



# Magellan Health Services Nebraska Medicaid Managed Care Outpatient Management Training

February 17 – 20, 2009



# Overview

- Effective March 2, 2009, Magellan Health Services, along with Nebraska Medicaid, will initiate new outpatient authorization management processes.
- The goal of these new processes is to help ensure clients receive the outpatient services they need, that such services are effective, and that Medicaid resources are used appropriately by ensuring the services provided are clinically indicated.

# Overview Cont.

- The new outpatient authorization management processes affects:
  - Initial outpatient authorizations and reauthorizations
  - Authorization data feed to NE Medicaid
  - Available outpatient service types
  - Provider utilization reviews

# Initial Authorizations

- Effective March 2, 2009, Magellan will no longer authorize a “package” of outpatient services.
- For initial authorizations on or after that date providers will be able to obtain (5) CAP sessions (H0046), or (5) Crisis sessions (90806 ET, 90808 ET, 90847 ET), or a Pre-treatment Assessment that includes the Bio-psychosocial Assessment (H0002 or Addendum H0002-52) and Initial Diagnostic Interview (90801/H0031-HO).

# Initial Authorizations Cont.

- Once the Pre-treatment Assessment (PTA), including the Bio-psycho-social Assessment (H0002) and Initial Diagnostic Interview (90801/H0031-HO), is completed providers can obtain additional outpatient sessions.

# Attestation

- Providers must attest to the completion of the PTA.
- The attestation requires providers to acknowledge that:  
“By submission of this TRF, I attest that the treating provider has a current valid license in the State to provide the requested services. For providers serving Nebraska Medicaid clients: By submitting this authorization request I attest to having completed an initial assessment which includes the Bio-psychsocial Assessment (H0002) and the Initial Diagnostic Interview (90801).”

# Attestation Cont.

- Providers can complete the attestation online as part of the Web-based Treatment Request Form (TRF) process, or on the paper TRFs submitted through the mail. TRF requests for additional outpatient sessions will be processed either through the online TRF function or by Magellan staff (for the paper TRFs) after the attestation is completed.

# Re-Authorizations

- Once the Pre-treatment Assessment has been completed and the attestation acknowledged, providers can request, either online or via paper TRF, a re-authorization for (24) outpatient sessions over six months.
- After the initial six-month period has lapsed, providers can request one subsequent re-authorization for (24) outpatient sessions over six months. The subsequent re-authorization request also can be made either online or via paper TRF.



