

Behavioral Health

Mental Health Care Providers

Asuris mental health network providers include:

- Individual practitioners
- Clinics or group based practices including community mental health centers (CMHC)
- Facilities that include inpatient, outpatient, and psychiatric units within hospitals and partial hospitalization programs (PHP)

Individual Practitioner

An individual mental health provider is a clinician who provides professional behavioral health care under his/her own tax identification number. Individual behavioral health providers in the Asuris behavioral health networks include:

- M.D./D.O., psychiatrist adult or child and adolescent
- ARNP, psychiatric advanced registered nurse practitioner
- Licensed Psychologist
- LICSW, licensed independent clinical social worker
- LMHC, licensed mental health counselor
- LMFT, licensed marriage and family therapist

Note: *Registered Counselors and/or BA/BS-level providers do not meet Asuris credentialing criteria.*

Group or Clinic Practice

A group of individual providers, who bill under a single tax identification number, are considered to be in a group or clinic practice. The individuals within the group practice must meet Asuris credentialing criteria.

Community Mental Health Centers (CMHC)

Washington State requires third-party payers to cover the services of a community mental health center (CMHC). Asuris contracts with CMHC's based on geographic access standards and individual provider credentialing criteria.

Facility Providers

A facility must be licensed by the state in which it operates and meet Asuris credentialing criteria in order to be considered for participation in our networks. Behavioral health inpatient or partial hospitalization program services may be provided in a freestanding psychiatric hospital or in a psychiatric unit within a hospital. In some instances a facility may contract with us to provide outpatient services as well.

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Mental Health Provider Credentialing

The open or closed status of Asuris networks for behavioral health practitioners is determined by population size, product requirements, specialty needs (prescriptive ability, children's services, special needs), and geographic access standards. Currently Asuris networks are closed to behavioral health practitioners, except to psychiatrists and psychiatric advanced registered nurse practitioners with prescriptive authority. *Please refer to the "Credentialing" section in this manual for detailed information regarding credentialing of all practitioners.*

Physicians and Other Health Care Provider Requirements

Complete credentialing requirements can be accessed in this manual or on our Web site at <http://www.asuris.com/provider/credentialing/index.html>

M.D./D.O. outpatient psychiatrists will demonstrate a working knowledge of, and access to, local emergency and acute care in their respective communities. The psychiatrist will be asked to describe which hospitals in their area they would refer to for emergent care. Once the individual practitioner, clinic group or facility has successfully completed the credentialing process, Asuris may extend an agreement to the provider.

Practice Site Visits

For high-volume behavioral health providers a practice site visit may also be required during the initial credentialing process. If a practice site visit is deemed appropriate, a Asuris representative will contact you to set up a time to visit the office and perform the review.

Behavioral Health

Mental Health Inpatient Care

Network	Asuris PPO
Referral	None
Care Management	See Care Management Guidelines on page 16

Note: *Asuris employer groups may purchase the services and/or network of an independent behavioral health managed care organization. In the event that a group decides to purchase managed care services from a vendor, Asuris can direct you to the proper contact telephone number and how to access information. Contact Provider Customer Service at 1-800-322-1772 for assistance.*

Important Telephone Numbers for Additional Product Information:

Asuris Customer Service (call to verify eligibility and benefits)	1-888-344-5587
Asuris Behavioral Health Dept. (call for a referral)	1-800-780-7881
Asuris Behavioral Health Dept. Fax (use to fax a referral)	1-800-331-3505

Behavioral Health

Healthy Options

Outpatient Care

Asuris administers the outpatient behavioral health benefit for Healthy Options as follows:

All mental health services require a referral from the patient's primary care provider (PCP). PCP's should refer Healthy Options patients to the local Regional Support Network (RSN) in order to determine if the member meets the RSN's access criteria for treatment. If the member meets the criteria, services will be provided by the RSN and benefits will be administered and paid through the Department of Social and Health Services (DSHS). If the member does not meet the criteria, the PCP should refer the member to a psychiatrist who is contracted with Regence.

The benefit limit is 12 hours of mental health treatment per calendar year for members who do not meet the RSN's access criteria for treatment.

- Psychiatrists will be reimbursed up to the benefit limit for Healthy Options patients.
- ARNP's can be reimbursed for pharmacologic management care (90862). Pharmacologic management care is unlimited when provided by the PCP or with a referral from the PCP and provided in conjunction with mental health treatment covered by Regence.
- Psychologists will be reimbursed for one assessment/evaluation (0070M) per year. Evaluation and testing is unlimited for children under the age of 21 when identified in an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visit. PCP's should refer Healthy Options patients to psychiatrists or the local RSN. If the member does not meet the RSN's access criteria for treatment, a PCP can also refer to a psychologist for the initial evaluation. However, the psychologist may only treat the member if they are part of an RSN.
- Pharmacologic management (90862) is unlimited when provided by the PCP or with a referral from the PCP and provided in conjunction with the mental health treatment covered by Regence.

