

DIVISION OF HEALTH CARE FINANCING AND POLICY

CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM

BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)

Minutes – Wednesday, July 10, 2019

10:00 - 11:00 a.m.

Facilitator: Carin Hennessey, DHCFP, Behavioral Health Social Services Program Specialist

1. Purpose of BH Monthly Calls:

The BHTA WebEx meeting format, offers providers an opportunity to ask questions via the Q & A or the “chat room” and receive answers in real time. If you have questions prior to the monthly webinar or after, for additional assistance submit directly to the BehavioralHealth@dhcfp.nv.gov

- Introductions – DHCFP, SUR, DXC Technology

2. June 2019 BHTA Minutes:

The minutes from last month’s BHTA are available on the DHCFP Behavioral Health webpage <http://dhcfp.nv.gov/Pgms/CPT/BHS/> (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.

- Response to Rate Surveys
- Limits for Procedure Codes H2011 and H0034

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

- **07/15/2019** – Behavioral Health Community Network
- **07/24/2019** – Intensive Outpatient Program and Partial Hospitalization Program Services
- **07/26/2019** – Proposed Updates to MSM Chapter 100 - Medicaid Program and MSM Chapter 200 – Hospital Services
- **07/30/2019** – Proposed Updates to MSM Chapter 100 - Medicaid Program and MSM Chapter 200 – Hospital Services

Public Hearings

- **07/30/2019** – Medicaid Services Manual and Medicaid Operations Manual (MSM 400 – Mental Health & Alcohol/Substance Abuse Services and MOM Ch 800 – Cost Savings Programs)

4. DHCFP Behavioral Health Updates:

Behavioral Health Web Announcements (WA):

Link: <https://www.medicaid.nv.gov/providers/newsannounce/default.aspx>

- **WA#1923** – Modernization: Paper Submissions Will No Longer Be Returned
- **WA#1922** – Reminder for All Providers: Medicaid Management Information System Uses National Correct Coding Initiative (NCCI) Files to Edit Claims
- **WA#1920** – Urgent Announcement: Update Regarding Claims Suspended for Budget Relief
- **WA#1919** – Medicaid Management Information System Updated with NCCI Quarter 3 2019 Files
- **WA#1918** – Modernization: Attention All Providers: Some 2019 Procedure Codes Incorrectly Denied with Error Code 4014 (No Pricing Segment on File).
- **WA#1914** – New Provider Orientation Scheduled for July 2019
- **WA#1913** – Attention Provider Type 85 (Applied Behavior Analysis) Specialty 314 (Registered Behavior Technician (RBT)): State Board Registration Deadline

Carin Hennessey, SSPS II:

- **Adverse Determination** on submitted Prior Authorization (PA) request – This information was reviewed during May 2018 webinar. Use the Peer-to-Peer review process to provide information helpful for when writing a PA requests and Concurrent requests.

- Please refer to the [Billing Manual](#) for additional information.

There are three (3) types of Adverse Determinations:

- **Technical Denial** informs provider that the requested information has not been submitted on the PA request. Both provider and recipient will receive notices; providers may receive questions from recipients. The request must be corrected and resubmitted within five (5) days of the Notice of Decision or a Technical Denial will be issued.
- **Denial** indicates that the requested service does not meet medical necessity based on the clinical information submitted by the provider.
- **Reduction** is issued when the requested service does not fully meet medical necessity based on clinical documentation submitted by the provider, but a portion of the request may be approved at the requested level of care.

A **Peer-to-Peer Review** may be requested by emailing nvpeer_to-peer@dxc.com within 10 business days from the Notice of Decision; this is a physician-to-physician discussion and/or a Medicaid second level clinical review specialist discussing the case with the provider's licensed clinical professional (operating within the scope of practice) who is familiar with the case. A Peer-to-Peer review is independent of the provider deadline for a Reconsideration.

Providers may request a **Reconsideration** in writing within 30 calendar days from the Notice of Decision (90 calendar days for Residential Treatment Center services), for a re-review of a denied or reduced request. A Reconsideration is not available for Technical Denials. A decision on the Reconsideration will be made within 30 days.

