DIVISION OF HEALTH CARE FINANCING AND POLICY
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)
Minutes – Thursday, November 12, 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 – BHU, Provider Enrollment, SUR, Gainwell Technologies

2. **October 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.

   - Web Announcement #2305
   - Questions on PHP and IOP Policy Updates
   - Comments on Prior Authorization Forms
   - Revalidations are no longer on hold
   - Telehealth During the COVID-19 pandemic

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

   Public Hearings
   - **10/27/2020** Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the Nevada Medicaid Services Manual (MSM Chapter 1200 – Prescribed Drugs) and the Nevada Medicaid Office (NMO - 6080 SED SMI MCO Disenrollment Form)

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

- **WA#2340** – New Provider Orientation Scheduled for December 2020
- **WA#2337** -- Institutional Claims Denied with Error Codes 0683 or 0091 Reprocessed
- **WA#2334** -- Attention All Providers: Claim Error/EOB Codes and Corresponding ANSI Claim Adjustment Codes List and Accounts Receivable Reason Codes List Available Online
- **WA#2332** – Attention All Providers: Revalidation Process Reminders
- **WA#2331** – Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for September 2020 Claims
- **WA#2330** – Medicaid Management Information System Updated with NCCI Quarter 3 2020 Files
- **Volume 17, Issue 3** – Nevada Medicaid and Nevada Check Up News (Third Quarter 2020 Provider Newsletter)
- **WA#2326** – Attention All Providers: Nevada Medicaid Fiscal Agent Company Name Changes to Gainwell Technologies

Carin Hennessey, SSPS II

- **Day Treatment (PT 14 Specialty 308) –** The purpose here is to review the service those that have questions on it or are thinking about enrolling to provide Day Treatment programs. The service is delivered as a specialty under a PT 14 Specialty 308; however, a provider will have to first be enrolled as a Behavioral Health Community Network agency/entity/group, a PT 14 Specialty 814, prior to submitting any enrollment for Day Treatment.
  First, we will review the service program. It is an array of services in a rehabilitative model, provided under a medical model, designed to complement more intensive mental health therapies and interventions.
  MSM 403.6B(2), identifies the Provider Qualifications for Day Treatment, including QMHPs, QMHAs under Clinical Supervision, and QBAs under Clinical and Direct Supervision.
  The program is delivered to recipients at an Intensity of Needs level III and above, identified as SED or SMI. There are three different policies under Attachment A, covering three different age groups: Ages 3 to 6; Ages 7 to 18; Ages 19 and Older. There are some slight changes between the age groups.
  Some things to include in Day Treatment programs are targeted services, addressing emotional, cognitive, and behavioral functioning. These services are not meant to be delivered for long periods of time. They are prior authorized for medical necessity. Under the Service Limitations, you will see the amount of hour per day that the program may be delivered; these Service Limitations vary according to the age group.
  There is a minimum staff requirement for recipients and the maximum size of a group. For example, Ages 3 to 6, if you had a group of 6 individuals (which is the maximum group size for this age group) you would need 2 staff members because the staff-to-recipient ratio is 1 staff to each 3 recipients.
  The services must be provided by a QMHP or by a QMHA under Direct Supervision of an onsite QMHP.

There is a programmatic model with an established curricula and schedule. In the continuum of services, Day Treatment is a higher level of rehabilitative mental health services, provided over a few to several hours a day, over several days a week.

To enroll as a Day Treatment provider, you will need to be enrolled as a BHCN prior to submitting an enrollment for the Day Treatment Program specialty. Day Treatment used to be delivered under Medical Supervision, and now is under Clinical and Direct Supervision, like the BHCN. Your supervision for your Day Treatment Program may be the same or be different than your PT 14 BHCN; it needs to be listed on the Specialty 308 enrollment. The enrollment checklist includes questions related to the Day Treatment Program. The age group and the staff-to-recipient ratio is requested. Section number 7 is where you explain your Day Treatment and what services are included in the milieu; keep in mind the non-covered services. This is basically your curriculum and your schedule for this program; they will need to be submitted with your enrollment.

We are encouraging providers to list Day Treatment in your Quality Assurance Program when you enroll as a PT 14 BHCN, so it's identified along with all the other services that you plan to deliver; then you will submit the curriculum and schedule with your Specialty 308 enrollment.

DHCFP looks forward to having Day Treatment Programs available for recipients to provide the services at the necessary levels of care as recipients are stepping down from higher level services; also, if recipients do need higher level services, this is another program within that continuum.

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 –** PT 17 and PT 14 service models can now be located at the same address. After discussions, we looked at the policy and at our service models in relation to the goal of providing services in the community. We have updated our procedures to allow for the PT 17 Specialty 215 Substance Abuse Agency Model (S.A.A.M.) and the PT 14 Specialty 814 BHCN to be located at the same address. There will be future updates on this. If you do encounter any technical denials with these enrollments, please contact the Behavioral Health inbox for assistance. The enrollments do need to have different Tax ID numbers; it is recommended that the agencies also have different NPI numbers.

