# Provider Communication Bulletin #15
# April 18, 2013

**IN THIS BULLETIN:**



## From Provider Network Management…

**Attention Providers—Do you have your current licensure information on file?** It is the Provider's responsibility to ensure that Partners has current licensure on file for all Licensed Clinicians who provide services to Partners BHM consumers. Please send updated clinician licensure as it is renewed to Melena Wilmoth at mwilmoth@partnersbhm.org, or via fax to 336-527-8006. This will ensure that Alpha MCS has all the required and up-to-date data to allow claims to process, thus preventing denials.

**Partners Provider Council Meeting:** The Partners Provider Council serves as a professional representative and advocate for all service providers in the Partners Behavioral Health Management

catchment area. The next meeting of the Partners Provider Council will be Friday, April 26, 2013 in the Multipurpose Room at Partners BHM's Hickory Office, 1985 Tate Blvd SE, Hickory NC, 28602. All providers are welcome to attend. Providers will meet from 9:30 AM-10:30 AM. Partners BHM staff will join the meeting from 10:30 AM-12:00 PM. If you have questions, please contact John Waters at 828-695-5901. To learn more, visit the Provider Council's webpage at http://www.partnersbhm.org/providers/provider-council.aspx.

# Finance and Claims Information

**Standardized Check Write Schedule**: Partners BHM is pleased to announce that it will be following the Standardized NC MCO/DMA Checkwrite Schedule starting with the checkwrite cutoff date of May 14. You can view Partners' Checkwrite schedule by clicking here.

The eleven Managed Care Organizations, working with the NC Council of Community Programs, have committed to standardizing and streamlining a number of processes that affect providers. The group's first initiative is developing the standardized checkwrite schedule. This schedule is already used by Cardinal Innovations and will be implemented by all MCOs by the June 25 cutoff date.

If you have any questions regarding the change, please email questions@partnersbhm.org.

**Diagnostic Coding Tips for Billing**: Providers should ALWAYS make sure that the most current diagnosis is submitted on claims. If you get a denial for an invalid diagnosis, here are some tips to help resolve the issue:

- Remember that Partners' Claims systems utilizes the most current version of ICD-9 (International Statistical Classification of Diseases and Related Health Problems, version 9) diagnostic codes and is updated annually.
    - Verify the patient diagnosis against the medical record/chart utilizing documents such as orders, evaluations, assessments, progress note, discharge summaries, H&P (History and Physical).
- Verify the most recent diagnosis against your diagnosis description by utilizing the most current version of the ICD-9. It comes out annually and your coding should be updated annually to match any changes in this coding book.
- If you get a denial, check to see if the diagnosis submitted requires additional coding specifics as outlined in the ICD9, such as fourth or fifth digits required. This is the most common error seen with billing.
- If you use encoding software, ensure that this is updated annually.
- You must utilize diagnosis pointers on your claims, which means that the diagnosis must map to the service, e.g. Intellectual/Developmental Disabilities-specific services must have an IDD diagnosis, substance abuse-specific services much have an SA diagnosis, etc.
- Do not bill with Diagnosis for "rule out", "proposed", "suspected", etc. Diagnosis should be definitive.

**The following Claims information was shared at the April Provider Forum on April 9, 2013:**

**Claims Denial Review Process**: Claims Management is currently experiencing a large volume of claims. For this reason, we appreciate your patience and cooperation in working resolutions to denied claims. ***Please note there is a formal process to request claims denials reviews.*** Beginning April 15th, you must submit a claims denial review form in order to have claims reviewed at the Partners level. A copy of this form was given out with this handout and will be available on the Partners website *(the form is available at www.partnersbhm.org, select "For Providers," "Information &Documents, then expand the "Provider Information" category).* Partners' claims staff are here to assist with your claims inquiries, however, due to the large number of providers in our network, there must be a formal process in place. The claims department will need a detail level of claims that are in question. If you have a request for denied claims to be reviewed, a list of these claims along with the claims denial review request form will need to be forwarded to the claims department for research **only after you have researched these claims first**. Partners does systematically reprocess claims for any global issues that have been identified within the Partners claim system. If you have questions regarding global issues, please contact the claims department for further information on current issues. Claims staff are extremely involved at this time and we apologize for any delay in processing requests. If you need assistance further than what claims can provide, please contact your provider network specialist to help with resolution for any claims issues.

