICD-10 manual.*

M/S Outpatient Services include:

- Outpatient Clinic/Office Visits
- Rural Health Clinic
- Federally Qualified Health Center
- Lab and X-ray
- Community-based rehabilitative services
- School-based rehabilitative services
- Family planning services
- Dental services
- Podiatry services
- Optometric services
- Nurse practitioner services
- Ambulatory Surgical Center services
- Home health services
- Outpatient Dialysis services
- Therapy services (physical, occupational, and speech pathology)
- Diagnostic services
- Screening services
- Preventive services
- Counseling services
- Autism services

**The Outpatient Classification is divided into two distinct Subclassifications: 1) Office Visits (e.g., physician visits) and 2) all other outpatient items and services. No other subdivisions are allowed in this classification. For instance, primary care office visits cannot be separated from specialist office visits.**

### **M/S – Prescription Drugs Classification**

*For the purpose of analysis for compliance with MHPAEA, M/S prescription drug benefits are defined as all covered medications, drugs and associated supplies, regardless of where they are administered or provided for treatment for diagnostic F70 through F89 in Chapter 5 of the ICD-10 manual, as well as all codes listed in all other chapters of the ICD-10 manual.*

M/S Prescription Drugs include:

- Drug classes and products not listed in MH/SUD services
- Durable Medical Equipment
- Orthotics and Prosthetics

## **M/S Benefit Classification – Emergency Care**

*For the purpose of analysis for compliance with MHPAEA, M/S emergency care is defined as all covered services or items delivered in an emergency setting, or to stabilize an emergency/crisis regardless of setting for treatment for diagnostic codes F70 through F89 in Chapter 5 of the ICD-10 manual, as well as all codes listed in all other chapters of the ICD-10 manual.*

M/S Emergency Care Services include:

- Emergency Room
- Emergency Transportation

## **REPORTING REQUIREMENTS**

On a quarterly basis the following data will be reported at the benefit package, condition, and classification<sup>3</sup>:

- # Services provided<sup>4</sup>;
- # Service authorizations;
- % Services provided requiring a service authorization;
- At the PA Procedure Line Level:
  - CPT Code Requested (#)
  - Service Requested (CPT Code Description)
  - Units Requested (#)
  - Units Authorized (#)
- # Service authorizations with member appeal;
- % Service authorizations with member appeal;
- # Member appeals overturned;
- % Member appeals overturned;
- # Service authorizations with provider appeal;
- % Service authorizations with provider appeal;
- # Provider appeals overturned;
- % Provider appeals overturned;
- # Member grievances filed; and
- # Outcome of grievances filed by category

Quarterly reports will include three months of incurred claims with six months of paid runout. The first annual reporting cycle is according to the following schedule:

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<sup>3</sup> The Outpatient Classification will be reported at the Subclassification level.

<sup>4</sup> Services provided means the count of claims that are paid or denied; voided claims are not included.



Report #	Report Due	Claims Incurred	Paid Through
1	Jun 14, 2019	Jul-Sept 2018	Mar 2019
2	Sept 13, 2019	Oct-Dec 2018	Jun 2019
3	Dec 13, 2019	Jan-Mar 2019	Sept 2019
4	Mar 13, 2020	Apr-Jun 2019	Dec 2019

Reports should be submitted in Excel or CSV format.

## CONSIDERATIONS

DCH, DBHDD, and the CMOs may be required to redefine or update how these benefits and services are identified in claims. If that occurs, all parties will be notified, and this document will be updated and redistributed. The benefits/services reported are required to match those referenced in the current version of this document.

