



Provider Communication Bulletin #10 February 25, 2013

IN THIS BULLETIN:

**Direction regarding Associate Licensed Professional/H Codes
Provider Information Request --Relative/Legal Guardian as Direct Support Employee
LOCUS/CALOCUS/ASAM Reminders
Psychological Testing Guidelines
Person Centered Plans for Medicaid and IPRS
Use of 90785: Interactive Complexity
"New" and "Established" E/M Coding
Partners-Sponsored and DHHS-Sponsored Provider Trainings**

- **LOCUS/CALOCUS**
- **ASAM**
- **Program Integrity for Providers**

Partners Wants You to Know:

- **Website Updates**
- **New Enrollee Information**
- **Customer Services/Access to Care Questions**
- **Enrollee Education Sessions**
- **March Provider Forums**

Direction regarding Associate Licensed Professional/H Codes: Partners BHM will follow the direction of the Division of Medical Assistance regarding H Codes. Partners WILL reimburse associate-level licensed providers (LPCA, LCSWA, LMFTA, LCASA) using H-Codes until the State plan and policies are amended to allow direct enrollment and billing for associate-level licensed individuals. This decision supersedes direction in previous Provider Communication Bulletins. Licensed Psychological Associates and fully licensed providers may not bill H-Codes because they are eligible to directly enroll in Medicaid and with the MCOs.

Associate Professionals will be able to continue to use H codes for IPRS and Medicaid until June 30, 2013. Any date of service past 6/30/13 cannot be authorized or billed to H codes. Associate Professionals are encouraged to obtain a NPI number so they will be able to be directly enrolled with Partners when the State Plan is amended.

Provider Information Request -Relative/Legal Guardian as Direct Support Employee:

Providers who employ relatives and legal guardians, living in the home of Innovations (previously CAP-IDD) recipients, who were previously approved under the CAP-IDD Waiver to provide services to their adult children, must be reviewed through *The Verification of Relative/Legal Guardian as Direct Support Employee* approval process, outlined by the Innovations Waiver.

As a first step to this process, Partners BMH must identify all Innovations providers, as well as all relatives/legal Guardians living in the home of Innovations (previously CAP-IDD) recipients, who are providing paid services to adult recipients.

Partners BMH Provider Network Department is requiring that Provider Agencies complete the ***Provider Relative/Legal Guardian as Direct Support Employee Information Sheet*** and submit the information to the attention of Maria Ballard, Provider Network Specialist by **Friday March 1, 2013**. The form can be

located on our website at <http://www.partnersbhm.org/providers/provider-forms.aspx>, in the “Request for Information” category or by [clicking here](#). Options for submission are as follows:

By Mail:	By Fax:	By Email:
Attention: Maria Ballard Partners BMH 901 South New Hope Road Gastonia, NC 28054	Attention: Maria Ballard 704-884-2577	Encrypt and protect with password before sending to: mballard@partnersbhm.org

Utilization Management Presentation: If you did not attend one of the recent provider forums, please see the updated power point presentation for Utilization Management on our website under “For Providers/Information & Documents.” The presentation is in the “Utilization Management” category.

LOCUS/CALOCUS/ASAM Reminders: Please note that:

- LOCUS/CALOCUS is required for mental outpatient, enhanced and residential services as of March 15, 2013.
- ASAM is required for all Substance Abuse services by March 15, 2013. LOCUS/CALOCUS is not required for Substance Abuse services.
- If a consumer is receiving a MH service and has a SA diagnosis you must enter the LOCUS/CALOCUS and ASAM score
- Failure to submit the needed score will result in an unable to process decision with no appeal rights

Psychological Testing Guidelines: Partners BHM recognizes the importance and value of psychological testing to address specific diagnostic questions necessary for an individual’s treatment that cannot be answered through diagnostic interview and psychiatric evaluation.

