



ValueAdded


This is the 120th issue of our VBH-PA information update. These updates will be faxed or emailed to all network providers monthly. Please feel free to share our newsletter with others, and be sure your appropriate clinical and financial staffs receive copies.

Volume 11, Issue 4

April 2009

An information update from Value Behavioral Health of PA, Inc.

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Requests for Authorizations/Retro-Authorizations

The procedures below were in effect, without exceptions, beginning September 1, 2004. Let this serve as a reminder to all of our providers.

Requests for Authorizations/Retro-Authorizations:

Upon a request for authorization for services, by phone or fax transmittal, a letter confirming authorization of the requested service(s) should be received at the provider's designated mailing address no later than ten (10) business days from the date of the request. If the provider is not in receipt of an authorization letter within ten (10) business days, the provider is to contact VBH-PA Customer Service at 1-877-615-8503 between 8:00 a.m. and 5:00 p.m. Monday through Friday.

If, for **any reason**, the provider finds it necessary to request a retro-authorization for service(s), the request must be received in writing **no later than forty-five (45) calendar days from the date of service**. The request for retro-authorization must be faxed (**724-744-6329**) to the attention of the **Clinical Director** or mailed to the attention of: **Clinical Director, VBH-PA, 520 Pleasant Valley Rd., Trafford, PA 15085**. The request for a retro-authorization only guarantees consideration of the request. The provider will receive written notification within thirty (30) calendar days from VBH-PA's receipt of the request, approving or denying the service. **Any requests for retro-authorization(s) received beyond forty-five (45) calendar days from the date of service will not be given consideration.**

Payment for Retro-Authorizations:

If the provider received **written approval** for the retro-request for service(s) and has not previously submitted a claim, the provider should follow the procedures as outlined in the VBH-PA Provider Manual for submission of claims adjustments. **The claim must be received by VBH-PA within ninety (90) calendar days from the date on the approval letter**. If the retro-authorization request is billed as an initial claim, it may fall outside the timely filing requirements and will be automatically denied. **If the provider has previously billed for the retro-authorization request and it was denied for "no authorization", no action is necessary.** VBH-PA will adjust the claim according to the authorization within thirty (30) calendar days of the retro-authorization approval.

BHRS Retro-Authorizations:

For BHRS retrospective authorizations, please submit the following information in addition to the retro auth form:

- A copy of the packet, including the evaluation, and
- Any fax transmittal sheets which confirm previously faxed documents.

REQUEST FOR RETRO-AUTHORIZATION

This form is available
on the VBH-PA
Website. Click here:

[Retro Auth
Form](#)

VBH-Clinical Director
520 Pleasant Valley Road
Trafford PA 15085
Fax: 724-744-6329

Dear Clinical Director:

Please consider this request for a retro-authorization for the following member:

Provider Name:

Provider ID#

Provider Address:

Phone #:

Fax#:

Contact Person:

Member's Name:

Member's ID #:

DOB:

SS #

Diagnosis

M/H

D/A

Explanation for Retro-authorization:

Service Class Requested	Start Date	End Date	Units

Thank you for your attention and consideration to this request.

Signature

Date

Revised 08/06/08

Summer Therapeutic Activities Programs (STAP)



Please consider summer plans when completing evaluations for children.

- Evaluations for *summer camp only* will be authorized at two units of the evaluation code.
- If a child is currently receiving BHRIS and has a current evaluation that recommends STAP there is no need for either an additional ISPT or a new evaluation specifically recommending STAP.
- STAP providers will maintain a staff ratio that will manage campers with no additional TSS. It will, therefore, be a rare occurrence that a TSS will be authorized for attendance at camp.
- Please remember to obtain a letter of support from the county for whose children you plan to provide services. Service descriptions will require approval from VBH-PA and OMHSAS.
- Providers who hold a Provider Type 50 and are considering providing a Summer Therapeutic Activities Program in 2009 will be asked to submit a VBH-PA application for STAP. Applications are located on our website at www.vbh-pa.com.

