**DIVISION OF HEALTH CARE FINANCING AND POLICY**
**CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM**
**BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)**
**Minutes – Wednesday, December 9, 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 ("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 BehavioralHealth@dhcfp.nv.gov.

   - Introductions – BHU, Provider Enrollment, SUR, Gainwell Technologies

2. **November 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.

   - Day Treatment (PT 14 Specialty 308)
   - PT 17 Specialty 215 and PT 14 located at the same address
   - Place of Service Codes

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**
   - **12/2/2020** Health Care Data Workforce

   **Public Hearings**
   - **12/22/2020** Medicaid Services Manual (MSM Chapter 1200 – Prescribed Drugs; MSM Chapter 400 – Mental Health and Alcohol/Substance Abuse Services)

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

- **WA#2358** -- Attention All Providers: Nevada Department of Health and Human Services Director's Office Urges Youth Screening
- **WA#2357** -- New Electronic Verification System (EVS) User Manual Chapter 10: Report Download
- **WA#2356** -- Reminder Regarding Role-Based Security for Delegate Users in the Provider Web Portal
- **WA#2355** -- Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for October 2020 Claims
- **WA#2351** -- Attention All Nevada Medicaid Providers: Please Participate in Dental Benefits Survey by November 24, 2020
- **WA#2350** -- Reminders Regarding Submitting Claim Appeals
- **WA#2348** -- Attention All Providers: Reminder Regarding Nevada Medicaid Fiscal Agent Company Name Change to Gainwell Technologies
- **WA#2347** -- Nevada Check Up Claims Denied in Error Based on Age Restrictions Have Been Reprocessed
- **WA#2346** – Error Code 1082 (Referring National Provider Identifier (NPI) Cannot be the Same as Servicing NPI)
- **WA#2345** – Medicaid Management Information System Updated with NCCI Quarter 4 2020 Files
- **WA#2343** – Urgent for All Providers: New Phase 3 Provider Relief Funding Expanded to Additional Providers; Deadline is Approaching
- **WA#2341** – Updates Regarding National Correct Coding Initiative (NCCI) Quarter 2 2020 Files
- **WA#2340** – New Provider Orientation Scheduled for December 2020

**Carin Hennessey, SSPS II**

- **Provider Types 82, 14, and 26 – Linking Providers**
  We are reviewing the provider types 82, 14, and 26, and how these individual providers can link to provider groups. In this discussion, we'll address the scope of services rendered by each individual and group, and how they can be integrated.
  First, we have the **PT 14 BHCN** group. This group provides both OMH (including assessments, testing, psychotherapy) and RMH (psychosocial rehab, basic skills training, crisis intervention, and peer-to-peer-support) in office, home, and community settings appropriately. Under Clinical and Direct Supervision, services are delivered and overseen for medical necessity. Enrolling QMHPs must link to a PT 14 BHCN to render and bill for services; billing is done through the group. The same is true for 301 and 302 providers. Independent Professions are LCSWs (305), LMFTs (306), and LCPCs/CPCs (307); these providers enroll under PT 14, but may practice, deliver, and bill for services independently. Again, 300s, 301s, and 302s must be linked to a PT 14 group to render and bill for services; so, even if you are enrolled as a 300 and are a fully-licensed LCSW,LMFT, or LCPC, you must still operate under Clinical and Direct Supervision, and you must link to a group.
  For this reason, it is recommended that a fully licensed clinician be enrolled as an Independent Professional rather than a QMHP. Intern-level clinicians

enroll as QMHPs, and as appropriate, update their enrollment when they gain full licensure.

**PT 82** groups provides RMH services only and operate under Clinical and Direct Supervision. That means under an assessment and treatment plan these RMH services are delivered. The Clinical Supervisor may be a QMHP or an Independent Professional. The Individual RMH providers 300, 301, 302 (and this is the same under a PT 14) must link to a group to deliver and bill for services. As a side-note on the PT 82 group: these agencies were intended to provide services in areas where oversight by Medical Supervision was difficult to obtain, so Clinical Supervision was accepted, and the 82 groups would provide RMH services only.

