



## Provider Communication Bulletin #9 Feb. 8, 2013

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### **Enrollee Education Sessions**

Partners BHM's Consumer Relations/Enrollee Education will host "Enrollee Q &A Drop-Ins" for individuals and families engaged in the Partners BHM care system to have an informal opportunity to ask questions and learn more about Partners and the Medicaid Waiver.

"Drop-Ins" will be held:

- Tuesday, February 19, 2013 from 6 PM-8 PM, Partners BHM—Gastonia Office Board Room, 901 S. New Hope Rd., Gastonia NC 28054
- Thursday, February 21, 2013 from 6 PM-8 PM, Partners BHM-Elkin Office, 200 Elkin Business Park Dr., Elkin NC 28621
- Tuesday, February 26, 2013 from 6 PM-8 PM, Partners BHM—Hickory Office Multipurpose Room, 1985 Tate Blvd. SE, Basement level, Hickory NC 28602.

To learn more, please contact Tom Gray at 704-884-2519 or email [tgray@partnersbhm.org](mailto:tgray@partnersbhm.org).

### **AlphaMCS Information**

**AlphaMCS Log Ins:** *To obtain a Partners BHM AlphaMCS log in, you must complete the AlphaMCS Staff Log In Request form located at <http://www.partnersbhm.org/providers/alphamcs.aspx>. A form must be completed for each individual log in and submitted to the Help Desk at [HelpDesk@PartnersBHM.org](mailto:HelpDesk@PartnersBHM.org). You will receive an email from the Help Desk once the log in is activated.*

**AlphaMCS Online Training:** Partners BHM will continue to offer AlphaMCS Online Trainings for those providers that have not participated in the necessary training. Training information is available at [www.partnersbhm.org/calendar](http://www.partnersbhm.org/calendar). On Demand videos are also available at <http://www.partnersbhm.org/providers/alphamcs.aspx>.

## **Information About Authorizations/Utilization Management**

**Outpatient Behavioral Health Therapy--Unmanaged Visits:** Limits for Outpatient Behavioral Health Therapy Unmanaged Visits are as follows:

- Children are allowed 16 unmanaged visits for Outpatient Behavioral Health Therapy
  - A Service Authorization Request and the Treatment Plan (including Service Order) will be required for all outpatient services for children after the 16<sup>th</sup> visit.
  - To ease transition, Partners will allow 16 unmanaged visits for children between February 1, 2013 and December 31, 2013.
- Adults will be permitted eight unmanaged visits for Outpatient Behavioral Health Therapy
  - A Service Authorization Request and the Treatment Plan (including Service Order) will be required for all outpatient services for adults after the eighth visit.
  - To ease transition, Partners will allow eight unmanaged visits for adults between February 1, 2013 and December 31, 2013.

**PLEASE NOTE:**

- If the provider had an authorization imported from Value Options, there will not be a “pass through.” Providers need to submit a SAR to request more units before the Value Options authorization expires.
- Please DO NOT submit requests for the maximum number of units allowed or for ALL services on the SAR. The SAR must be individualized to each consumer. If SARs are submitted in this manner, they will be returned “unable to process.”
- All providers offering this service are strongly urged to check the enrollment and authorizations before providing unmanaged visits for new clients to ensure that the client has not reached the maximum number of visits through another provider.

**ICF-IID Authorizations:** Authorizations for individuals with an Intermediate Care Facility for Individuals with Intellectual Disabilities (formerly ICF-MR) level of care will be handled as follows:

- Partners BHM will authorize the current service (as of Feb. 1, 2013) for a 60-day period.
- The provider needs to send the current MR-2 to Partners BHM Utilization Management at **1-855-728-4329** ~~1-855-728-4349~~ immediately.
- Partners BHM will adjust the current 60-day authorization to match the MR-2.
- When the current authorization expires, provider should submit a SAR through AlphaMCS (for a six-month authorization) and attach a packet including:
  - The Level of Care form (located on the Partners BHM website—  
For Providers/Information & Documents/Utilization Management)
  - Medical Assessment form (located on the Partners BHM website—  
For Providers/Information & Documents/Utilization Management)
  - Person Centered Plan
  - Comprehensive Clinical Assessment
- If the MR-2 expires between Feb. 1, 2013-February 15, 2013, then the provider needs to submit the Level of Care form and packet for the next authorization period.
- If the MR-2 expires before April 1, 2013, providers should submit the Level of Care form and packet 10 days prior to the MR-2 end date.
- If the MR-2 expires after April 1, 2013, submit the Level of Care form and packet 10 days prior to the MR-2 end date.

**Authorizations for Residential Level III and IV:** Some providers have called to ask questions about the requirements Partners BHM has in place to obtain an initial or concurrent review for Residential Level III and IV.

Partners will follow the Medicaid requirements for placements into a Residential Level III or Residential Level IV facility as noted in **Implementation Updates #60 and #80**. The bulletins outline the requirements when a request is submitted. Providers who will be requesting authorizations for Level III or Level IV placement are strongly urged to review the information in Implementation Updates #60 and #80. The Updates can be located at <http://www.ncdhhs.gov/mhddsas/implementationupdates/index.htm>.