Mail **complete packets** for STAP authorizations to:

Erie County Members ONLY

VBH-PA
1601 Sassafrass Street
Erie, PA 16502
Attention: Jessica Bingle

All Other Counties

VBH-PA
520 Pleasant Valley Road
Trafford, PA 15085
Attention: Christina Bowman

If you have any questions about STAP, please email or call:
Karla.Barger@valueoptions.com or 724-744-6520.

Applications, County letters of support and Service Descriptions for STAP are due to VBH-PA, attention Karla Barger. These documents are required every year.

Providers, please keep in mind the following while completing program descriptions for STAP:

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF PUBLIC WELFARE
MEDICAL ASSISTANCE BULLETIN

SUBJECT: Summer Therapeutic Activities Program
Number: 50-96-03
Issue Date: April 25, 1996
Effective Date: April 25, 1996

"Summer therapeutic activities programs are child specific and may be provided for a minimum of three hours and a maximum of six hours per day, at a maximum of five days per week, depending on the treatment needs of the child. A child specific service period is a minimum of two weeks with a maximum of five weeks per calendar year."

Billing for Patients Involved in the Criminal Justice System

Many of our providers are treating patients who are involved in the criminal justice system. While the treatment goals will ultimately include a reduced involvement in the system, this unfortunately, is not always the case. **Please note that changes occur in patients' eligibility depending on their level of involvement with the criminal justice system.** The following are examples of these changes taken from Appendix V of the Commonwealth of Pennsylvania's HealthChoices Behavioral Health Program Standards and Requirements:

Admission to a Correctional Facility – A member who becomes an inmate of a penal facility, correctional institution (including work release), or Youth Development Center will be disenrolled from the BH-MCO effective the day before placement in the facility.

Placement in a Juvenile Detention Center (JDC) – A member who is placed in a juvenile detention center is disenrolled from the BH-MCO after 35 days and covered through Medical Assistance Fee-For-Service. During the first 35 days of this JDC placement, the BH-MCO is responsible for all covered services that are provided to the member outside the JDC site.

NW3 Network is Open for Individual Practitioners



VBH-PA has a new page on its Website, "**Currently Open Network Services**" Go to www.vbh-pa.com and click on "For Providers", or click [here](#) to view the Northwest Three (NW3) Network for Individual Practitioners!

7th Annual Spirituality and Mental Health Recovery Conference

EVERYDAY SPIRITUALITY

April 22, 2009

Erie Bay front Convention Center

1 Sassafras Pier

Erie, Pa 16501

Free to family members and MH Consumers. Registration fee is \$30.00 for professional and those earning CEU's.

Click [here](#) for more information about the conference and for registration information.



Important Information Regarding Functional Behavioral Assessments

The cornerstone to delivering Behavioral Health Rehabilitation Services (BHRS) to all children and adolescents is an individualized treatment plan designed to meet the needs of the child or adolescent. Using a Functional Behavioral Assessment (FBA) to determine the treatment approach and ultimately develop a treatment plan is currently the standard of care for treating children and adolescents with behavioral health needs compounded by developmental disorders, such as autistic disorder and other pervasive developmental disorders, who present with challenging behaviors.



Effective January 1, 2009, the Commonwealth of Pennsylvania Department of Public Welfare (DPW) Office of Mental Health and Substance Abuse Services (OMHSAS) requires that Functional Behavioral Assessments (FBAs) conducted by credentialed (certified) Behavioral Specialist Consultants (BSCs) will be available for children and adolescents with behavioral health needs compounded by developmental disorders, such as autistic disorder and other pervasive developmental disorders, in both the fee-for-service delivery system and in HealthChoices.

In order to qualify for credentialing, a BSC must complete FBA training and demonstrate competence in conducting the FBA or complete one of the Board Certified Behavior Analyst (BCBA) credential programs offered by a university.

An FBA should be conducted as early in the treatment planning process as possible, at the beginning of service delivery or before the current authorization period expires if there is significant change in behavior, or deterioration in behavior that may indicate the need for a different level of care. The interventions and hours of ongoing treatment recommended from the FBA form the basis for developing the ongoing treatment plan and in formulating a crisis intervention plan.

