Magellan Health Services
Nebraska Medicaid Managed Care
Outpatient Management Training Update

March 26, 2010
On 3/2/09 Magellan Health Services, along with Nebraska Medicaid initiated new outpatient authorization management processes. Today, will be a review of those processes.

The goals of these processes are:

- to assure clients receive the outpatient services they need,
- to assure services are effective, and
- that Medicaid resources are used appropriately by assuring the services provided are clinically indicated.
Overview Cont.

- The outpatient authorization management processes effect:
  - Initial outpatient authorizations and reauthorizations
  - Authorization data feed to NE Medicaid
  - Available outpatient service types
  - Provider utilization reviews
Initial Authorizations via Phone

- By calling our Customer Service Associates (at 800-424-0333), providers are able to obtain pre-authorizations for:
  - Five (5) CAP sessions (H0046), or
  - Pre-treatment Assessment that includes the Bio-Psychosocial Assessment (H0002 or Addendum H0002-52) and
  - Initial Diagnostic Interview (90801/H0031-HO).

- All of these services need preauthorization. These services are not back dated.
CAP Services

- Five (5) CAP sessions will be available per client per year and are intended to address short-term outpatient needs similar to EAP services in the private sector.
- CAP sessions are not available once a clinical service (i.e. PTA, Diagnostic Interview) has been authorized. CAP services have a designated CPT code of H0046. Because these sessions may be subclinical, use V40.9 on the diagnosis line of the claim form to bill Medicaid.
- If a provider originally requests CAP sessions, and subsequently determines ongoing services are necessary, the provider can then request a Bio-Psychosocial Assessment (H0002 or Addendum H0002-52) and Initial Diagnostic Interview (90801/H0031-HO). Once the PTA has been completed and attested to and the provider requests an initial re-authorization, the number of CAP sessions used will be deducted from the (24) Outpatient sessions included in the initial re-authorization of services.
How to Obtain Additional Therapy Sessions:

- Once the Pre-treatment Assessment (PTA), including the Bio-psychosocial Assessment (H0002) and Initial Diagnostic Interview (90801/H0031-HO) is completed, providers will be able to obtain additional outpatient sessions via web or paper TRF (submitted by mail only-no faxes please).

- To access additional services, the provider attests that the pretreatment assessment and diagnostic interview is completed.
Attestation

- Providers are required to attest to the completion of the PTA (both the Biopsychosocial Assessment and Diagnostic Interview).
- The attestation requires providers to acknowledge that:
  - By submitting this authorization request, the treating provider attests to the following:
  - “I have a current, valid license in the state to provide the requested services.
  - This service is medically necessary and in the best interest of my patient.
  - I included diagnostic and CPT codes that are accurate.
  - I listed the correct patient and verified eligibility.
  - I verified the patient's identity with the appropriate picture identification.
  - I completed an initial assessment. (For providers serving Nebraska Medicaid only.)”
The attestation can be completed by providers on-line as part of the web-based Treatment Request Form (TRF) process, or at the bottom of the paper TRF forms that providers submit through the mail. TRF requests for additional outpatient sessions will be processed either through the on-line TRF function or by Magellan staff (for the paper TRF’s) after the attestation is completed.
Re-Authorizations

- Once the Pre-treatment Assessment has been completed and the attestation acknowledged, a re-authorization for (24) outpatient sessions over six months can be requested by providers either on-line or via paper TRF.
- Multiple types of CPT codes can be requested and authorized as part of these (24) sessions.
- One subsequent re-authorization for (24) outpatient sessions over six months can be requested by providers after the initial six month period has lapsed. The subsequent re-authorization request can also be made either on-line or via paper TRF (submitted via mail only).
Re-Authorizations Cont.

- Re-authorizations after the initial reauthorization and (1) subsequent request will be reviewed by a Magellan Care Manager via telephone. Care Managers will have the discretion to authorize up to an additional (12) outpatient sessions beyond the initial and subsequent re-authorizations and can request any clinical documents necessary to support the medical necessity of the request prior to the authorization being issued to the provider.
Re-Authorizations Cont.