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: Place of Service Code --** We are going to be talking specifically on place of service code. If you, you might know that the surveillance

utilization and review unit are responsible to ensure that all the claims that run through Nevada Medicaid are billed properly and correctly. SUR is looking at a lot of different things and we are on this call to ensure that some of the questions are answered on those things that come up most frequently in our work. One of the things that comes up is the Place of Service code. The Place of Service code is straightforward.

There is a required field in the provider portal when you're submitting claims, and there's a drop-down menu there that you're selecting the Place of Service. SUR is not sure if the default Place of Service code is 11, which is “office”. If that's just a default, there are going to be times when the Place of Service needs to be different. One of the most common differences would be Place of Service 12, which would be in the patient home, for example.

When you go to the provider Billing Guideline for PT 14, there are some codes listed that are not to be rendered in an office setting; they're designed for home and community settings only. For example, H0004 is one of these codes; it is the code used for behavioral health counseling and therapy and is billed in 15 minutes increments. And that is a code that's specifically designed for home or community setting. Using place of service code of 11 with H0004 would not be accurate. In this case, it would be whatever the location is that that service is being rendered. For example, the Place of Service code 12, in the patient home, could be used with H0004. Another code that's listed in the PT 14 Billing Guideline, as an example, is H0031 for assessment; this is the particular code that Nevada Medicaid has designated to be available out of the office, in home, in community settings. When you are rendering services in the office, bill place of service code 11, but when you are out of the office, you'll want to select a place of service code that is most appropriate to where the provider is located.

You might know that on telehealth claims, the place of service code is different. Anything that's being rendered via telehealth, regardless of where the patient is, regardless of where the rendering provider is, that's always going to be billed this place of service 02. And that's going to alert us that that is a telehealth. It's worth mentioning that with telehealth, there's the service that's being billed and if that code is being billed telehealth, then you want to put 02 in the place of service. For example, 90837 -- a 60 minute psychotherapy code -- is being billed as telehealth, then you want to put 02 in the place of service.

That also would apply to the corresponding Q3014. Telehealth has its own billing guide [that you can find on the Nevada Medicaid website]. You might know for delivery via telehealth that there is both an originating site and a distance site. The originating site is where the recipient is located. If the recipient comes into the provider’s office and the provider is billing for the location, their equipment, then we've designated Q3014 as a way to recoup some of those costs. And if you bill a Q3014 in those situations, you want to put place of service too, the 02. It sounds redundant, but it's still helpful for us to know that the service specifically is telehealth.

If the recipient is at home, if they're using their own phone, if they're using their own computer, the Q3014 is not the appropriate code to bill. In those

circumstances, you would instead use the service code -- for example, 90837 -- with the place of service 02.
Let me give you another example. Some codes are specifically intended to be billed out of the office. H0004 is the code for counseling and therapy, 15 minutes. H0031 is the code for an assessment. Let's say that one of those codes were being billed as telehealth. Typically, there would be place of service with these codes, wherever you are. In the patient home, for example, place of service code is 12. But in the event that it was being done by telehealth, you'll want to replace that place of service code with the telehealth place of service code 02. If 90837 is not delivered in the office, but instead by a telehealth, you would replace the office code 11 with the telehealth code 02.
To wrap up, the H0031 and the H0004 are both in home service codes; identifying them as being provided in an office setting would be incorrect and you can just need to check the place of service when you enter your claims. Or if you're delivering the service via telehealth, then you make sure you use the O2 code. We've been kind of having an ongoing conversation about telehealth, and this is an addition to that.

8. **Gainwell Technologies 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

Please review Web Announcement #2348 for updated information on Gainwell Technologies.

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: If a therapist is in their office using telehealth and the client is at home, is it code 90837?
A: You would use the code appropriate for the service provided. You would bill the code appropriate for the service provided, with "02" in the place of service to designate the telehealth component.

Q: Verifying, if you have to add a service midway through an authorization period, do you submit the updated FA-11 and check "unscheduled revision"
A: No, there is not a need to add a service line detail within the portal for an unscheduled revision.

Q: Can you confirm that MFT-I's and CPC-I's being LICENSED interns and QMHP's, do NOT need a supervisor's signature on their PROGRESS NOTES? According to the chapter, I believe it to be Tx Plans and Assessments that need signed off on. There is nothing there stating that an additional signature is needed beyond the person who provided the service.
A: Progress Notes are discussed in MSM 403.2B(6). This section outlines the requirements for Progress Notes. The name, credentials, and signature of the provider is required. As long as the Intern is practicing within their scope of practice, they would not require the Supervisor's signature. Yes, Assessments and Treatment Plans would need to be signed off by a Supervisor.

Does the place need to be mentioned in the note itself? Some providers were putting the code, but not using words to further identify the actual ""Place"" like "The Park" or something...
A: Yes, the location of the service does need to be included in the Progress Note, per 403.2B(6)(b)(2). Using the code is the most appropriate way to document. It provides the clarity SUR will need as records are reviewed.

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