Healthy Options does **not** reimburse for services performed by the following practitioners:

- Counselors (i.e., MA and MSN).
- Individuals who have a master's degree in social work (MSW).

Members can self-refer to an RSN for mental health benefits, which are administered and paid through the DSHS.

Inpatient Mental Health Care

Inpatient mental health benefits are administered through DSHS. If you have any questions, please contact the provider relations unit at DSHS at **1-800-562-3022**.

Behavioral Health

Mental Health Criteria

Asuris utilizes the mental health medical necessity criteria contained in the following policies:

- Nervous and mental disorders, treatment of adults
- Nervous and mental disorders, treatment of adolescents and children
- Eating disorders, inpatient and outpatient

These criteria were developed through consideration of medical necessity, generally accepted standards of practice, and review of literature. Determinations are based on the applicable member contract language. If there are any conflicts between the medical necessity criteria and the contract language, the contract language is primary.

Billing Guidelines

Please refer to the "Billing" section of this manual for detailed billing information.

Medical vs. Mental Benefit

Asuris utilizes a “two out of three” guideline to determine whether services will be applied to the member’s mental health or medical benefits. This enables us to have a consistent method for correct benefit application.

The three factors that are considered in this guideline include:

1. **Diagnosis:** Is the ICD9 diagnosis code considered mental health related (DSM-IV) or medical related?
2. **Provider Type/Specialty:** Does the provider specialize in mental health care or medical care?
3. **Procedure/Service:** Is the billed procedure code associated with mental health or medical services?

Result A: If two out of the above three factors are mental health-related, the service will be applied to the member’s mental health benefit.

Result B: If two out of the above three factors are medical-related, the service will be applied to the member’s medical benefit.

Family Therapy

In most instances, family and marital therapy is not covered. Please contact Provider Customer Service at **1-888-344-5587** to verify eligibility and benefits.

Behavioral Health

Asuris chemical dependency treatment providers must be licensed by the State of Washington as certified chemical dependency facilities. Some of these treatment centers are located within our contracted hospitals while others are “free standing.”

Chemical Dependency Treatment Provider Credentialing

Please refer to the "Credentialing" section of the Asuris Administrative Manual for detailed information regarding credentialing of facilities. If a state-certified chemical dependency treatment provider has successfully completed the credentialing process, Asuris may offer the provider a facility agreement.

Chemical Dependency Treatment Contracting

Population size, product requirements, specialty needs, and geographic access standards determine the open or closed status of Asuris networks for a state certified chemical dependency treatment. Currently Asuris networks are closed to additional state certified chemical dependency facilities.

Asuris defines freestanding chemical dependency treatment facilities as those who provide:

- Inpatient services
- Residential services
- Partial hospitalization program (PHP) services
- Intensive outpatient (IOP) services
- Outpatient services

Billing Guidelines

In accordance with Washington State law, detoxification service expenses are allocated to the member's medical benefit. See your facility agreement for the correct and allowable CPT® and revenue codes for chemical dependency treatment.

We will only allow acupuncture treatments by an Acupuncturist for chemical dependency if acupuncture is a covered benefit for the member. For those members who require a primary care provider's (PCP) direction, the member must have a referral from the PCP.

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Chemical Dependency Treatment Products & Networks

Asuris offers a variety of products and plans to meet the needs of our members and employers. The specific chemical dependency treatment benefits of each plan vary and must be verified in the member's benefit booklet and/or through Provider Customer Service at **1-888-344-5587**.

Note: *Asuris employer groups may purchase the services and/or network of an independent behavioral health managed care organization. In the event that a group decides to purchase managed care services from a vendor, Asuris can direct you to the proper contact telephone number and how to access information. Contact Provider Customer Service at 1-800-322-1772 for assistance.*

Chemical Dependency Treatment Care

Network	Asuris PPO
Referral	None- No referral requirements
Care Management	See Care Management Guidelines on page 16

Important Telephone Numbers for Additional Product Information

Asuris Customer Service (call to verify eligibility and benefits) **1-888-344-5587**
Asuris Behavioral Health Dept. (call for a referral) **1-800-780-7881**
Asuris Behavioral Health Dept. Fax (use to fax a referral) **1-800-331-3505**

Healthy Options

All benefits for chemical dependency are administered through Department of Social and Health Services (DSHS).

