DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)

Agenda – Wednesday, October 14, 2020
10:00 - 11:00 a.m.

Facilitator: Carin Hennessey, DHCFP, Behavioral Health Unit (BHU), SSPS II

1. **Purpose of BH Monthly Calls**:
   The BHTA webinar offers providers guidance and updates on DHCFP BHU policy. The WebEx meeting format also offers providers an opportunity to ask questions via the Q & A (the "chat room") and receive answers in real time. The webinar is recorded. If you have questions prior to the monthly webinar or after, for additional assistance submit directly to the BehavioralHealth@dhcfp.nv.gov.

   - Introductions – DHCFP, Provider Enrollment, SUR, DXC Technology

2. **September 2020 BHTA Minutes:**
   The minutes from last month's BHTA are available on the DHCFP Behavioral Health webpage (under "Meetings"). You'll want to navigate to this page and click on "Behavioral Health Agendas and Minutes." You can find the past agendas and minutes for the meetings, as well as the current information. Please look at these if you have questions and if you were not able to attend last month; this is a great place to check up on what we discussed.

   - Peer-to-Peer Support Services
   - Expiration of COVID-19 Waiver for Provider Enrollment Revalidations
   - Provider Call Center and Requesting Recipient Service Utilization

3. **Related DHCFP Public Notices:**
   Link for upcoming Public Hearings, Meetings, and Workshops related to Behavioral Health http://dhcfp.nv.gov/Public/AdminSupport/PublicNotices/.

   Public Workshops
   - **09/28/2020** for MSM Chapter 400 Updates to Partial Hospitalization Program (PMP) and Intensive Outpatient Program (IOP)

   Public Hearings
   - **09/29/2020** State Plan Amendments (Rate Reductions for Ambulance, Psychologist, Nurse Anesthetist; Small/Private Intermediate Care Facilities for Individuals with Intellectual Disabilities)
   - **09/29/2020** Medicaid Services Manual (MSM 4000-1915(i) Home and Community Based Services State Plan Option Intensive In-Home Services and Crisis Stabilization)

4. **DHCFP Behavioral Health Updates:**

Behavioral Health Web Announcements (WA):
https://www.medicaid.nv.gov/providers/newsannounce/default.aspx

- **WA#2323** – New Provider Orientation Scheduled for November 2020
- **WA#2320** – Attention All Providers: New Phase 3 Provider Relief Funding Available
- **WA#2319** – Attention All Providers: Submit Licenses Electronically
- **WA#2318** – Prescription Drug Coverage for Medication Assisted Treatment (MAT) Update
- **WA#2309** – Attention All Providers: Top 10 Claim Reasons and Resolutions/Workarounds for August 2020 Claims
- **WA#2305** – Attention Provider Types 14 and 82 Rehabilitative Mental Health Providers: 16-Hour Training Requirement and Updated Enrollment Checklists for Qualified Mental Health Associate (QMHA) and Qualified Behavioral Aide (QBA)

Carin Hennessey, SSPS II

- **Web Announcement #2305 –** The certificate for the 16-hour training needs to have included on it the information listed in this announcement. This information consistently on the certificate makes the enrollment process for PT 14 Specialty 301 and 302 easier to process.

- **Questions on PHP and IOP Policy Updates –** If there are any additional questions or comments related to the workshop held in August for these service programs, please contact the BHU. These are the highest intensity services in an outpatient setting, PHP being our highest intensity OP service. In terms of recipient needs and what is considered levels of care, a recipient might transition from an inpatient setting to a PHP program, which serves as a way to move to a lower level of care; it also ensures that if a higher level of care is needed, these services are accessible through an IP setting. PHP and IOP services are more intensive than weekly therapy and the programs include a milieu of services within them; our policy will identify the services that may be available in these programs. For IOP, providers will indicate what services they will be providing through their curriculum and schedule. During the workshop, we received helpful information from providers. The BHU continues to work on this policy and hopes to have the policy updated by the end of the year.

- **Comments on Prior Authorization Forms –** Providers have given some good feedback on prior authorization forms and it's a useful conversation to have. How we can make the forms better, or how we can improve them to fit the needs of everyone involved. See section on Provider Questions below for further discussion.

- **Additional Note Regarding Phone Calls --** If you are attempting to contact me by phone number (775) 684-3751, I'm experiencing some issues with my phone connection. If you do leave a message, please be aware that it might be several days before you receive a response from me. I've had some

backlog of phone calls and I'm trying to reach out for those. Directly emailing the behavioral health inbox or any of the program specialists within the unit is a good way to reach us.

6. **DHCFP Provider Enrollment Unit Updates:**
   Nevada Medicaid Website: https://www.medicaid.nv.gov/providers/enroll.aspx
   DHCFP Website: http://dhcfp.nv.gov/Providers/PI/PSMain/

   - **Educational Updates --** Revalidations are no longer on hold due to the COVID-19 pandemic. Be aware of revalidation dates upcoming for your agency. Further to previous discussions, confirm that your addressing information is update, that your supervision information is updates.