# Re-Authorizations Cont.

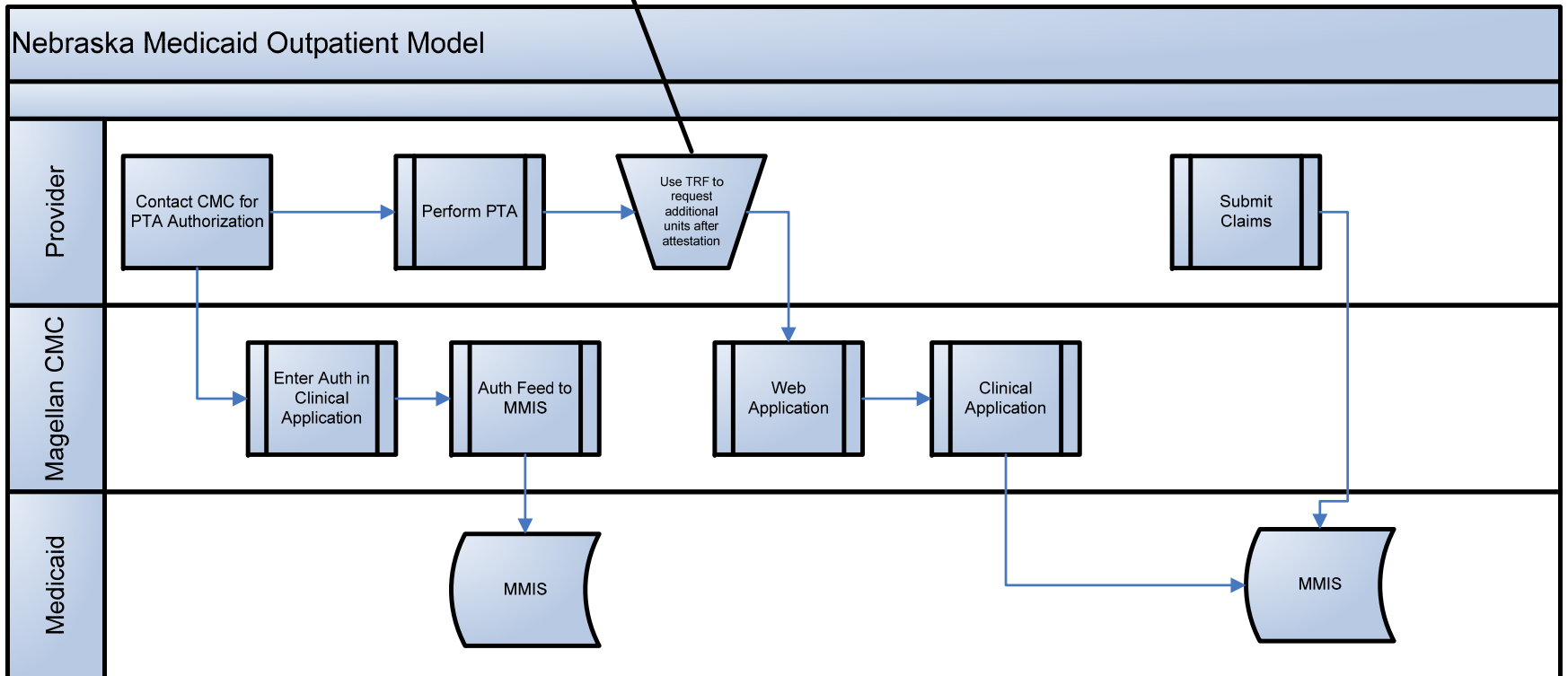
- Re-authorizations after the initial and (1) subsequent request must be made via telephone to a Magellan care manager. Care managers will have the discretion to authorize an additional (12) outpatient sessions beyond the initial and subsequent re-authorizations, and can request any clinical documents necessary to support the medical necessity of the request prior to the authorization being issued to the provider.

# Re-Authorizations Cont.

- Requests for outpatient services beyond the sessions described previously will be authorized only by care managers. Providers may be required to submit the PTA, treatment plan and progress notes.
- In the event the authorized number of sessions is exhausted before any of the six-month re-authorization periods have lapsed, and the provider believes more sessions are medically necessary, he/she may make requests for additional sessions via telephone to a Magellan care manager. Care managers can request clinical documents necessary to support the request prior to the authorization being issued to the provider.
- **Note:** Medication Management (90862) services are not subject to the re-authorization protocols.

# Process Workflow

Initial authorization of 24 sessions over 6 months; additional 24 sessions over the next 6 months will be allowed via TRF



# CAP Services

- Effective March 2, 2009, CAP services will have a designated CPT code of H0046.
- Five CAP sessions will be available per client per year and are intended to address short-term outpatient needs similar to EAP services in the private sector.
- If a provider originally requests CAP sessions, and subsequently determines ongoing services are necessary, the provider can then request a Bio-psychosocial Assessment (H0002 or Addendum H0002-52) and Initial Diagnostic Interview (90801/H0031-HO). Once the PTA is completed and attested to, and the provider requests an initial re-authorization, the number of CAP sessions used are deducted from the (24) outpatient sessions included in the initial re-authorization of services.

# Crisis Services

- Effective March 2, 2009, crisis services will be added to the NE Managed Care outpatient services array.
- The designated crisis service codes are:
  - 90806-ET Individual Psychotherapy (Crisis)  
45-50 minutes
  - 90808-ET Individual Psychotherapy (Crisis)  
75-80 minutes
  - 90847-ET Family Psychotherapy (Crisis)

# Crisis Services Cont.

- Up to five crisis sessions will be available per client per year, and are intended to address emergent outpatient needs that require immediate attention.
- Crisis sessions also may be used for the emergent outpatient needs of new clients who have not yet been assessed by the supervising practitioner, but who are anticipated to need ongoing outpatient services.
- If a provider originally requests crisis sessions, and subsequently determines ongoing services are necessary, the provider then can request a Bio-psychosocial Assessment (H0002 or Addendum H0002-52) and Initial Diagnostic Interview (90801/H0031-HO). Once the PTA is completed and attested to, and the provider requests an initial re-authorization, the number of crisis sessions is deducted from the (24) outpatient sessions included in the initial re-authorization of services.