Now that the Medical Supervisor has been removed, the Supervision of the PT 14 and 82 groups is the same. Do not enroll a PT 14 and an 82 together because the 14 includes the 82 services. However, the 82 groups are still intended to deliver only RMH services such as PSR, BST, and Crisis Intervention, and Peer to Peer Support.

So that covers the 14 and 82 groups, as well as Independent Professionals (PT 14 Specialties 305, 306, 307), QMHPs (300), and Individual RMH providers (301, 302, and 300 delivering only RMH services). The policy associated with this information is **MSM 403.1 Service Delivery Models** – which focuses primarily on OP MH service delivery (and there are a few other delivery models included in the Chapter 400 policy, including models for IP, RTC, and Substance Use Disorder Treatment).

A PT 14 Independent Professional (305, 306, 307) can link to a **PT 26 Psychologist** group and bill the appropriate PT 14 codes. A PT 26 group includes the Psychologist, as well as Psychological Assistants, Interns, and Trainees. A QMHP Specialty 300 (PT 14 or 82) cannot link to a PT 26 group because a 300 must be contractually affiliated with a PT 14 or 82 group respectively. The same is true for 301 and 302 providers; they must be contractually linked to a 14 or 82 group to render and bill for services.

- **Psychological and Neuropsychological Testing**

  Who delivers Neuropsychological and Psychological Testing?

  The policy for these testing administration and evaluation services is located under **MSM 403.4(B)** under OMH services – we understand those services to be delivered under a PT 14 model for behavioral health, or under other models that include PT 26 Psychologists. The OMH services are classified under subsection B as Neuro-Cognitive, Psychological, and Mental Status testing. These services are delivered under the scope and practice of PT 26 Psychologists. We see that this scope includes assessment and evaluation of brain behavioral relationships; clinical assessment of thinking, reasoning and judgment, acquired knowledge, attention, memory, visual spatial abilities, clinical strengths and needs, psychodynamics, insight, motivation, and other factors; as well as evaluation and scoring of standardized test for intellectual functioning – this is practice within the scope of the Psychologist.

These services are not delivered by 300, 305, 306, 307 specialties. It is not within their scope of practice.
You can review the **FA-10A and FA-10B** (on the NV Medicaid website under "Forms") for further requirements for the prior authorization of these services. These services are always prior authorized.

- **Resources**
  The first resource may be useful for the individuals you serve and their families, or for others you know. **Emergency Funds for Caregivers.** This is for caregivers who require help with providing care due to an unplanned absence. You can reach out to Autumn Blattman at the Aging and Disabilities Services Division under the Nevada Lifespan Respite grant. You can contact her at (775) 687-0973, or email ablattman@adsd.nv.gov, or refer to the ADSD website for further information.
  The second resource is for you, the providers, who give so much – especially in this difficult year -- and may need assistance yourself. The UNLV school of Medicine and the Nevada DHHS is offering a **Nevada HealthCARES Warmline at 1(833) 434-0385**. This is a free, confidential support line for Nevada's healthcare workers. So please reach out if you need to and please take care!
  If you would like copies of these resource flyers, please contact the BH inbox.

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/

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/

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**

- **Uploading Attachments with the Prior Authorizations –** We have received notes from our team that a lot of providers are at this time uploading 1 page at a time for the FA 11 form. There is a 4-megabyte maximum at a time in the portal. This is not something that can be overwritten. You do want to check on your computer; typically, with PCs, you can see the size of your document prior to uploading. If you do see a size larger than 4 megabytes, in that case, the

document needs to be split up. Otherwise, if it is under 4 megabytes, please upload your documents under 1 upload which is going to help the team to decipher. If you have 5 different uploads and they're not labeled or they're not uploaded in order, this can cause a lot of delay in processing.
Another thing we've seen is providers who aren't utilizing the FA-11 form. They are just writing in “see attached documentation” and creating their own forms or their own notations on a separate document. We want to remind providers that the FA-11 form was designed by our nurse reviewers and are put together to be everything that the team needs in order to process a request for recipient service, to authorize those services.
Making sure that if there is space on that PDF fillable form that you use that space; please do not add your own form. Please do not say, “see attached documentation” in every field on the form; the reviewers want to see everything in one place, on one form, so they can review it. This is going to help you the provider as well in the time that it takes for the request to be approved or denied. How it gets processed, if it causes too much delay, it's going to push back the approval or push back any type of return information on the request.