Please be aware that when you call the claims phone server, you will need to leave a message and someone will return your call. Our goal is to return all phone calls within 24 hours. Claims is currently experiencing a large volume of calls. Remember as well that you have to option to email for a response to any questions at Claims_Department@Partnersbhm.org .

Please contact the IT HelpDesk for any technical Alpha issues such as downloading files, login issues, or 837 submission issues. Please Contact the Utilization Management Department for any Authorization issues.

**Remittance Advice:** Please be advised that there are currently revisions and recommendations being made regarding the Remittance Advice that is generated from the Alpha system. If you need additional reports in the interim, you may request those and they will be provided in an effort to assist with reconciliation efforts by providers.

**Reminder about Principal Diagnosis:** The principal diagnosis that is in Alpha MCS should never be changed. The principal diagnosis is the diagnosis that caused the consumer to present for services. That does not mean it is necessarily being treated and you are not required to put it on your claim form just because it is in Alpha.

**TIPS for submitting Level II-IV Residential Claims:** THESE CLAIMS SHOULD BE SUBMITTED ON A CMS-1500 FORM AND NOT A UB04 –There have been issued identified within the Alpha system with claims passing through on a UB04, therefore, it is highly recommended that you submit any claims for Revenue Code 0902 on a CMS 1500 format. There are trainings on Tuesdays at 2:30 for CMS1500 instruction and also instructions on the website. Please check the website for trainings available.

1. Make sure that the appropriate codes are in your provider profile under contract details. The codes should be set up as outlined below with modifiers attached. The codes are based upon the number of beds/level of residential service you are providing

a. Verify the correct rate and service/modifier to be billed by the below chart:
    i. H0019 UQ – Res. Level III-IV 4 beds or less – Rate is $232.88
    ii. H0019 US – Res. Level III – IV 5 beds or more – rate is $189.75
    iii. H0019 U4 – Res. Level IV – Rate is $315.79
    iv. H2020(no modifier)- Res. Level II
    **You should bill your Reasonable and Customary and the system will only pay from the approved rate schedule.
b. If the code is not in the contract, please contact your provider network specialist to have added.
c. Verify there is an authorization to match the service/modifier combo in the Alpha system. If there is an auth for the base code but not one with a modifier attached, please contact Utilization Management for assistance.
d. If there is no auth at all, please contact Utilization Management for assistance
e. If Authorization is showing correctly, then you can proceed with claims submissions. ☺

2. Claims – **Claims should be submitted on the CMS 1500** form with modifiers if required. These services are currently approving in the system when the other pieces are in place(contracts and auths). If you have previously submitted claims on a CMS1500 without appropriate modifiers, please submit replacement claims by utilizing the replacement claims instruction found in the Provider Manual on the Partners Website or contact the claims department for assistance.

**THERAPEUTIC LEAVE (0183) for MEDICAID BILLABLE SERVICES:** Therapeutic Leave issues are being resolved and claims can be resubmitted/replaced starting April 15th that are currently in the system for processing if they have denied. Resolutions that have been identified are below:

- 0183 does NOT require authorization
- 0183 does require billing on the appropriate UB04 formatted claim
- Most Residential services allow up to 45 days per calendar year for Therapeutic Leave
- ICF/IID allows up to 60 days annually per calendar year.
- When billing for Therapeutic Leave for any Residential Service, the appropriate Revenue Code of 0183 should be entered for the Revenue Code and any corresponding HCPCS Codes should be entered into the appropriate area of the UB04 to identify which service the Therapeutic Leave is being utilized in conjunction with. Example: For Residential Level 2, Program Type, you would utilize 0183 for Therapeutic Leave but also would enter H2020 into the appropriate area of the claim form. For ICF RC100, you would have NO correlating HCPCS code.
- Please contact the claims department with additional questions regarding Therapeutic Leave for Residential services billing

Additional Information will be forthcoming regarding billing of Therapeutic Leave for IPRS/State funded services.

