

Responses to Questions Regarding New Directions' Network

Question: Reliability of Benefit Quotes

If benefit quotes turn out to be given in error by New Directions benefit staff, what is the policy of New Directions with regards to obtaining retroactive authorization and ultimate payment.

Response:

If the Member was eligible for services on the date of service and if the service was medically necessary, New Directions will retroactively authorize the service and work with BCBSFL to adjust the claim to pay correctly.

Question: Authorizations and Treatment Plans

Our understanding is that authorization is required for treatment and that further authorization is required after 8 visits.

Response:

- a. New Directions does not require a preauthorization for all outpatient mental health services. For most outpatient services, authorization for payment is required after the completion of 8 visits through the submission of a one page outpatient treatment review (OTR) form.
- b. There is no requirement for submission of an OTR for services rendered by psychiatrists or other prescribers of behavioral health medications.
- c. Psychological Testing- No authorization is required for payment of psychological testing. Medical Necessity is determined through retrospective review when indicated.
- d. Neuropsychological Testing- No authorization is required for payment of neuropsychological testing. Medical Necessity is determined through retrospective review when indicated.

Question: Neuropsychological Authorization Process

For individuals with medical conditions who may or may not be referred by medical practitioners (e.g., neurologists, primary care physicians, etc.), what is the authorization and reimbursement process for neuropsychological testing? Is an ICD-9 medical rather than a DSM-IV mental health diagnosis required (as would be appropriate)? Is there a fixed number of units which would be authorized for neuropsychological evaluation (e.g. 10 as per Medicare practice) or is the number of units authorized individually prescribed? Is there a maximum number of units?

Response:

- a. Payment for services will occur for neuropsychological testing regardless of the type of referring practitioner.
- b. Providers of neuropsychological testing are expected to use the appropriate diagnostic classification system depending on the service rendered (either ICD-9 or DSM-IV).

- c. There is no requirement for authorization for services for neuropsychological testing. There is no fixed number of units that are imposed. Claims must meet medical necessity criteria and will be reviewed through the retrospective review process.
- d. There is no maximum number of units.

Question: Inpatient Medical versus Psychiatric Authorization

How are inpatient MEDICAL authorizations and claims to be handled (i.e., patients with medical problems (e.g., cancer, stroke, cardiac problems) for patients who are in an acute medical or inpatient PM&R rehabilitation (versus psychiatric) facility. Will the process be different for patients who are seen in an inpatient psychiatric facility (either for psychotherapy, initial diagnostic interview [90801], or psychological or neuropsychological testing)?

In terms of evening and weekend turnaround for authorizations, how will New Directions handle STAT (i.e., needs to be performed within 12 hours or sooner) psychological and neuropsychological testing requests for patients in an inpatient psychiatric hospital or medical facility.

Will New Directions cover and authorize Health and Behavior CPT codes (96150-96154) for patients with medical conditions who are provided with psychological services (e.g., cognitive rehab for stroke patients or individuals with medically-based cognitive impairments)?

Response:

- a. Medical (patients with medical problems) authorizations and claims for patients who are in an acute medical or inpatient PM&R rehabilitation (vs. psychiatric) facility will be handled as they always have through submission to BCBSF.
- b. Psychotherapy provided while on an inpatient psychiatric facility will be paid through the facility per diem contracts. This also applies to 90801 claims and neuropsychological testing claims while in an inpatient psychiatric facility. Claims should be submitted to BCBSF who will process the claim for New Directions.
- c. All psychological and neuropsychological testing can be performed without preauthorization for payment including testing provided STAT on evenings and weekends. Providers should assure that that an authorization has been obtained for the medical admission by the facility and that there is an order on the chart from the physician.
- d. New Directions will pay for medically necessary Health and Behavior CPT Codes for patients with medical conditions who are provided psychological services.
- e. New Directions is considering the response to the question regarding CPT codes 96150-96154 for patients with medical conditions that receive psychological services.

Question:

Are licensed school psychologists eligible to become credentialed providers?

Response:

School Psychologists will be treated like other behavioral health providers and be allowed to apply for Network membership if they meet our credentialing requirements. Additionally, the services that they provide must be covered benefits under the applicable health plan.

Question:

How will billing multiple CPT procedures/services on the same day be handled? (e.g., testing, interview, family and individual therapy codes on same day).

Response:

New Directions' handling for billing multiple CPT procedure/services includes: Multiple units of psychological testing and neuropsychological testing codes can occur on the same day. An evaluation code e.g. 90801 can be completed on the same day as testing. Medication management and individual psychotherapy by separate providers can occur in the same day. Family therapy and individual therapy can occur on the same day by separate providers.

Question:

Will BC/New Directions patients have out of network mental health benefits?

Response:

Many BCBSF members have out of network benefits depending on their specific plan design. This will not change.

Question:

Will out-of-network treatment providers be able to bill for reimbursement? Florida psychologists who treat BCBS customers but who are not on the BCBS panel have a BCBS number in order to claim reimbursement. Will this process change? What will the rate be?

Response:

The process for billing by out of network providers will not change when New Directions begins managing the behavioral health network. Rates for out of network will continue to be established by BCBSF.

Question:

What happens with Medicare BCBS supplemental or BCBS secondary insurance?

Response:

New Directions does not manage any Medicare Supplemental plans on behalf of BCBSF. New Directions will manage secondary insurance for higher levels of care including inpatient and partial hospitalization. New Directions will manage secondary insurance for outpatient services if the primary insurance is exhausted.

Question:

How will psychologists bill for out-of-state plans and Federal plans? Through New Directions, or through the other channels?

Response:

Federal plans (FEP) will be managed by New Directions. Claims for FEP will continue to be filed as they are presently. Psychologists will bill for out-of-state plans as they presently bill.

Question:

New Directions is requiring psychologists to accept Medicaid. FL does not allow psychologists to bill Medicaid. How will this work and what are the rates?

Response:

Psychologists and other behavioral health practitioners are not required to accept Medicaid.

Question:

How are solo practitioners going to handle the requirement to be available to patients 24/7? Is having an answering machine messaged sufficient?

Response:

Providers are expected to meet member needs through 24/7 access. This means that the treating provider or a covering network provider is available by phone to talk with a member. This standard applies to providers of ongoing behavioral health treatment including ongoing talk therapy and ongoing medication management.