Psychological testing is the use of formal procedures employing reliable and valid instruments to measure intellectual, cognitive, emotional and behavioral functioning. Psychological testing may be used to identify intelligence, psychopathology, personality style, interpersonal processes, and adaptive skills. Neuropsychological testing is a specialized area of psychological testing that can identify the presence of brain damage, injury or dysfunction and associated functional deficits. Before conducting psychological testing, it is important to obtain current clinical information through a Comprehensive Clinical Assessment and/or Psychiatric Evaluation. It is also important to inquire about other psychological testing that may have been conducted with the individual and to obtain copies of such evaluations before conducting psychological testing. Before referring for or administering psychological testing, it is important to answer the following questions:

1. *What clinical information about the individual is already available?*

Available clinical information should be reviewed before conducting psychological testing.

2. *What questions will be addressed by psychological testing?*

Specific questions to be addressed should be identified before referring for psychological testing.

3. *Can these questions be addressed through diagnostic interviewing, including a psychiatric evaluation?*

Most information needed for the treatment of mental health and substance use disorders can be

obtained as well or better through skillful diagnostic interviewing. However, some issues such as intellectual functioning, adaptive functioning, and the presence of possible thought disorders may be better identified and understood through formal psychological testing.

Limitations:

Psychological Testing is not covered in the following situations:

- Testing conducted primarily for educational purposes, including for cognitive abilities, learning disabilities and academic achievement. Testing for the purpose of qualifying for services that are covered under applicable State or Federal Special Educational laws.
- Vocational referrals, including the need for Vocational Rehabilitation services, job placement, vocational interests and aptitudes, or fitness for duty.
- Legal referrals from attorneys in preparation for criminal or civil court proceedings. Court-ordered evaluations that would not be otherwise considered medically necessary under these guidelines. (Note: Multidisciplinary Evaluations to determine the need for guardianship and Forensic Evaluations to determine competence to participate in legal proceedings have alternative referral and funding mechanisms through the LME/MCO.)
- Requests for information about parenting skills or the capacity to parent from the Department of Social Services or courts
- Testing for the routine diagnosis of Attention Deficit/Hyperactivity Disorder (ADHD). Suspected ADHD can be diagnosed or ruled out in most situations through careful diagnostic interviewing and gathering of information from collateral resources such as parents and teachers. ADHD questionnaires are often useful in obtaining such input, and do not require Psychologists to administer.
- Testing for basic screens or other self-report inventories that are normally completed as part of a comprehensive clinical evaluation
- Testing conducted primarily for the titration of medication
- Repeated testing on a routine or periodic basis that does not otherwise meet the requirements of these guidelines. An exception is repeated intellectual and adaptive testing for minors with previously identified intellectual or developmental disabilities in order to determine continued eligibility for I/DD treatment services every three years.

Directions for Requesting Prior Authorization for Psychological Testing:

- Familiarity with Partners BHM Guidelines for Psychological Testing.
- Assure that the individual has had a recent Comprehensive Clinical Assessment and/or Psychiatric Evaluation. *Exception: individuals believed to have an intellectual or developmental disability that need to be qualified to receive I/DD services may be referred for intellectual ability and adaptive functioning before completion of a Comprehensive Clinical Assessment.*
- Inquire about, obtain and review prior Psychological Test Reports and other relevant clinical assessments, treatment summaries, etc.
- Identify whether and how Psychological Testing will enhance and facilitate the individual's treatment.
- Complete and submit a service authorization request (SAR) and the *Partners BHM Psychological Test Authorization Request Form* to Partners BHM 10 or more days before the proposed test date(s). The request form is located at <http://www.partnersbhm.org/providers/provider-forms.aspx> in the Utilization Management category. Follow directions on the form to submit to Partners BHM for review.

- To ensure coverage, request and obtain authorization before performing testing. Psychological Testing can be conducted under Medicaid enrollees' Unmanaged Outpatient Basic Benefit. Psychological Testing must have prior authorization once unmanaged basic benefits are exhausted to determine medical necessity as defined in this guideline, and is subject to post service review.
- Psychological testing for most codes will be limited to no more than five hours a day. Code 96118 can have up to eight units/hours under the unmanaged visit or with prior approval. Requests for more extensive testing will require prior authorization.