Please remember that

- A Comprehensive Clinical Assessment and review by the Care Review Team is required when making the initial request.
  - The Care Review process is required *before an authorization is submitted* for any Level III, IV, and Psychiatric Residential Treatment Facility (PRTF), Wright School, Whitaker School or any Out of State placement. Failure to do so will result in an “unable to process.”
- For Concurrent (reauthorization) requests that will exceed a total stay of 120 days or more, the CCA has to be an independent (meaning independent of the residential provider and its provider organization) psychiatric evaluation.

### **Billing/Claims Information**

If you have questions regarding Medicaid claims processing with dates of service of February 1, 2013 forward, email [claims\\_department@partnersbhm.org](mailto:claims_department@partnersbhm.org).

#### **Claims Processing:**

- Providers should submit all claims for dates of service through January 31, 2013 to HP Enterprise Services.
- Providers should submit claims for services rendered to Medicaid recipients with eligibility in Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry or Yadkin Counties occurring February 1, 2013 and forward to Partners Behavioral Health Management for processing.
- If you have questions regarding claims processing with dates of service of February 1, 2013 forward, email [claims\\_department@partnersbhm.org](mailto:claims_department@partnersbhm.org).

**Billing by Associate-Licensed Professionals:** As noted in Partners Provider Communication Bulletin #7, LME-MCOs were previously encouraged to assign “local” provider numbers to Therapeutic Foster Care providers and Associate-level Licensed Professionals who previously used the LME-billing number for “pass-through” billing for Medicaid. ***Effective March 1, 2013, Associate-level Licensed Professionals must have a NPI number to bill services to Partners BHM.*** The process to obtain a NPI number is listed in Partners Provider Communication Bulletin #7 (PCB).

In addition, H codes are no longer covered or reimbursable by Partners BHM due to revisions to the AMA Current Procedural Terminology (CPT Codes). (Refer to the January 2013 NC Medicaid Special Bulletin titled, [“Behavioral Health CPT® Code Changes for Psychotherapy and Psychodiagnostic Interviewing”](#) for more information.)

To assist providers during the transition, Partners BHM will follow the process below:

- Associate Licensed Providers can be paid for any services approved and provided under the H codes for service dates January 1 through January 31, 2013. Services delivered beginning February 1, 2013 must be billed using the CPT codes.
- If an Associate-level Licensed Professional does not have his/her NPI number, they should start that process immediately. Once the NPI is received, submit the necessary information to Partners BHM as outlined in PCB #7. Associate-level Licensed Professionals will not be able to submit or bill Medicaid services through Partners BHM until the above information is received and entered into AlphaMCS.
- Once the Associate-level Licensed Professional has his/her NPI number and his/her information has been uploaded into AlphaMCS, he/she can submit authorizations/billing for Medicaid services that have occurred beginning with February 1, 2013, using the CPT codes. Partners BHM will retroactively approve all valid SARs/claims for services delivered from February 1, 2013.
- Associate-level Licensed Professionals can only bill IPRS funds (using CPT codes) as “incident to” until further notice.

**“Incident To” Billing and Outpatient Behavioral Health Services by Psychiatric Nurse**

**Practitioners and Physician Assistants:** Partners BHM is following the guidance outlined by January 2013 NC Medicaid Special Bulletin “[Behavioral Health CPT® Code Changes for Psychotherapy and Psychodiagnostic Interviewing](#)” for details regarding these topics.

**837 Claims Submissions:** Detailed instructions regarding 837 Claims Submissions are provided in the “837P 5010 Clarification Guide for Alpha MCS” located at [www.partnersbhm.org/providers/alphamcs.aspx](http://www.partnersbhm.org/providers/alphamcs.aspx). The guide is a user manual for electronic 837 submissions. This manual gives specific instructions on what is required to submit claims electronically to Partners BHM. The testing and approval process is located in this manual. The HIPAA compliant ANSI transactions are standardized; however each payer has the ability to insist on use of specific loops or segments. The purpose of the Companion Guide is to clarify those choices and requirements so that Providers can submit accurate HIPAA transactions. Partners BHM will only accept HIPAA compliant transactions as required by law.

837 files should be submitted through the Provider Portal of the Alpha MCS system via the transactional upload queue. Partners BHM provides the following transaction files back to Providers:

- 997 acknowledgment file,
- 824 line by line acceptance/rejection file, and
- 835 file, which is an electronic version of the remittance advice (RA)

These files are available in the Download Queue in the Provider Portal of Alpha MCS.

Other general 837 information:

- Multiple occurrences of Same Service in a Day: When a specific service is rendered multiple times in a single day, the service should be bundled and billed using multiple units rather than as separate line items. This will prevent a duplicate billing denial.
- Authorizations: As described in the authorization section of this manual, authorizations are for specific patients, Providers, types of services, date ranges, and for a set number of units. Providers denial due to not being consistent with the authorization.
- National Provider Identifier (NPI): Providers are required to obtain an NPI number to submit billing on the CMS1500 and UB04 forms. The NPI and taxonomy code is required for claims to

be accepted and processed. Failure to comply will result in denied claims.

*Partners Behavioral Health Management communicates Provider Information through Provider Communication Bulletins, its website, [www.PartnersBHM.org](http://www.PartnersBHM.org), and the "Monday Coffee Break" newsletter. If you have any questions regarding this Bulletin, please reference the subject contact, contact your provider specialist, or email [questions@partnersbhm.org](mailto:questions@partnersbhm.org). All Provider Bulletins and training event information are posted at [www.PartnersBHM.org](http://www.PartnersBHM.org).*