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BEHAVIORAL HEALTH SERVICES

HIP's Behavioral Health Services Department provides access to comprehensive inpatient and outpatient mental health and chemical dependency treatment for HIP members. To accomplish this, HIP operates outpatient mental health centers licensed by the New York State Office of Mental Health and contracts with a network of independent practicing behavioral health clinicians. The HIP Mental Health Centers are listed on the last page of this section. Members may self-refer for mental health services. However, prior approval is required for all inpatient behavioral health treatment, sub-acute services such as partial hospitalization, ambulatory detoxification and outpatient electroshock therapy (ECT), neuropsychological and psychological testing.

OUTPATIENT SERVICES

Routine outpatient behavioral health services do not require prior approval. These services include initial consultation, individual, group, family, couple and collateral treatment, initial and follow-up medication management and intensive outpatient treatment. Sub-acute services such as partial hospitalization, ambulatory detoxification and outpatient electroshock therapy (ECT), neuropsychological and psychological testing does require prior approval by a Behavioral Health Care Manager. An authorization number for the services that require prior approval will be given at the time of the call. Written confirmation is sent to the clinician on the next business day after receipt of the request and within one business day of a concurrent review.

Vytra ASO accounts continue to require prior approval for routine outpatient behavioral health services.

PRIOR APPROVAL PROCEDURE AND VERIFICATION OF BENEFITS

All inpatient behavioral health treatment, sub-acute services such as partial hospitalization, ambulatory detoxification, outpatient electroshock therapy (ECT), neuropsychological and psychological testing require prior approval by a HIP Behavioral Health Care Manager.

Approval will be given for a specific number of days/visits within a designated time frame. Further treatment, either beyond the maximum number of days/visits authorized or beyond

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the time period, will require additional prior approval from a HIP Behavioral Health Care Manager. Please Note: Without prior approval, additional unauthorized days/visits will not be paid.

Prior approvals, eligibility status and benefit coverage can be obtained by calling Behavioral Health Services at 1-888-447-2526 Monday - Friday 9 am - 5 pm.

For prior approval for inpatient treatment or urgent care during evening and weekend hours, please call 1-888-447-2526 for after-hours instructions.

Additionally, clinicians may log on to **hipusa.com** for easy access to eligibility and benefits information. You may also call HIP's Interactive Voice Response (IVR) phone system at **1-866-447-9717, option 1** to verify member eligibility.

For Vytra Health Plans members prior approvals, eligibility status and benefit coverage can be obtained by calling Behavioral Health Services at 1-800-528-3918, Monday through Friday, from 9 am to 5 pm. Additionally, clinicians may log on to **vytra.com** for easy access to eligibility and benefits information. You may also call Vytra's Provider Service Line at **1-888-288-9872, option 2** to verify member eligibility.

DEPRESSION CASE MANAGEMENT

The Depression Case Management Program was developed with the intention of maintaining contact with patients who are prescribed antidepressant medications by their physician. This program is a part of HIP's Behavioral Health Case Management unit, which is also responsible for the case management of high-risk patients and compliance with post-hospitalization care. Case managers will call patients and assist them in maintaining follow-up visits and medication compliance. Once depression is diagnosed and the clinician chooses to prescribe an antidepressant medication, the clinician should call the Depression Case Management Program at **1-800-447-0769**.

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INPATIENT SERVICES

All requests for inpatient mental health and chemical dependency treatment must meet medical necessity criteria for this level of service.

For inpatient facilities, a discharge summary that includes an aftercare plan must be submitted to the HIP Mental Health Center or to the HIP affiliated network clinician where the patient will receive outpatient treatment no later than 30 days after discharge.

“Medically Necessary” means health care services that are determined by the Plan as necessary to prevent, diagnose, correct, confirm or cure conditions in the member that cause acute suffering, endanger life, result in illness or infirmity, interfere with the member’s capacity for normal activity, or threaten some significant handicap, for purposes of deciding coverage under the Benefit Program. Determinations of medical necessity shall be made by the Plan’s Medical Director (or designee) and conflicts shall be resolved in accordance with the applicable appeal process.

NEUROPSYCHOLOGICAL TESTING GUIDELINE

Neuropsychological testing is covered for all lines of business. Members are eligible for neuropsychological testing (NPT) when there has been significant behavioral change, mental health status, memory loss or organic brain injury under any of the following conditions:

Mental Health Issues:

- Exposure to agents known to be associated with cerebral dysfunction (e.g., chronic solvent or heavy metal (such as lead) poisoning or chronic documented use of illicit drugs).
- Assessment of mental functioning for individuals with suspected or known mental disorders for purposes of differential diagnosis and/or treatment.
- Assessment of patient strengths and disabilities for use in treatment planning or management when signs or symptoms of a mental disorder are present.
- Assessment of patient capacity for decision making when impairment is suspected, which would affect patient care or management of care.
- To make a differential diagnosis between psychogenic and neurogenic syndromes (e.g., depression vs. dementia).