7. **DHCFP Surveillance Utilization Review (SUR) Updates:**
   Report Provider Fraud/Abuse http://dhcfp.nv.gov/Resources/PI/SURMain/
   Provider Exclusions, Sanctions and Press Releases http://dhcfp.nv.gov/Providers/PI/PSExclusions/

   - **Educational Updates: Telehealth During the COVID 19 Pandemic –** This is a review for some of you, but with new people always joining calls, I want to talk about telehealth which is seeing much more usage since our pandemic. The professional that is providing the service does not need to be in the same physical location as the patient. The standard role for telehealth is that it must include the use of an interactive audio and video system. Under COVID-19, an exception has been allowed that standard telephones can be used, although a more interactive system with audio and video is preferred.
   Let's review a couple of terminologies. The distant site is where the provider is located; you can think of it in terms of a patient living in a rural area, who sees a doctor locally but needs a consult with a specialist in Reno or Las Vegas. So, then that would be set up and the distant site is distant from where the patient is located. It's an important requirement if you're billing for telehealth. The service will be billed with the same procedure code as it would normally, and it will be paid the same as it would normally; but the place of service code on the claim must be entered as code 02, which means telehealth delivery of the service.
   As opposed to the distant site, the originating site is where the patient is located; they could be at their home or various other locations. There is a code Q3014, if the originating site is an enrolled Medicaid provider; if the patient is physically located there in the facility the provider may bill place of service code Q3014 for the originating site.
   Regarding the documentation, it is important that the professional will be writing the progress now for the service provided. The note must contain the required criteria and needs to specify that it is, in fact, being provided via telehealth. If the facility enrolled provider is functioning as the originating site, they must have a brief note stating the recipient was in their office or location having the telehealth session with indicated professional; that is saying that the enrolled provider agency is facilitating this service and providing the telehealth communications, in which case they can build the Q3014 code.

If the if the patient is calling into an office or a professional or being contacted on their own phone by the office of professional providing the service, then no one will bill code Q3014.
On the same page with all the billing instructions, at the very bottom, there are billing instructions for telehealth. Refer to these as well as more recent announcements for temporary changes due to COVID-19; you can go to the list of web announcements and search on telehealth.
There is a chapter on telehealth, MSM 3400, found through the Nevada Medicaid and DHCFP websites. There is also a COVID-19 webpage located through the DHCFP website that includes telehealth memos.

8. **DXC Technology Updates:**
Billing Information https://www.medicaid.nv.gov/providers/BillingInfo.aspx
Provider Training https://www.medicaid.nv.gov/providers/training/training.aspx
Provider Enrollment http://dhcfp.nv.gov/Providers/PI/PSMain/

NevadaProviderTraining@dxc.com

Alyssa Kee Chong, Provider Relations Field Service Representative -- North
Susan McLaughlin, Provider Relations Field Service Representative – South

DXC Technology is now Gainwell Technologies. The information will be updated on the November 2020 Agenda.

Nevada MMIS Modernization Project
Please review the information per this Nevada Medicaid featured link area. There is information on Important System Dates, Known System Issues and Identified Workarounds, Training Opportunities, and Helpful Resources: https://www.medicaid.nv.gov/providers/Modernization.aspx. Also listed on this page, are ***Modernization (New) Medicaid System Web Announcements***; please refer to these announcements for specific information related to Modernization.

9. **Behavioral Health Provider Questions:**
The Behavioral Health Policy WebEx would like to address provider questions each month. This will allow us to address topics, concerns, questions from the Behavioral Health providers and make sure the specialists are focusing training and educational components to your needs and gathering your direct input from the BHTA WebEx. The previous month's questions with answered on the posted minutes for the meeting.

Q: With IOP updates, can provider type 14 continue to provide IOP? With IOP, a PAR every two weeks seems burdensome. Is a 30- or 60- day requirement being considered?
A: The ability for PT 14 Behavioral Health Community Network (BHCN) to provide IOP services is not changing. The information submitted with the prior authorizations for those services is being reviewed and then we are also looking at the timeframes of service utilization, timeframes of when Prior Authorization

requests need to be submitted in concurrent PARs. We are looking at the two (2) week time frame initially proposed and what can be done with that, but at this time a 30- or 60- day time frame for PT 14 is not being considered.

Q: On a past call there was discussion about BST and PSR for adults being cut with Medicaid budget constraints, is this still being considered?
A: At this time there is no further information on this. There was discussion about Medicaid services being cut due to the economic impact of the COVID-19 pandemic.

Q: On 9/17 some folks met with DHCFP re: the removal of authorizations for Outpatient therapy and substance abuse. We were told to wait for a web announcement on that. Is that something that is coming down the pipeline? Have there been any updates from Administration regarding the COVID PAR proposal?
A: No decisions have been made on the removal of authorizations during the COVID-19 pandemic. The conversation on the PA forms is part of the larger conversation of how we can improve the authorization process and how it can better serve recipients, a form that providers can complete and submit efficiently; then providers can have services approved and delivered. Any conversation on the removal of PARs is ongoing and information will be provided to those involved in those conversation or through a web announcement.
There may need to be a balance on those PA request forms, to include the necessary information but make it manageable for providers to complete. The information on the form needs to be accessible to those who review the services requested. Medicaid is vast, including different units involved in different aspects of Medicaid.