**Advanced Payments:** If you are having issues with claims that are outstanding for an extended period, please contact the Claims Department for assistance in determining if you are eligible to receive a pre-payment against these claims. Pre-payments are only done against claims that have been submitted into the system and that are actively being researched for resolution.

**Tips for working denials**: Partners BHM offers a denials guide that is a tremendous asset in helping to work any claims denials that you encounter with claims. This guide is on the Partners BHM Website at the following link:
http://www.partnersbhm.org/_formsandmanuals/AlphaMCS%20Denials%20Guide.pdf

Here's an example of how working utilizing this guide and working claims denials pays off--Kudos to one provider that has turned around over $40,000 in a little over one week by working denials for target pop issues!

## Utilization Management Information

**CORRECTION--Functional Behavioral Assessments and Behavioral Intervention Plans**:
Partners BHM incorrectly noted the number of days in which a FBA/BIP must be conducted for an Exceptional Children's student. It is mandatory for the School Staff to conduct an FBA/BIP when an Exceptional Children's student has been suspended **10 cumulative days** or more from school. This item has been revised on our website and is located in the For Providers/Information & Documents section in the "Utilization Management" category. Providers working with this population are urged to review the document. For more detailed information, please refer to the "Policies Governing Services for Students with Disabilities" manual located at http://ec.ncpublicschools.gov/policies/nc-policies-governing-services-for-children-with-disabilities.

**Attention Hospitals—Electroconvulsive Therapy**: All use of Electroconvulsive Therapy (ECT) must be reviewed by the Partners BHM Associate Medical Director or designee. Please note that:

- ECT is not considered part of the approval for an inpatient stay.
- ECT *must be requested separately and prior authorization is required*.
- After the initial approval, ongoing authorizations will be issued when the continuing inpatient stay is approved.
- Facilities should include the code they are using and requesting for ECT. It is not the 0101 code used for inpatient stay.
- Requests for ECT can be submitted on paper or live, just like the inpatient requests.

If you have additional questions regarding ECT, call Partners BHM Inpatient Review Team between the hours of 7:30am and 5:00pm at 1-877-864-1454,enter extension 2309 for the Inpatient Review Team or dial directly at 704-842-6434.

**CPT codes 90791 and 90792 (Psychiatric Evaluation):** CPT codes 90791 and 90792 (psychiatric evaluation) are set up to allow up to four visits without a prior authorization per consumer. After a consumer has four of these assessments in a year, a prior authorization request will need to be submitted to Partners. These four visits are not included as part of the 8/16 unmanaged outpatient visits for adults/children. *The Benefit Grids have been updated on the website in reference to this item*.

## Intellectual/Developmental Disabilities and NC Innovations

**Relative/Legal Guardian as Provider Process:** Providers employing a relative/legal guardian, living in the home of an adult (18 years) Innovations recipient and who is the direct support staff for that recipient, must comply with the Relative/Legal Guardian as Provider Process. This process was outlined at the April 9, 2013 Provider Forum and information about the process and forms can be located in the NC Innovations category on the For Provider/Information & Documents page, or by clicking here.

The Relative/Legal Guardian as Provider Process applies only to relatives/legal guardians who live in the home of the NC Innovations adult (age 18 or older) recipients. Partners BHM Relative/Legal Guardian as Provider (RAP) Committee will review provider requests to employ relative/legal guardians, to ensure that providers are following directives set forth in the *NC Innovations Technical Guide Version 1.0- June 2012 http://www.ncdhhs.gov/dma/lme/Final_NC_Innovations_Manual_06252012.pdf* and to ensure that services are delivered in accordance with the Innovations Waiver Policy. NC Innovations services that can be provided by the relative/legal guardian include: Community Networking, Day Supports, Personal care, In-Home Skill Building Individual, In Home-Skill Building Group, Intensive In-Home Support, and Residential Supports.