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Medical Issues:

- Brain tumor.
- Cerebral or anoxic hypoxic episode.
- Cerebrovascular disease.
- Central Nervous System (CNS) infection (e.g., herpes encephalitis, HIV infection).
- Demyelinating disease (e.g., multiple sclerosis).
- Epilepsy (when surgery is being considered).
- Extrapyrimalidal disease (e.g., Parkinson's or Huntington's disease).
- Head Injury (open or closed).
- Metabolic encephalopathy (associated with hepatic or renal disease).
- Neurodegenerative disorders (e.g., AIDS, Alzheimer's disease and other mixed type dementias).
- Neurocognitive monitoring of recovery or progression of CNS disorders.

NEUROPSYCHOLOGICAL TESTING LIMITATIONS AND EXCLUSIONS

A. NPT is not covered under any of the following circumstances:

- No suspicion of mental illness / disability.
- Solely for educational or vocational purposes.
- Circumstances which may interfere with the accuracy / interpretation of tests results exist.
- When similar testing has been performed in the last 12 months. This is not medically necessary.

B. NPT is not covered for the purposes of diagnosing any of the following conditions, as it is not considered medically necessary.

- Attention deficit disorder (ADD)/attention deficit hyperactivity disorder (ADHD).
- Autism.
- Developmental disability.
- Learning disability.
- Mental retardation.
- Tourette's syndrome.

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PRIOR APPROVAL FOR NEUROPSYCHOLOGICAL TESTING – HIP MEMBERS

Prior approval is required for neuropsychological testing. If seeking prior approval for neuropsychological testing for a behavioral health issue contact HIP by calling **1-888-447-2526**, or by fax at **1-646-447-3231**; for NPT due to a medical issue call **1-866-447-9717, option 4** or fax at **1-866-215-2928**, or entity listed on member's ID card. Additionally, clinicians may log on to **hipusa.com** for prior approval or may also call HIP's Interactive Voice Response (IVR) phone system at **1-866-447-9717, option 1**.

PRIOR APPROVAL FOR NEUROPSYCHOLOGICAL TESTING – VYTRA MEMBERS

Prior approval is required for neuropsychological testing. If seeking prior approval for neuropsychological testing for a behavioral health issue, contact Vytra Health Plans at **1-800-528-3918** or by fax at **1-631-293-4839**. For NPT due to a medical issue, call Vytra's Provider Service Line (PSL) at **1-888-288-9872, option 3** to speak with Care Management. Additionally, clinicians may log on to **vytra.com** for prior approval or may also call Vytra's PSL at **1-888-288-9872, option 4** to speak with a Provider Service Representative.

The following practitioners may initiate a request for prior approval for neuropsychological testing:

- Neurologists/neurosurgeons.
- Psychiatrists.
- Primary care providers.
- Psychiatrists.
- Psychologists.

UTILIZATION MANAGEMENT

The Utilization Management Protocol for Behavioral Health is as follows:

- Call the Behavioral Health Care Management line at **1-888-447-2526** for HIP members or **1-800-528-3918** for Vytra members to request prior approval.

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- Behavioral Health care managers will obtain the clinical information necessary to determine the appropriate level of care based on medical necessity criteria.

Care Managers request the following information to facilitate the review:

- Patient's HIP member identification number.
- Presenting problem(s), including: diagnosis, treatment setting requested, current symptoms and functioning, patient response to treatment, special issues and medications.
- Past history including any previous inpatient or outpatient behavioral health treatment, previous history of compliance with treatment.
- Rationale for requesting prior approval at the desired level of care including clinical intervention and strategy to achieve goals.
- Discharge criteria, including: prognosis, anticipated length of stay and number of days/visits being requested.

A case may be denied further days/visits or authorization may be extended for further days/visits. Denial of further treatment can be appealed and will be reviewed by the Plan's Behavioral Health Medical Director. Please forward all appeals to HIP Health Plan of New York, Grievance and Appeals Department, P.O. Box 2844, New York, NY 10116-2844. Members may also file a grievance with our Grievance and Appeals department, please refer to the Grievance and Appeals section of this manual for information on how to file a grievance or appeal.

MENTAL HEALTH PARITY LAW ("TIMOTHY'S LAW")

The New York State legislature enacted Timothy's Law which requires HMOs and Indemnity carriers to provide expanded coverage for mental health services. The law was signed by the Governor on December 22, 2006 and the provisions of the law become effective for small and large groups that purchase contracts or policies that are issued, renewed, modified, altered or amended on or after January 1, 2007. The major provisions of Timothy's law are outlined as follows:

- I. All products must include coverage for no less than 20 outpatient visits and 30 inpatient days per calendar year and the cost sharing (copays, deductibles, coinsurance) that

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applies for this mental health coverage must be consistent with the cost sharing imposed on other covered medical (non-mental health) benefits.

Note: The Mental Health Parity law **does not apply** to members enrolled in HIP's Medicare, Medicaid, Family Health Plus, Child Health Plus, Healthy New York and standardized Direct Pay products.