## APPENDIX A – MHPAEA REPORTING SPECIFICATIONS

INPATIENT	
Medical/Surgical Services Claims excluding MH/SUD diagnosis codes	Mental Health/Substance Use Disorder Services Claims excluding M/S diagnosis codes
<b>Inpatient Hospital Services:</b> UB Bill Type Codes beginning with 11, 12, 18, 41 and 85 with non-MHSA R&B Revenue Codes	<b>Inpatient Hospital Services:</b> UB Bill Type Codes beginning with 11, 12, 18, 41 and 85 and MH/SUD R&B Revenue Codes of 0114, 0116, 0124, 0126, 0134, 0136. Procedure code: H2013
<b>Nursing Facility Services:</b> UB Bill Type Codes beginning with 21, 22, 23 or Revenue Codes 0550-0559	<b>Psychiatric Residential Treatment Facility (PRTF):</b> UB Bill Type Codes beginning with 86
<b>Inpatient Dialysis services:</b> UB Bill Type Codes beginning with 72 and Revenue Codes 0800-0809	<b>Detoxification Services (IP):</b> Procedure codes H0008-H0009
OUTPATIENT (SUBCLASSIFICATIONS: OFFICE VISITS and ALL OTHER ITEMS AND SERVICES)	
Medical/Surgical Services Claims excluding MH/SUD diagnosis codes	Mental Health/Substance Use Disorder Services Claims excluding M/S diagnosis codes
<b>Outpatient Clinic/Office Visits:</b> UB Bill Type Codes beginning with 13, 43, 65, 66, 73, 74, 79, 84, 85 (without R&B revenue codes), 89; or Procedure code T1015	<b>Partial hospitalization:</b> Revenue Code 0917, 0913 or Condition Code 41 or HCPCS code G0129, G0176-G0177, G0410, G0411, H0035, S0201
<b>RHC:</b> UB Bill Type Codes beginning with 71, or Revenue Codes 0520-0521, or Place of Service Code 72	<b>Methadone maintenance:</b> Revenue Code 0944 or Procedure code H0020, G6053; with ICD-10 Dx beginning F11

<b>FQHC:</b> UB Bill Type Codes beginning with 77, or Revenue Codes 0523-0529, or Place of Service Code 50	<b>Tobacco cessation counseling for pregnant women:</b> Procedure codes 99406, 99407, 4000F, 4001F, G0436, G0437, G9016, S9453 AND ICD10 Diagnosis code O00-O99 or Z3A - Z3A49
<b>Lab and X-ray:</b> Revenue Codes 0300-0359, 0380-0409, 0610-0619 or Procedure codes 70000-89999	<b>Residential:</b> Revenue Codes 1001, 1002 or Procedure codes H0017-H0019, H2021, H0043, T2048
<b>Community-based rehabilitative services:</b> Please see Appendix C of the “Community Behavioral Health Rehabilitation Services” manual	<b>Assessment/Evaluation:</b> Procedure codes 96101-96102, 96150-96151, 90791-90792, T1023, T1024, T1028, T2010-T2011, H0031, 99446
<b>School-based rehabilitative services:</b> Medically-necessary services received in schools and provided by or arranged by an LEA for Medicaid-eligible students with an Individualized Education Program (IEP). Place of Service Code 03 (school): Please refer to the FFS Children's Intervention School Services Provider Manual; sections 901 and 1001 for a list of covered services and procedure codes.	<b>Crisis:</b> Revenue Code 0910 or Procedure codes H0007, H2011, S9484-S9485, T2034, 90839-90840, H0045
<b>Family planning services:</b> CPT/HCPCS modifier FP or CPT/HCPCS J7303-J7304, S4993, J1050, J7297-J7298, J7300-J7301, J7307, J7296, 58300-58301, 11981-11983, 11976, A4261, A4266-A4269, 57170	<b>Outpatient Services</b> (e.g. Nursing, Medication Administration, etc.): Procedure codes H2010, 96372, T1000-T1005, T1021-T1022, T1030-T1031, T1502-T1505
<b>Dental services:</b> Procedure codes beginning with D	<b>Counseling Services (e.g. Individual Therapy, Group Therapy, Family Therapy, etc.):</b> Procedure codes T1006-T1007, 90832-90834, 90836-90837, 90846-90847, 90853, H0004
<b>Podiatry services:</b> Procedure codes G0127, G0245-G0246, 11055-11057, 11719-11721	<b>Intensive Outpatient Services</b> (e.g. ACT, Substance Abuse Intensive Outpatient Program, Intensive Family Intervention): Procedure codes H0015, H2022, H0036, T1025-T1027
<b>Optometric services:</b> Procedure codes V2020-V2799	<b>Rehabilitative Services</b> (e.g. Psychosocial Rehabilitation, Peer Support, Skills Training, Task-Oriented Rehabilitation, etc.): Procedure codes H2001, H2017-H2018, H0025, H0030, H0038, H2014, H2023-H2026, T1012, T1018, T2012-T2021
<b>Nurse practitioner services:</b> Services rendered by a Nurse practitioner; may be denoted by provider type.	<b>Case Management</b> (e.g. Community Support, Case Management, Intensive Customized Care Coordination): Procedure codes H2015-H2016, H0026, H0032, H0037, H0039-H0040, H0006, T1016-T1017, T2022-T2023, T1025-T1026, T2038, H0044
<b>Ambulatory Surgical Center services:</b> UB Bill Type Codes beginning with 83	<b>Detoxification Services (OP):</b> Procedure codes H0010-H0014