If you have any questions, please contact the provider relations unit at DSHS at 1-800-562-6188.

Behavioral Health

Chemical Dependency Treatment Medical Criteria

Asuris utilizes the chemical dependency treatment medical necessity criteria contained in the following policies:

- Substance dependence and abuse, treatment of adolescents and children
- Substance dependence and abuse, treatment of adults

These criteria were developed through consideration of medical necessity, generally accepted standards of practice, and review of literature. Determinations are based on the applicable member contract language. If there are any conflicts between the medical necessity criteria and the contract language, the contract language is primary.

Behavioral Health

This section of the provider manual contains essential information specific to mental health and chemical dependency services, including when a referral is required, how to obtain referrals, and which behavioral health care services are managed.

Information detailed within includes:

- *Asuris Behavioral Health Policy Manual* terms and conditions
- Quality Management activities including: clinical practice guidelines, treatment record keeping, chart notes and HIPAA and behavioral health programs

Asuris Behavioral Health Policy Manual terms and conditions

Description

The Asuris Behavioral Health Policy Manual contains behavioral health policies approved by Regence. Behavioral health policies are created using evidence-based treatment guidelines as well as clinical best practices and standards of care. They are consistent with Milliman Care Guidelines, Substance Abuse and Mental Health Services Administration (SAMHSA) and culturally-competent practice philosophy and standards. The behavioral health policy manual is available on our *Provider Web Site* at www.regence.com/about/utilization/bh08.html.

Use

Asuris Plans use behavioral health policies as guidelines for coverage determinations in our employer and member products, unless otherwise indicated.

Conflict with Plan documents

In the event of a conflict between a behavioral health policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. Plan documents include, but are not limited to, subscriber contracts, summary plan documents and other coverage documents prepared by a Plan.

Restrictions and limitations

Behavioral health policies **do not** determine the schedule of benefits. Medical policies are used to determine if a service will be paid by a Plan. Behavioral health policies are interpreted and applied in the sole discretion of the Plan. Behavioral health policy application is subject to state and federal laws and any specific instructions from Plan sponsors of self-insured groups. Behavioral health policies **do not** constitute behavioral health advice and **do not guarantee any results or outcomes**. Members should discuss any health care related questions with their appropriate health care provider.

Behavioral Health

(Restrictions and limitations, Continued)

Behavioral health policies are the property of Asuris and are prohibited from being used for any commercial purposes. Commercial use does not include for purposes related to the health care of a Asuris Plan member. In addition, Current Procedural Terminology (CPT) codes and descriptions are the property of the American Medical Association (AMA) with all rights reserved. There is no obligation to update this site, meaning the behavioral health policies displayed on the AMA site may be out of date.

Quality Management Activities

Clinical Practice Guidelines

Asuris supports the use of practice guidelines to assist in determinations of the clinical appropriateness of treatment services provided for the mental health and chemical dependency disorders and conditions listed below. The practice guidelines describe generally accepted practices and were developed by nationally recognized organizations. These guidelines are available on our *Provider Web Site* at www.or.regence.com/provider/clinicalCorner/docs/behavioralHealthPracticeGuideline.pdf.

Behavioral Health

ADULTS	
Alzheimer's Disease and Other Dementias of Late Life	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/Alzheimer's_QRG.pdf
Bipolar Disorder	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/Bipolar_QRG.pdf
Borderline Personality Disorder	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/BPD_QRG.pdf
Eating Disorders	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/EDs_QRG.pdf
Major Depressive Disorder	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/MDD_QRG.pdf
Obsessive Compulsive Disorder	Expert Consensus Guideline Series www.psychguides.com/ocgl.html
Panic Disorder	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/Panic_QRG.pdf
PTSD	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/ASD-PTSD_QRG.pdf
Schizophrenia	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/Schizophrenia_QRG.pdf
Substance Use Disorders	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/SUD_QRG.pdf
Suicidal Behaviors	American Psychiatric Association www.psych.org/psych_pract/treatg/quick_ref_guide/Suibehavs_QRG.pdf

