BHA/MA/Beacon Health Options, Inc.
Provider Quality Committee Agenda

Beacon Health Options
1099 Winterson Road, Suite 200
Linthicum, MD 21090
Friday, March 8, 2019
10:00 am to 11:30 am

In attendance:

Telephonically:

Topics & Discussion

Minutes

BHA Update

Medicaid Update

Beacon Health Options Update

Area of Focus: Clinical Best Practices

Provider Questions

1. If technicians cannot be students or trainees, but are not independently licensed, please define "technician" for the purposes of billing Medicaid for 96138 and 96139. If a Maryland board-registered psychology associate also happens to be a student, may we bill Medicaid for 96138 & 96139 services performed by that psychology associate under supervision?

2. If psychological evaluation services are performed by a psychologist on one day and interactive feedback to the family is provided on a different day, may we continue our past practice of billing Medicaid for the feedback under psychotherapy codes (such as 90834, 90847, 90846)? If not, then don't these new guidelines have the effect of

reducing the stated 8-hour testing limit to 7, since ethics demand that a feedback session be offered?

3. How many units of 96131 may be billed? Information at the link in your Feb 15th Provider Alert indicates that only one unit may be billed, but we hope that is an error, since we know no psychologist who can even come close to competently evaluating and integrating test results and preparing even a minimally adequate written report of a competently selected test battery for an average testing case in 1-2 hours.

4. Are we correct in understanding that with the new codes, their billing guidelines, and their reimbursement rates, overall reimbursement for an 8-hour evaluation by a psychologist has effectively been significantly reduced?

5. Is there a limit to the number of times someone transfers to a different OTP program?

6. How many times in a calendar year can someone be admitted into an OTP that will include an admission and an induction billing?

7. Can someone receive more than 1 induction from many different providers during a calendar year?

8. The typical residential crisis client stays at least 24 hours and in that time gets an ITP, a face-to-face evaluation, etc. as required by the regs. However, occasionally a client enters crisis services in the morning or afternoon, but ends up leaving later in the day rather than staying overnight. When is it permitted to bill the day rate for such a client? If the client leaves in the evening it may not be possible to fill the bed same day with another client. Any help you can provide in clarifying the minimum requirements to bill the day rate would be very helpful.

9. In January's Provider Council meeting, you indicated that providers could bill the rehab assessment annually. Please provide more guidelines around the state's expectations for what documentation is expected to support conducting a full assessment, as opposed to simply updating the treatment plan. Can providers use the DLA-20 assessment as the annual rehab assessment?

10. Clarifying residential crisis billing in Provider Manual

a. The billing manual indicates that residential crisis is a bundled service and only psychiatrists may be billed separately ("In general, the only mental health professionals who may bill separately are psychiatrists. Services by other professionals are included in the RCS rate and will not be authorized or reimbursed separately"). However, the manual then indicates that a "participant may need additional clinical services…while in RCS. These additional services are authorized separately by Beacon and must meet medical necessity criteria. Enhanced support services are authorized only in rare circumstances when extreme clinical need exists." If a provider admits one of its OMHC clients into its residential crisis program under what circumstances could the provider continue to have the client continue to participate in therapy with his OMHC therapist? Would we need to obtain a separate OMHC Authorization?

b. Can you clarify the threshold for billing a residential crisis day? If a provider completes an intake but the client leaves before spending the night, can the provider still submit a claim for a residential crisis day?

c. "If the participant has insurance other than Medicaid, the provider is expected to bill the primary carrier for RCS and go through all appeals processes with the primary carrier prior to submission to Beacon." If we are able to bill psychiatrist/OMHC services separately, can we bill Medicare for those professional services?

11. Many rehab authorizations are taking two weeks to get approved. This is rarely a problem for recurring authorizations but, for new clients, the authorization delay can delay entry into treatment and have a detrimental impact on client engagement. Is it possible for Beacon to triage authorizations and prioritize initial authorizations in a short timeframe?

12. With the introduction of medical marijuana I am trying to find research on the interactions between MM and psychiatric medications. Is there any?