- Requests for Outpatient services beyond the sessions described above will be authorized only by Care Managers. Providers may be required to submit the PTA, Treatment Plan and Progress Notes.

- In the event the authorized number of sessions is exhausted before any of the six month re-authorization periods have lapsed, and the provider believes more sessions are medically necessary, requests for additional sessions can be made via a TRF (either on the web or by mailing a paper TRF). A Magellan Care Manager will review the request and may call for a telephone review or request clinical documents necessary to support the request prior to the authorization being issued to the provider.

- **Note:** Medication Management (90862) services are not subject to the Re-Authorization protocols.
Crisis Services

- Crisis services will be authorized if no outpatient services are currently authorized to the provider and the client is in crisis. Crisis sessions may be authorized without the Biopsychosocial Assessment or Diagnostic Interview having been completed. They may be authorized as late as the next business day after the service was performed.

- Crisis sessions can be authorized via phone by a Care Manager. Please be prepared to explain the nature of the crisis.

- The designated Crisis service codes are:
  - 90806-ET Individual Psychotherapy (Crisis) 45-50 minutes
  - 90808-ET Individual Psychotherapy (Crisis) 75-80 minutes
  - 90847-ET Family Psychotherapy (Crisis)
Crisis Services Cont.

- Up to five Crisis sessions will be available per client per year and are intended to address emergent outpatient needs that require immediate attention.
- Crisis sessions may also be used for the emergent outpatient needs of new clients that have not yet been assessed by the Supervising Practitioner, but who are anticipated to need ongoing outpatient services.
- If a provider originally requests Crisis sessions, and subsequently determines ongoing services are necessary, the provider can then request a Bio-Psychosocial Assessment (H0002 or Addendum H0002-52) and Initial Diagnostic Interview (90801/H0031-HO). Once the PTA has been completed and attested to and the provider requests an initial re-authorization, the number of Crisis sessions used will be deducted from the (24) Outpatient sessions included in the initial re-authorization of services.
Authorization Data Feed to Nebraska Medicaid for Claims Payment

- Magellan’s authorization feed to Nebraska Medicaid (both Medicaid and Adult Substance Abuse) will send CPT and HCPCS codes as individual codes rather than bundled as “OUTPT.

- This requires providers to bill CPT codes consistent with the service(s) Magellan authorized and they provided.

- Outpatient CPT and HCPCS codes are not “interchangeable”. Any changes to the “mix” of CPT/HCPCS codes between what was actually provided and what was authorized will necessitate a change in that authorization by Magellan in order for claims to process correctly.
Authorization Data Feed (continued)

- Providers will need to use the “Medicaid Change Request Form” to update CPT/HCPCS code changes to their authorizations.
- Magellan sends discharge dates on the authorization feed so that actual service date ranges will be available to Medicaid for accurate claims processing.
- Claims with dates of service post discharge will be denied for no prior authorization.
Medicaid Change Request Form

Provider Information
Provider Name: ___________________________ Date: ____________
Provider MIS: ___________________________ Phone: ___________________________
Contact Name: ___________________________

Claim has been denied ________________ Date of Denial:
__________________________
Claim has not been denied ________________

Client Information
Client Name: ___________________________ Medicaid #: ___________________________
Authorization #: ___________________________ Auth Start Date: ___________________________

Change Requested:
____ Authorization was to incorrect Service address
Correct Service address is: ___________________________
Start date at new service location: ___________________________

____ CPT code on authorization letter is not what we requested
Correct CPT code(s) is/are: ___________________________

____ MIS on authorization letter is incorrect
Correct MIS is: ___________________________

____ Please exchange # ______ of CPT for # ______ of CPT
When change is completed auth will include: ___________________________

____ Other (provide description of problem):
__________________________

Magellan Health Services realizes that Errors and Omissions can occur. Providers need to notify us in writing within 45 days of requested change. Any request past the 45 day window will not be reviewed