**List of Community Guide and Agency with Choice Providers:** The following providers will be delivering Community Guide and Agency with Choice services in the Partners BHM Network:

| Community Guide Providers | Agency with Choice Providers |
|---|---|
| ABC Human Services | Cleveland Community Home & Support Services |
| Case Management Services | Easter Seals UCP |
| Covenant Case Management | Home Care Management |
| Cleveland Community Home & Support Services | Inspirations for Aspirations |
| Dream Connections | PQA Healthcare |
| Easters Seals UCP | ResCare Homecare |
| Genesis House | Skill Creations |
| Inspirations for Aspirations | The ARC of NC |
| New Horizons Home Care | Turning Point Services |
| PQA Healthcare | Universal Mental Health |
| ResCare Homecare | |
| The ARC of NC | |
| True Behavioral Services | |
| Turning Point Services | |
| Universal Mental Health | |

**NC Innovations Category on Partners BHM Website**: A "NC Innovations" category has been added to the For Providers/Information and Documents page. To access this page, click here.
Items added to this section are:

- The "Back Up Staffing" and "Out of State" guidelines presented at the March Provider Forum
- The "Relative/Legal Guardian as Provider" documentation process presented at the April Provider Forum.

## Partners Wants You to Know…

**We Want Your Feedback!** Partners appreciates the support we have received over the past 18 months as we created a new organization dedicated to providing positive outcomes for the individuals in our care. We would like you to share your thoughts and input to assist Partners Behavioral Health Management in developing its 2013-2014 Strategic Plan. We would appreciate if you could please take a few minutes to complete the survey provided at the link below before Friday, April 19, 2013.
http://www.surveymonkey.com/s/VLJZX56

Partners BHM's leadership team will use your feedback to help shape strategic goals, objectives and outcomes for the coming fiscal year. Thank you in advance for your help in contributing to the continued growth and success of Partners Behavioral Health Management.

**Building capacity for NC Certified Peer Support Specialists**: If an individual's employment goal is to become a NC Certified Peer Support Specialist and the person is eligible for Vocational Rehabilitation services and meets the needs eligibility criteria, the Division of Vocational Rehabilitation Services can pay for training for the individuals to meet the NC Certified Peer Support Specialist criteria. For more information on criteria to become a NCCPSS, visit http://pss-sowo.unc.edu/pss. To locate the local DVRS office, click here.

**ASAM Training:** This training is geared to clinical staff and providers who work with individuals with a substance abuse diagnosis. Training will be held Wed., April 24, 2013 at Partners BHM-Gastonia Auditorium, 901 S. New Hope Rd., Gastonia NC. Registration is limited to 40 participants. To register, click here.

**NC Implementation of USDOJ Settlement Agreement Supportive Employment Consultation Meeting**: Stakeholders from the following categories are invited to attend a Supportive Employment Consultation Meeting on Wednesday, April 24 at 2 PM. The meeting will be held via videoconference over the three Partners locations. Please register for the location in which you will attend.

- Partners BHM—Elkin, 200 Elkin Business Park Dr., Elkin NC 28621. Click here for Elkin.
- Partners BHM—Gastonia Board Room, 901 S. New Hope Rd., Gastonia NC 28054. Click here for Gastonia.
- Partners BHM—Hickory Multipurpose Room, 1985 Tate Blvd. SE, Hickory NC 28602. Click here for Hickory.

If you have questions, please contact Kim Maguire, Consumer Relations Director, at kmaguire@partnersbhm.org.

# State News

**Medicaid Special Bulletin**: The NC Division of Medical Assistance released a Medicaid Special Bulletin on April 5, 2013 announcing plans to terminate its contract with Western Highlands Network for administration of the 1915 (b)/(c) waiver effective July 31, 2013. To view the bulletin, visit http://www.ncdhhs.gov/dma/bulletin/pdfbulletin/0413_Special_Bulletin_WHNM_Termination.pdf

**NCTracks Newsletter Available**: The NCTracks March/April 2013 *Connections* Newsletter has been posted to the OMMISS website. You can access this PDF file directly by clicking the link above or by visiting http://ncmmis.ncdhhs.gov, then clicking on the Provider Communications tab at the top of the page. Or you can go directly to the Communications page, where you will also find past newsletters and a variety of Tool Kits, including the NCTracks Provider Checklist for Go-Live. Between now and the July 2013 implementation date we will be providing information on system functionality and features, training opportunities, changes to the enrollment process and much more. If you have any questions, please feel free to contact OMMISS provider relations at OMMISS.providerrelations@dhhs.nc.gov.

*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.*