Person Centered Plans for Medicaid and IPRS: Providers are directed to complete the following regarding Person Centered Plans:

- **On initial requests**-- For Initial and/or Annual PCPs:
 - The signature page must be uploaded with the original signature, including the Licensed Professional who signs the service order;
 - The attestation boxes must be checked and the LP's license number must be included;
 - The signature on file cannot be "typed in" on the initial.
- **For concurrent requests, the updated signature page** must be uploaded with:
 - Original signatures for the consumer/guardian and person completing the PCP
 - The LP's signature can be typed and stated as "signature on file" with license number and date of original signature.

PCPs must be updated for all concurrent requests and within 30 days of the requested start date. An updated Action/Goal page should be completed for new goals and review with progress or lack of progress on all goals must be indicated. Licensed professional must sign the service order. The only exception would be for I/DD or Innovations plans.

Please remember that SARs cannot be processed if the end date of the request exceeds the end date of your PCP. The PCP would have to be updated, or a new annual PCP must be completed and submitted with the request.

If you have questions regarding this information, please contact Partners BHM Utilization Management.

Use of 90785: Interactive Complexity: Per direction from the Division of Medical Assistance, Partners BHM would like to reference that there has been confusion regarding the appropriate use of 90785 for both foreign language and hearing-impairment interpreters. DMA policy does support the use of 90785 to reimburse the therapist for the increased complexity involved in conducting a session through a translator, as well as for the other allowable usages specified in the **2013 CPT Professional Edition**. This code is not meant to be used as reimbursement for the translator or interpreter.

There is some concern within Medicare about use of 90785 and cost-sharing or co-pays resulting in higher out of pocket expenses to beneficiaries with interpreter needs. However, in accordance with 42 CFR 447.53, only one co-pay, if applicable, is allowed per office visit, so proper use of 90785 would not increase the financial burden of the Medicaid beneficiary.

"New" and "Established" E/M Coding: Per direction from the Division of Medical Assistance, Partners BHM is sharing the following:

The "*Evaluation and Management (E/M) Services Guidelines*" section, Page 4, of the **2013 CPT Professional Edition** provides guidance on when a "new" or "established" E/M code may be used. The manual states "*An established patient is one who has received professional services from the physician/qualified health care professional or another physician/qualified health care professional of the*

exact same specialty and subspecialty who belongs to the same group practice, within the past three years.” The manual goes on to say “*When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and exact same subspecialties as the physician.*” DMA interprets “exact same specialty and subspecialty” as including medical providers only (i.e., psychiatrists and any Nurse Practitioner or Physician Assistant working with the psychiatrist). Other mental health professionals (those listed in Clinical Coverage Policy 8C [CCP 8C], section 6.1, providers 1-5) are not considered to be of the exact same specialty and subspecialty. Therefore, a physician (or related NP or PA in the same group) may bill a “New Patient” E/M code regardless of whether or not any other type of provider (social worker, psychologist, etc.) has billed for services with that same beneficiary. DMA does not consider non-physician, NP, or PA to be the **exact** same specialty and subspecialty as other types of mental health providers.

Partners-Sponsored Provider Trainings

LOCUS/CALOCUS Training: Partners BHM will host two training sessions for providers to learn how to implement the LOCUS/CALOCUS tool. Trainings will be held on March 6 at Partners BHM Corporate Office Auditorium, 901 S. New Hope Rd., Gastonia NC, and on March 7 via videoconference at the Gastonia Office Board Room, Partners BHM—Hickory, Multipurpose Room, 1985 Tate Blvd. SE, Hickory NC; and Partners BHM-Elkin, 200 Elkin Business Park Dr., Elkin, NC. Provider agencies are limited to two staff in attendance. Trainers will cover LOCUS for three hours and CALOCUS for three hours. Cost is \$40 per participant. Manuals and materials will be provided. Registration is required as seating is limited. To register, [click here](#) for the registration form and follow instructions for submission. If you have questions, please contact Stephanie Longworth at slongworth@partnersbhm.org or Brenda Mash at bmash@partnersbhm.org.