**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: On the FA-11, you can request services by different providers on the same form? There isn't a field to differentiate providers. For example, the QMHP that is filing the request and providing individual therapy, and another QMHP providing group therapy.**

**A:** The FA-11 form for prior authorization is based on the recipient. The agency would request the services based on the agency, not the QMHP/QMHA/QBA performing the services. The rendering or servicing provider's information would be found on the treatment plan or chart notes, if anyone needed to see that information.

**Q: So when I'm submitting the auth request on the portal, the requesting, referring and servicing provider can all be the agency NPI instead of a specific clinician's NPI?**

**A:** When submitting the authorization request through the portal, the group/entity/agency NPI number is used; this is the NPI that will also be used to submit the claim for the service after it has been delivered to the recipient. Likewise, if the requesting provider of the service is an enrolled Independent Professional (IP), the NPI number for the IP may be used to submit the authorization request through the portal, if the IP will also submit a claim for the service after it is delivered.

**Q: Can denied enrollment/complicated questions be directed to you when the specific issue is hard to find in policy?**
**A:** First contact for a denied enrollment is our fiscal agent, Gainwell Technologies. If you need additional assistance, you can contact Provider Enrollment at providerenrollment@dhfcp.nv.gov. Policy questions may be directed to behavioralhealth@dhcfp.nv.gov.

**Q: There is client who left Nevada and transferred to CA, but still wanting to get telehealth services from us, is that possible for us to provide the service?**
**A:** If the recipient's NV Medicaid eligibility has terminated, they may not receive telehealth services.

**Q: Web Announcement 2358 asks for providers to start using Youth Screenings under 96127. Does this include PT 14 providers, or just trying to get PCP's to screen and refer to BH Providers.**
**A:** 96127 is reimbursable to PT 14 providers, although as opposed to PCPs, there are additional behavioral health services that may include these types of assessments, so please be mindful of other codes that would be billed on the same day.

**Q: I've been working with [Gainwell] on the denials Item 120 on known issues list. 5690/5691 states it was resolved but I am still getting claim denials for this, and should not be. Do we have any updates as to when this will be fixed and past claims paid?**
**A:** The systems team is still currently researching the issue. At this time, the pre-recycle report is the priority of the systems ticket. That is the most recent update. Please continue to work with your Field Service Representative for individual assistance.

**Q: Is there a limit to the amount of time billed for in a crisis? Therapist spent 4 hrs in a crisis with a client in an escalated police-involved situation. Asked me about billing limits?**
**A:** MSM 403.6H covers Crisis Intervention services and the time limits per day (4 hours/day), per occurrence (3 consecutive days), and per service limitation without a prior authorization (3 occurrences over a 90-day period). These service limits exist for PT 14 and PT 82 providers.

**Q: I have been unsuccessful in calling the Provider Call Center (877-638-3472) to obtain a treatment history for a recipient (therapy CPT code Service**

**utilization.) Can you specify what numbers to press on the call tree? Each time transferred around.**
**A:** Please forward this inquiry to the BH inbox for further assistance.

**Q: There is a difference between the H2011 and the 90839 +90840. They were using the 90839 +90840. Should they switch to the H2011, or can they use the 90840 for the 30 minute add-ons above the initial hour 90839? It's confusing which crisis code to use?**
**A:** The information on the CPT codes can be reviewed in the 2020 CPT codebook; the CPT codebooks are written with definitions and timeframes of the codes. The definition of the Crisis Intervention service (HCPCS code H2011) can be found under Chapter 400. All billing codes can be found on the PT 14 Billing Guide.

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