<b>Medical/Surgical Services Claims excluding MH/SUD diagnosis codes</b>	<b>Mental Health/Substance Use Disorder Services Claims excluding M/S diagnosis codes</b>
<b>Home health services:</b> UB Bill Type Codes beginning with 32, 33, 34 or Revenue Codes 0560-0609	<b>CMHC (Community Mental Health Center):</b> UB Bill Type Codes beginning with 76 or Procedure codes T1040-T1041
<b>Outpatient Dialysis services:</b> UB Bill Type Codes beginning with 72 and Revenue Codes 0820-0839	<b>Psychological services:</b> 99201-99205, 99211-99215
<b>Therapy Services</b> (Physical, Occupational and Speech Pathology): 92507, 92521-92524, 92526, 92567, 92597, 92601-92604, 92607, 92609-92610, 96105, 96110, 96112-96113, 97022, 97024, 97032, 97035, 97110, 97112-97113, 97116, 97124, 97127, 97140, 97530, 97533, 97535, 97537, 97542, 97750, 97760-97761, 97763	
<b>Diagnostic Services:</b> UB Bill Type Codes beginning with 14 or Revenue Codes 0920-0929	
<b>Screening Services: Reference Physician Codes</b>	
<b>Preventive Services: Reference Physician Codes</b>	
<b>Counseling services:</b> 96150, 96151	
<b>EMERGENCY CARE</b>	
<b>Medical/Surgical Services Claims excluding MH/SUD diagnosis codes</b>	<b>Mental Health/Substance Use Disorder Services Claims excluding M/S diagnosis codes</b>
<b>Emergency room:</b> Claim with Revenue Codes 450-459, or UB Bill Type Code 78	<b>Emergency room:</b> Claim with Revenue Codes 450-459, or UB Bill Type Code 78
<b>Emergency transportation:</b> Claim with Revenue Code 540, 545, 546 or Procedure code A0122, A0225, A0426, A0427, A0428, A0429, A0430, A0431, A0433, A0434	<b>Emergency transportation:</b> Claim with Revenue Code 540, 545, 546 or Procedure code A0122, A0225, A0426, A0427, A0428, A0429, A0430, A0431, A0433, A0434
<b>PRESCRIPTION DRUGS</b>	
<b>Medical/Surgical Services Claims excluding MH/SUD diagnosis codes</b>	<b>Mental Health/Substance Use Disorder Services Claims excluding M/S diagnosis codes</b>
Drug classes and products not listed in MH/SUD services	Drugs in any of the following classes:
<b>Durable Medical Equipment:</b> Revenue Codes 0290-0299 or Procedure codes beginning with E, K	<b>Antidepressants:</b> HIC3 = H2X, H7B, H7J, H2W, H2U, H2H, H8T, H8P
<b>Orthotics and Prosthetics:</b> Revenue Code 0274 or Procedure codes beginning with L	<b>Antipsychotics:</b> HIC3 = H2G, H7O, H7P, H7R, H7S, H7T, H7U, H7X, H7Z, H8W
	<b>Anxiolytics:</b> HIC3 = H2F, H20
	<b>Mood Stabilizers:</b> HIC3: H2M, H4B
	<b>Opiate Dependence Treatments:</b> HIC3 = H30, H3A, H3H, H3N, H3T, H3U, H3X, H3Z, J8D, S7G, H3W
	<b>Sedative Hypnotics:</b> HIC3 = H2E, H21
	<b>Stimulants:</b> HIC3 = H2A

	The following products:
	Naloxone Products
	Acamprostate/Disulfiram
	Vivitrol