Q: Do we know if or when the 5690 error code will be corrected?
A: If you navigate to the Modernization Known Issues document, you can find the issue and the status of its resolution, in addition to a recycle date if applicable. Under item #120, Claims, Professional Claims, you can see that the issue was resolved 6/1/2020 and the date of recycle is to be determined. The description for this item also directs you to Web Announcement #1663, which indicates that Provider type (PT) 20 and PT 26 who are billing therapy codes under a PT 14 are subject to the PT 14 limits. These limits have been in the MSM Chapter 400 since 2008.

Q: Can we please clarify the billing for telephonic vs telehealth using GT vs 02, as my understanding is that GT is for Telehealth, where 02 can be used for telephonic when video not available. This 02 after the CPT billing code utilized.
A: If you look on the Billing Guideline for telehealth, there have been changes to when it was implemented; you did use GT instead of 02, but that has been changed several years ago. GT is only used for certain institutional claims now. The 02 must be used and that's regardless of whether it's telephonic or audio visual. If you’re billing for telehealth, if you're providing services via telehealth, when the service is billed it must have the place of service code 02.

Q: The H0004 is billed in 15 min increments. Does 1 H0004 = 1 Session?
A: The H0004 units billed for a single day constitute a single session. please review PT 14 Billing Guidelines for the increments and time for codes https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT14.pdf
Per the PT 14 Billing Guidelines the H0004 have billing instructions included. 1 to 4 units on a claim line equal 1 session. 5 to 8 units on a claim line equal 2 sessions and 9 to 12 units on a claim line equal 3 sessions.

Q: In regards to the accumulators and limits for the year - we never know how many have already been used. Is there any talk to disclose those units as they occur - between all outpatient mental health claims?
A: Please review the minutes for previous BHTAs which includes information and instructions on how to request utilization of service codes by a recipient. You may contact the Provider Call Center at (877) 638-3472.

Q: If the recipient had an auth for visits 1-10 at the beginning of the year, those visits DO NOT count toward the allotted amount for the year w/o auth, is that correct. So that means for the next 18 visits after #10, they would not need auth?
A: Services approved on a prior authorization are approved for the provider submitting that PA request. The service units don't apply to available service units that are rendered without an approved PA. In terms of recipient-based services, the recipient has the right to receive services where they choose. If they are receiving services from one provider, they may seek services from another provider; they can go to another provider if they're referred to another provider for those services as long as there is no PA in place to prohibit that. There is an existing limit on the number of services a recipient can receive without a PA. For example, if an adult has received 18 units of therapy and they choose to see another provider, or they move to a different location and find a new provider, then there needs to be a prior authorization submitted to approve any services because that recipient has utilized all the available units without a PA.
Generally, for adults the service limitations without a PA allow one (1) session per month for therapy, plus some extra sessions in there. Some recipients will need services every week, sometimes more than once a week; as this level of need increases, so does the need for submitting an authorization to approve these services for the benefit of the recipient.

Q: Regarding enrollment. The requirement for a second location needing a separate NPI and contract with Medicaid - why? That would be great because it has caused issued with commercial insurances and also the MCO's that don't require it. It was explained to me that it was required. But what you're saying is that it's only recommended, right? With that - how do we inform Medicaid of the other service addresses?
A: If you have one agency with multiple locations, it is recommended that each location has their own NPI and the reason is because if one location gets terminated

then the rest of the locations within that same NPI will be terminated also. It is up to the provider to decide whether they want to do this or not. To enroll one agency with multiple locations under different NPIs, submit a complete enrollment for each one of the locations; this is done through the provider portal. For additional questions, please contact ProviderEnrollment@dhcfp.nv.gov.

Q: Will there be clear Policies to differentiate rules that apply to PT 14 vs those that apply to PT17? Those were kind of blurred together.
A: The current update for PHP and IOP policy is the overall policy for these programs under Mental Health and Substance Use Disorder services. Specific information for provider type 17 specialty, 215 will be forthcoming. The BHU is working on both of these aspects simultaneously; the updates for the overall policy and specifically under the Provider Type 14 Behavioral Health Community Network will be completed first and the PT 17 policy will updated as well.

Q: In regards to the Telehealth Q3014 code, does this code apply to the counselor's location or the clients location or where can I read about this application of this code in the Medicaid chapter please?
A: Please review the Modernization Known Issues List https://www.medicaid.nv.gov/Downloads/provider/Modernization%20System_Known%20Issues.pdf. The 5690 and 5691 is Known Issue #120. Just to clarify, Known Issue #120 states that the processing of the claims was corrected as of 6/1/2020. The claims which were mis-processed prior to then are still pending adjustment.

Please email questions, comments or suggested topics for guidance to BehavioralHealth@dhcfp.nv.gov