- II. The law also mandates that coverage for members enrolled in large groups (greater than 50 employees) for the following conditions must be subject to the same limits and cost sharing that applies to non-mental health medical services:
- A. Eight (8) biologically-based mental illnesses: schizophrenia/psychotic disorders, major depression, bipolar disorder, delusional disorders, panic disorder, obsessive compulsive disorder, bulimia, and anorexia.
 - B. Children under age 18 with severe emotional disturbances, meaning both of the following are present:
 - 1. A diagnosis with any of the following conditions:
 - Attention deficit disorders, disruptive behavior disorders, pervasive development disorder.
 - 2. The children display one or more of the following:
 - Serious suicidal symptoms or other life threatening self destructive behaviors.
 - Significant psychiatric symptoms (hallucinations, delusions, bizarre behavior).
 - Risk of personal injury or significant property damage due to emotional disturbances.
 - Risk of removal from the household due to emotional disturbances

Other key features of the law include:

- Number II above must be "made available" to small group policyholders
- All coverage continues to be based on medical necessity criteria and HIP's usual prior approval protocols and procedures apply.

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COMMUNICATION WITH PRIMARY CARE PHYSICIANS

To provide members with safe and comprehensive medical care, it is important that behavioral health care clinicians communicate with their patients' PCPs. Please see the forms at the end of this section. These forms were designed to preserve confidentiality by providing minimal information. However, there is also an opportunity for the inclusion of current medication and, at the clinician's discretion, for a diagnosis and for more elaborate clinical comments.

*Clinicians should obtain authorization from the patient with a signed **Authorization to Use and Disclose Protected Health Information** consent form. If the patient refuses, the clinician should make a note of that in the patient's record.*

The "*Behavioral Health Consultation*" form is filled out by the consultant at the time of the consultation. The top part of the form is mailed to the member's PCP. The PCP's name and telephone number are provided on the patient's HIP ID Card or included on your own new patient intake form. If no Behavioral Health Consultation form is completed for a member's assessment, please document the reason in the patient's chart.

The "*Behavioral Health Consultation Follow-Up*" form should be filled out and sent to the PCP when there is a change in medication, upon the discharge or termination of treatment, or periodically for patients in long-term treatment.

HIP's policy requires behavioral health care clinicians to notify the member's PCP with the results of the psychiatric assessment. Please keep in mind, however, that written permission must be obtained from the member before any information can be sent to the PCP. If the member refuses to grant permission, it must be so noted in the progress notes.

The "*Behavioral Health Request for Physical Exam Status*" form can be used on an as-needed basis.

A copy of the "*Authorization for Release of Confidential HIV Related Information*" can be found in the "*Your Plan Members*" section of this manual.

Copies of these forms are located at the end of this section. Additional forms can be obtained by calling the Behavioral Health Service line at **1-888-447-2526** or may be downloaded from the **hipusa.com** Web site.

Contact the Provider Relations Services Team at **1-866-447-9717, option 5** for more details.

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CLAIMS SUBMISSION

Claims for professional services for HIP members must be submitted to:

**HIP Health Plan of New York
Claims Department
P.O. Box 2845
New York, NY 10116-2845**

Claims for professional services for Vytra members must be submitted to:

**Vytra Health Plans
Claims Department
P.O. Box 9091
Melville, NY 11747-3127**

Claims for professional services should be submitted on a Center for Medicare and Medicaid Services (CMS) 1500 form. Each claim must contain a diagnostic code from DSM-IV, a CPT Code, date(s) of service and authorization number.

For information on how to submit claims electronically, please refer to the electronic claims submission subsection of the Claims Submission section of the Practitioner Manual.

To facilitate completion of outpatient claim forms, please review the list below to cross reference common outpatient mental health and substance abuse CPT codes. CPT codes are listed as a guide to assist you in determining which codes to use. When submitting claims, please indicate the services rendered by using the appropriate CPT codes that correspond with your contractual agreement.

CPT-4 CODES AND DESCRIPTIONS

90801.....Initial assessment – consultation
90801-AM..... Initial medication management
90806.....Individual psychotherapy [45-50 minutes]
90807.....Individual psychotherapy w/med. mgmt.
90846.....Collateral psychotherapy
90847.....Couple/family psychotherapy
90849.....Partial hospitalization program

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90853.....Group psychotherapy
90857.....Intensive outpatient therapy
90862.....Follow-up medication management
90870.....Electroshock therapy

LISTING OF HIP MENTAL HEALTH CENTERS

Brooklyn Mental Health Service

195 Montague Street, 2nd Floor
Brooklyn, New York 11201
Tel: 1-718-834-1500
Fax: 1-718-488-9735

Nassau-Suffolk Mental Health Service

185 Froehlich Farm Blvd.
Woodbury, New York 11797
Tel: 1-516-921-8811
Fax: 1-516-921-6313

Queens Mental Health Service

97-45 Queens Blvd., 8th Floor
Rego Park, New York 11374
Tel: 1-718-459-0500
Fax: 1-718-997-6817