Behavioral Health

CHILDREN OR ADOLESCENTS	
ADHD	American Academy of Child and Adolescent Psychiatry www.aacap.org/galleries/PracticeParameters/New_ADHD_Parameter.pdf
Anxiety Disorders	American Academy of Child and Adolescent Psychiatry www.aacap.org/galleries/PracticeParameters/JAACAP_Anxiety_2007.pdf
Autism/Other Development Disorders	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters
Bipolar Disorder	American Academy of Child and Adolescent Psychiatry www.aacap.org/galleries/PracticeParameters/JAACAP_Bipolar_2007.pdf
Conduct Disorder	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters
Depressive Disorders	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters
Obsessive Compulsive Disorder	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters
Substance Use Disorders	American Academy of Child and Adolescent Psychiatry www.aacap.org/galleries/PracticeParameters/substanceUseDisorder.pdf
Suicidal Behaviors	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters

Treatment Record Keeping

Asuris believes well-documented treatment records contribute to effective treatment and allow for coordination and continuity of care. The provider is responsible for maintaining an adequate clinical record for each member and providing Asuris with clinical data as requested for utilization review or quality management. All contacts regarding the member should be documented and include the member's name and date of contact. Records should be legible, maintained in chronological order, and signed in ink with the clinician's name and credentials. All treatment charts should be readily accessible and stored in a secure environment to protect member confidentiality.

Behavioral Health

(Treatment Record Keeping, Continued)

Documentation in the record should include, but is not limited to:

- Key demographic data
- Presenting problem
- Mental status exam and current clinical status
- DSM-IV diagnosis (Axis I-V)
- Full psychological and medical history
- Complete developmental history for children and adolescents, including relevant prenatal and perinatal events
- Substance use evaluation, including past and present use of cigarettes, alcohol, illicit, prescribed and/or over-the-counter drugs
- Current prescription medications, including the name, dosage, instructions for use and any side effects experienced
- Prescribing providers should document that noted positive benefits outweigh noted side effects
- Treatment plan with measurable goals
- Date and length of the therapy sessions
- Content of the therapy session, such as therapeutic interventions used and major themes discussed
- Summary of the patient's progress or lack of progress toward the treatment goals
- All diagnostic and treatment services provided or ordered
- With member consent, documentation of coordination of care with the primary care physician and other involved clinicians
- Number of participants and relationship of the participants to the patient if it is conjoint or family therapy, as well as a summary of how the participants responded to the session
- Discharge plan for patients being treated in an inpatient setting, residential program, partial hospitalization/day treatment program or intensive outpatient program

Psychotherapy chart notes and the HIPAA Privacy Regulation

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) outlines five regulations which have or will significantly change the manner in which health care information is collected, transmitted and protected. One such regulation relating to privacy became effective in April 2003. Since the Privacy Regulation pertains to oral and written communication as well as electronic, it affects most health care providers.

Under this regulation, providers are required to post detailed privacy policies in a conspicuous place to advise patients of their rights, including the right to request their personal medical record. HIPAA access to medical records is much more permissive than current Oregon Law, except with regard to psychotherapy notes.

Behavioral Health

(Psychotherapy chart notes and the HIPAA Privacy Regulation, Continued)

Mental health professionals are permitted to maintain psychotherapy notes separately from the rest of the chart. These psychotherapy notes may represent personal notes used to record or analyze group, individual or family therapy and unlike the rest of the chart do not have to be disclosed to the patient. However, under the HIPAA Privacy Regulations, psychotherapy notes are secured by a specific authorization, not by a general consent.

Non-psychotherapy notes are maintained in the patient's chart. Any items falling into the non-psychotherapy notes category must be disclosed to the health Plan and also to the patient, with only a general consent. With patient authorization (specific disclosure with expiration and/or revocation rights) psychotherapy notes may also be disclosed to the health Plan. All Asuris health Plan agreements require the creator of the record to release records necessary to facilitate payment and health Plan operations.

By HIPAA definition, "non-psychotherapy notes" include notes relating to:

- diagnosis
- functional status
- treatment plan
- progress notes
- medications
- prognosis
- symptoms
- treatment encounters
- clinical tests

One alternative for behavioral health providers is to maintain notes for the patient and the health plan in one part of the chart, and psychotherapy notes for the professional provider as the "creator" and the health Plan in another part of the chart.

Under some circumstances non-psychotherapy notes may be sufficient to meet health Plan's needs for documentation. However, the quality of record keeping varies widely and access to psychotherapy notes may be necessary to make payment on some claims.

Behavioral Health

Behavioral Health Programs: Case Management, Disease Management and Health and Wellness

Asuris provides a wide range of care management programs and resources designed to support our members. Regardless of their focus, all care management programs are intended to supplement and reinforce the care and guidance provided to our members through tailored educational materials and clinical support. Program availability varies by group and benefit plan. More information about these programs is detailed in the Care Management section of this manual.