The initial FBA will take an average of twelve to fifteen hours over four to six weeks to complete, but could take longer depending on the complexity of the child's needs. The length of subsequent FBAs or updates to an FBA will similarly depend on the child's needs and the circumstances that prompted the need for the new or updated FBA.

Physicians and licensed psychologists who conduct evaluations for this population of children should know about the availability of an FBA when prescribing BHR Services. A family may choose not to have an FBA conducted for their child. A request for BHR Services may not be denied because an FBA was not conducted. A Health Choices Contractor may not deny a request for BHR Services because an FBA was not conducted.

Please refer to OMHSAS Bulletin number OMHSAS-09-01 issued January 9, 2009 and effective January 1, 2009 for information. Title "Guidance for Conducting Functional Behavioral Assessments in the Development of Treatment Plans for Services Delivered to Children with Behavioral Health Needs Compounded by Developmental Disorders."

Pass Through Units Increased to 80 units

Effective May 1, 2009, VBH-PA will increase the pass through units from 40 to 80. VBH-PA will re-set all provider records back to zero for all members which will give all in-network Providers 80 pass through units per member, per lifetime starting May 1, 2009.

Pass Through Units (def.) – Outpatient mental health or substance abuse services which do not require authorization for a set number of units.

Beginning May 1, 2009, VBH-PA providers are not required to request authorization for a member's first 80 units of traditional outpatient services, evaluations, or medication checks. However, please remember that before the pass through units (80 units) are exhausted, an Outpatient Registration Form (ORF) must be completed for continuation of services and will need to be submitted for VBH-PA to review and to enter into our system. We recommend that providers submit an ORF 10 days prior to those pass through units being exhausted in order to allow time for VBH-PA to enter the authorization before those units expire. Failure to request the continuation will result in a denial of payment.

The following service class and service codes are included in the 80 pass through units:

Affected Service Class/Service Codes:

Class RXM (Medication Management) 90862, 90862 U3, 90862 HH

Class EXM (Outpatient Evaluations) 99205, 99215 U4, 90801 UB, 90801 U8, H0031 U3, H0031 AJ

Class OUT (Outpatient Therapy) 90804 UB, 90804 HF, 90804 HH, 90804 U3, 90806 UB, 90806 HF, 90806 U3, 90808 UB, 90808 HF, 90808 U3, 90805 U1, 90807 U1, 90807 U1, 90804 AJ, 90806 AJ, 90853 U1, 90853, 90853 U3, 90853 AJ, 90853 HH, 90853 HF, 90847 U1, 90847, 90847 U3, 90847 AJ, 90847 HF, H0022, 90810, 90812, 90814, 90853 U4, 90847 U4, 90805

Class DXA (Diagnostic Assessment) H0031

Frequently Asked Questions from Providers Regarding Pass Through Units

Q. Do all providers get the 80 pass through units to use for each VBH PA member they are serving?

A. Yes. The pass through units are per provider, per member. If a member is receiving services (not duplicate) at more than one provider, provider #1 gets the 80 pass through units and provider #2 gets 80 pass through units.

Q. How do we handle clients coming in for a re-intake within one year of the initial pass through visits after a period of non-activity?

A. If there are remaining units from the pass through units, they are still able to be utilized. When the initial pass through units (80 units) have been exhausted, however long it takes, an Outpatient Registration Form (ORF) will need to be completed and submitted for VBH-PA to review 10 days prior to those pass through units expiring.

Q. What service is a 90801 UB?

A. For an organization contracted as a facility, a 90801 UB is Diagnostic Assessment/Evaluation performed by a therapist.

Q. What service is a 90801 U8?

A. For an organization contracted as a facility, a 90801 U8 is a Diagnostic Assessment/Evaluation performed by an MD/DO.

Q. Will VBH-PA continue to pay for two diagnostic assessments/evaluations per year?

A. Yes.

VBH-PA Announces "Health Education Answers" Website

Your clients' health and well-being—*their wellness*—is about more than diet and exercise. It's about taking care mentally, emotionally, and physically. And it all begins at home. The more your clients know, the more they can actively build and maintain their health.