Magellan Use only
Date Received ___________________________ Within 45 days? _________
Qualified E & O? __________ Date Corrected __________ Connected by ___________________________
Provider Notified by ___________________________ Date Notified ___________________________
Noted ___________________________ Date Completed ___________________________

Revised 10/09
Frequently Asked Questions (FAQs)

1. **What is the start date for Outpatient units of service accruing against the 48 session threshold?** The unit accrual process on those authorizations started March 2, 2009. For clients who were seen prior to March 2, 2009, the threshold of 75 sessions is used.

2. **What is the definition of an episode of care?** Specific to outpatient services an episode of care is defined as the period of time a client is under the direct care of a therapist. The episode usually begins with the start or resumption of care and ends when the client is discharged, transferred to a higher level of care in a different agency or is not engaged in treatment for at least 90 days. Specific cases will be determined on a case by case basis by a Magellan Care Manager.
3. What if an individual’s diagnosis changes? How will the accrual of units be affected – would that establish a new episode of care? In general, a change of diagnoses would not be considered a new episode of care. That would be determined on a case by case basis in conjunction with Care Manager Review. If the client’s need could still be met in an outpatient level of care then the units would continue to accrue without change. You may request a Care Manager review for any cases with special circumstances and they will be reviewed on an individualized basis.
• 4. How many outpatient units/week can be provided to an individual? After the completion of the Pre-Treatment Assessment which includes the Biopsychosocial Assessment (H0002) and the Initial Diagnostic Interview (90801 or H0031-HO), 24 units of outpatient can be authorized for a period of six months or one unit per week. If more than one unit per week is required, the therapist can increase the number based on consumer need. However, utilizing outpatient services at a rate that exhausts the 24 units before the six months has lapsed will necessitate a Care Manager Review in order to obtain additional outpatient services. In no event can outpatient units be used at a rate higher than 3 per week without prior authorization by a Care Manager.
5. Are any outpatient services exempted from the limits described in the previous FAQ’s? Pharmacological Management (90862) will not be subject to the limitations described above.

6. What if I request one CPT code and use another? Providers need to be sure that their authorizations contain the CPT codes required for the services identified in the client’s treatment plan and that they provide each client. The number of units authorized for each CPT code must correspond to the number of units billed to Nebraska Medicaid. Providers will not be paid for CPT codes billed that are not authorized. As an example, if a client had 12 units of 90806 and 12 units of 90847 authorized, a provider who provides 14 units of 90806 and 10 units of 90847 will not be paid for 2 units of 90806 even though the total number of units did not exceed 24. To change the type of CPT codes on your authorization, please submit the “Medicaid Request Change Form”.
7. Please explain the initial outpatient authorization process.
To begin the process, the provider calls Magellan for an initial outpatient authorization. Magellan Customer Service Associates will authorize CAP sessions if requested or a Pre-Treatment Assessment which includes the Biopsychosocial Assessment (H0002 or H0002-52 Addendum) and Initial Diagnostic Interview (90801 or H0031-HO). No additional outpatient services will be authorized via phone by the CSA. To receive additional outpatient services, the provider attests on a paper Treatment Request Form (TRF) or on the online TRF that the Pre-Treatment Assessment including the Biopsychosocial Assessment and Initial Diagnostic Interview have been completed. Crisis sessions are also authorized via telephone.

8. How will outpatient services be authorized after the Pre-treatment Assessment including the Biopsychosocial Assessment and Initial Diagnostic Interview have been completed and attested?
Once the provider completes the attestation, 24 units of outpatient service (for a period of six months) can be authorized via paper TRF (submitted through the mail only) or online TRF.
Frequently Asked Questions (FAQs) Cont.

• 9. Can unused outpatient units be carried over to the next re-authorization period? No.

• 10. How do I obtain my user ID and password or get technical assistance on using the online TRF process? Please contact Ruth Irons at (402) 437-4268.
Questions????