

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.

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Mental Health Care Products and Networks

Note: *For detailed information regarding mental health for Healthy Options, please see the following pages.*

Asuris offers an array of products and plans to meet the needs of our members and employers. The specific mental health benefits of each plan vary and are described in the member's benefit booklet. Benefits and eligibility can be verified by contacting Provider Customer Service at **1-888-344-5587**.

Procedures for accessing care for our various products are outlined in the tables below:

Mental Health Outpatient Care

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

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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

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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**.

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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.