ASAM Training: This training is geared to clinical staff and providers who work with individuals with a substance abuse diagnosis. Training will be held at Partners BHM-Hickory, Multipurpose Room, 1985 Tate Blvd. SE, Hickory NC. Registration is limited. To register, call Beth White at 336-527-3204 or email bwhite@partnersbhm.org.

Program Integrity for Providers: Partners Behavioral Health Management will host a network-wide “Program Integrity for Providers” training on Wednesday, March 20, 2013 from 10 AM-12 PM. The training will be conducted at the Partners BHM-Hickory office, with participation via videoconference at Partners BHM’s Elkin and Gastonia offices.

Due to limited space, registration is required and will be available by location. Registration is limited to one staff person per provider agency To register, select the registration link associated with the location:

Face to Face Session:

Hickory Regional Office, Multipurpose Room, 1985 Tate Blvd., SE. Hickory, NC 28602
To register for the Hickory location, [click here](#).

Video Conference Sessions:

Gastonia Corporate Office, Board Room, 901 S. New Hope Rd., Gastonia, NC 28054
To register for the Gastonia location, [click here](#).

Elkin Regional Office, Conference Room
200 Elkin Business Park Dr., Elkin, NC 28621

To register for the Elkin location, [click here](#).

If you have questions, please contact Selenna Moss at smoss@partnersbhm.org.

Partners Wants You to Know...

Website Updates:

- **IPRS Information:** The following items have been posted to the site and are all located at <http://www.partnersbhm.org/providers/provider-forms.aspx> under the “IPRS Information” category.:
 - IPRS Benefit Grid (updated)
 - IPRS Rate Schedule
- **Medicaid Information:** The following items have been posted to the site and are all located at <http://www.partnersbhm.org/providers/provider-forms.aspx> under the “Medicaid Plan Information” category.:
 - Medicaid B Rate Schedule
 - Medicaid B Licensure Rate Table
 - Medicaid C Rate Schedule
 - Medicaid Services Benefit Grid
 - NC Innovations Services and Supplies Rates
- The Partners BHM **Provider Operations Manual** has been posted and can be located on the “For Providers” home page and at <http://www.partnersbhm.org/providers/provider-forms.aspx> in the “Provider Information” category.
- The **Who To Contact** listing was updated on February 25, 2012. Individuals who need to email a question to Utilization Management can send the email to questions@partnersbhm.org with the words “Utilization Management in the subject line.

New Enrollee Information: Effective February 1, 2013, all new enrollees (consumers new to the Partners BHM Network) receive a packet of information via US Mail. The information includes a letter welcoming them to Partners, information on how to access the Consumer/Enrollee Handbook, the Notice of Privacy Practices, and information about Enrollee Orientation Sessions.

Customer Services/Access to Care Questions: Have a question about enrollment, slots, or appointments? Questions regarding these topics should be routed to the Customer Services/Access to Care Call Center supervisors. Please send your questions to all three of the following individuals:

Dan Molina: dmolina@partnersbhm.org

Melissa Cline: mcline@partnersbhm.org

Jeanie Jefferies: jjefferies@partnersbhm.org

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:

- 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.

March Provider Forums will be held on March 12 and 14, 2013. RSVPs are not required but do assist staff in preparation for the event.

**Partners Behavioral Health Management
Provider Communication Bulletin #10
February 25, 2013**

- **Gastonia**: March 12, 2013; 1-4 PM; Partners BHM Auditorium, 901 S. New Hope Rd., Gastonia NC 28054. [To RSVP, click here.](#)
- **Morganton**: March 14, 2013, 8:30-11:30 AM; Foothills Higher Education Center, Room #HEC163, 2128 South Sterling Street, Morganton, NC. [To RSVP, click here.](#)
- **Statesville**: March 14, 2013, 1-4 PM; Iredell County Public Library—Rooms A & B, 201 N. Tradd St., Statesville, NC 28677. [To RSVP, click here.](#)

Partners Behavioral Health Management communicates Provider Information through Provider Communication Bulletins, its website, 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. All Provider Bulletins and training event information are posted at www.PartnersBHM.org.