To help motivate your clients, Value Behavioral Health of Pennsylvania is offering an online educational resource:

www.healtheducationanswers.com/Launch/VBHPA

that encourages your clients to be active and responsible participants in their own care. This innovative, interactive website provides vital information and presents it in a fun and engaging way. In addition to wellness, the *all new* Health Education Answers includes information in these health areas:

- ADHD (Attention-Deficit/Hyperactivity Disorder)
- Bipolar Disorder
- Depression
- Diabetes
- Diabetes Complications
- Manage Your Weight
- Medication Safety
- Men's Health
- Schizophrenia
- Smoking & Addictions
- Women's Health



For more information about this website, please contact Melanie King, VBH-PA Provider Field Coordinator-Special Projects, at 724-744-6366 or Melanie.King@valueoptions.com. If you do not have internet access, use this contact information to request a free DVD-ROM.

CONTENT PROVIDED BY ELI LILLY AND COMPANY. IN SUPPORT OF THIS PROGRAM, NO PATIENT OR CONSUMER IDENTIFIABLE INFORMATION WILL BE SHARED WITH ELI LILLY AND COMPANY.

Way to go Green!

Thanks to all providers who have been submitting Outpatient Registration Forms (ORF) via ProviderConnect instead of via fax. Over the past year, the number of electronic submissions has increased from 4,106 to 15,269!



VBH-PA Staff Update



Margaret Hennessy started on March 30, 2009, as a **CAFS Coordinator for Lawrence/Crawford County**. Margaret comes to VBH-PA from Butler Memorial Hospital, where she was a psychotherapist. She was also a Clinical Coordinator for Comprehensive Children and Family Services in Sharon, PA.



Important! Corrections to Prior Claims Submissions

Anytime that a change is being made to a claim, please be sure to submit your request for correction on an **industry standard claim form**. The only acceptable claim formats are the **CMS-1500** or a **UB-04**. All other types of formats submitted as a corrected claim will be returned to the provider.

A corrected claim consists of a change to any line of a prior claims submission. **All corrected claims must have a notation as to what is changed from the original, as well as listing the claim number of the claim that needs to be corrected.**

CORRECTION DO'S

- ✓ If the claim line paid zero dollars and is within the timely filing limitations, it can be submitted as new using EDI or mailing a paper claim to the appropriate **New Claims** address.
- ✓ Do **fax** all claims corrections to **724-744-6379**, if possible.
- ✓ All corrections to a claim should be made at one time to avoid further billing errors.
- ✓ All claim lines must reflect the actual service that took place for the date billed.
- ✓ Web inquiries are still an acceptable means used for reprocessing claims. If you currently are not using this method and would like to understand this better, please contact the Customer Service Department.
- ✓ Quality check adjustment requests before faxing or mailing to VBH-PA. A large volume of adjustment requests are returned because they are not compliant with VBH-PA reimbursement policies.

CORRECTION DON'TS

- ✓ Do not include dates of service that have never been processed on a corrected claim.
- ✓ Do not bill date spans for any service that is more than one unit per day. If a claim denies for needing an itemized statement, this indicates that each date within the specified date range will need billed to reflect the services and units provided for those dates.
- ✓ Do not submit a claim form if corrections are not necessary. Copies of authorization letters, Promise eligibility printouts, or any other internal documents are not necessary unless they are specifically requested by the Customer Service Department for resolution of the specific issue.

VBH-PA encourages all of our providers to be proactive when resolving problems. The **Customer Service Department** is available Monday through Friday from 8:00 a.m. to 5:00 p.m. to answer questions or direct providers to the appropriate department. The toll-free number is **877-615-8503**.

Suggestions or ideas for articles that you would like to see published in *ValueAdded* can be faxed to Kim Tzoulis, *ValueAdded* Editor, at (724) 744-6363 or emailed to Kimberly.Tzoulis@ValueOptions.com

Articles of general importance to the provider network will be considered for publication.

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Past issues of *ValueAdded* can be accessed at:
[VBH-PA - Provider Information Center](#)