It is useful for providers to engage in the Peer-to-Peer for information on medical necessity when requesting services. This process can help you as a provider in learning the best method to convey the information. Note: during the Reconsideration, the review involves

only what has been submitted on the PA request and no additional information will be reviewed at that time.

Joann Katt, LPN, Prior Authorization Nurse-Behavioral Health Team Lead:

- On the Reconsideration, once there has been a determination made by the physician, a provider cannot submit another reconsideration; a provider cannot submit a Reconsideration on a Reconsideration. A provider can have one (1) Peer-to-Peer and one (1) Reconsideration per episode of denial.

Form FA-29B was created to simplify the providers' request for that Reconsideration, to specify the exact code that a provider would like to have reconsidered and the units; there is also an area to provide that additional information that would have been left out on that original form FA-11. Providers are encouraged to use that form FA-29B when submitting for that Reconsideration.

- [Pacific Southwest Mental Health Technology Transfer Center \(MHTTC\) No-Cost Training Opportunity](#)
 - [Optimizing Leadership and Management of Our Mental Health Workforce Through Adaptive Leadership](#)
 - [Advancing Leadership of Early Career Mental Health Professionals: Achieving Change Using Adaptive Leadership](#)

These are trainings geared toward the Behavioral Health Community Network (BHCN) and PT 14 providers, in providing effective leadership and management of your workforce through Adaptive Leadership.

- **UPDATE: Moratorium of Specialty 301 and 302 providers has expired** – upcoming Web Announcement will provide additional information

5. **DHCFP Surveillance Utilization Review (SUR) Updates:**

- Report Provider Fraud/Abuse
Link: <http://dhcfp.nv.gov/Resources/PI/SURMain/>
- Provider Exclusions, Sanctions and Press Releases
Link: <http://dhcfp.nv.gov/Providers/PI/PSExclusions/>

6. **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/>

Alyssa Kee Chong, Provider Services Field Representative

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.

7. 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. We will review last month's questions in detail.

Q: I have received an administrative cancellation on an FA-11 – the recipient lost eligibility. Once they regain eligibility, is there a rule on when I can resubmit? Would the appropriate way to resubmit be to change the dates and check “Initial Prior Auth”?

A: If eligibility has been reinstated, you would resubmit as either a retro, initial or concurrent PA. The start date cannot precede the eligibility date of decision.

Q: Can you please talk about the changes made to 90876 Bio/Neurofeedback? What were the changes made? Qualifications to provide services? Chapter 400 has no changes last time we checked.

A: There have been no changes to the Nevada Medicaid policy for Neurotherapy. The Neurotherapy service reimbursed by Nevada Medicaid is under review through workgroups and public workshops. Please review the [Public Workshop archive](#), 5/30/2019, Neurotherapy Redesign – Phase I: Provider Qualifications, for information on proposed qualifications for both the psychotherapist and the biofeedback technician of this service. Please refer to [MSM 403.4.C.4](#) for the current policy Neurotherapy, which indicates “Neurotherapy is individual psychological therapy incorporating biofeedback training combined with psychotherapy” and is “administered by a licensed QMHP within the scope of their practice and expertise” with assistance of a certified Biofeedback Technician in the “provision of the biofeedback treatment”. The rate reimbursed by Nevada Medicaid for the biofeedback treatment is “imbedded in the QMHP rate”. PAs are required for all Neurotherapy services exceeding the session limits identified in the policy, for the ICD codes covered under Nevada Medicaid.

Q: If we received a denial on a FA-11 and there is a significant decline in a patient's condition outside of the reconsideration range of 30 days, how soon can a new PAR for services be submitted?

A: If there is a significant change to the recipient's condition outside of the reconsideration period, you may submit an unscheduled revision with updated clinical information indicating the declining behaviors. Please refer to the Billing Guidelines (p 32) for information on the Authorization Reconsideration <https://www.medicaid.nv.gov/providers/BillingInfo.aspx#>. Please refer to the previous section on Adverse Determination for further information regarding the submission of a Reconsideration.

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