# Authorization Data Feed Modifications

- Effective March 2, 2009, the authorization feed to Nebraska Medicaid (both Medicaid and ASA/MRO) will send CPT and HCPCS codes as individual codes rather than bundled as “OUTPT” as they are currently.
- This modification requires providers to bill CPT codes consistent with the service Magellan authorized and they provided.
- Outpatient CPT and HCPCS codes will no longer be “interchangeable.” Any changes to the “mix” of CPT/HCPCS codes between what was actually provided and what was authorized, will necessitate a change in that authorization by Magellan in order for claims to process correctly.

# Authorization Data Feed Modifications Cont.

- Effective March 2, 2009, Magellan will send discharge dates on the authorization feed so that actual service date ranges are available to Medicaid for accurate claims processing.
- Claims with dates of service post-discharge will be denied for no prior authorization.



# New Managed Care Outpatient Services

- Effective March 2, 2009, five new outpatient services will be available to address client needs:
  - Sex Offender Risk Assessment H2000-SK
  - Substance Abuse Evaluation (20 and under) H0001
  - Crisis Outpatient:
    - Individual Psychotherapy (Crisis) 45-50 minutes  
90806-ET
    - Individual Psychotherapy (Crisis) 75-80 minutes  
90808-ET
    - Family Psychotherapy (Crisis) 90847-ET

# Provider Utilization Review

- As part of the reporting requirements of the DHHS-Magellan contract, claims data will be used to review provider/client service utilization.
- The goal of utilization reviews is to enhance the capabilities of the network to provide quality services in the most clinically effective manner possible.
- Claims data will be used to provide reports to Medicaid on service utilization with respect to lengths of stay, re-admissions, client diagnostic characteristics, etc. In addition, Medicaid expenditures by provider/client also will be available.
- Claims data will be normed and providers will be reviewed against those norms. Outliers will be selected for quality assurance audits, which may include technical assistance, quality of care reviews, and corrective actions or financial audits.

# Frequently Asked Questions (FAQs)

- 1. What is the start date for outpatient units of service accruing against the 48-session threshold?**  
The unit accrual process will begin on authorizations with a start date of March 2, 2009 forward.
- 2. What if a client changes therapists after this process begins – how will the unit threshold be calculated?** Units will be accrued on a per client basis. For example, if a client sees Therapist “A” for six sessions and then changes to Therapist “B,” 42 outpatient sessions would be available for that client before the care manager review requirement goes into effect. The exception is if the change to Therapist “B” was determined to be a new episode of care.

# Frequently Asked Questions (FAQs) Cont.

- 3. What is the definition of an episode of care?** Specific to outpatient services, an episode of care is defined as the period of time a client is under the direct care of a therapist. The episode usually begins with the start or resumption of care, and ends when the client is discharged, transferred to a higher level of care or is not engaged in treatment for at least 90 days. Specific cases are determined on a case-by-case basis by a Magellan care manager.
- 4. What if an individual's diagnosis changes? How will the accrual of units be affected – would that establish a new episode of care?** That is determined on a case-by-case basis in conjunction with care manager review. If the client's need could still be met in an outpatient level of care then the units would continue to accrue without change. In general, a change in diagnosis would not constitute a new episode of care.

# Frequently Asked Questions (FAQs) Cont.

5. **How many outpatient units per week can be provided to an individual?** After the completion of the pre-treatment assessment, which includes the Bio-psychosocial Assessment (H0002) and the Initial Diagnostic Interview (90801 or H0031-HO), 24 units of outpatient can be authorized for a period of six months or one unit per week. If more than one unit per week is required, the therapist can increase the number based on consumer need. However, utilizing outpatient services at a rate that exhausts the 24 units before the six months has lapsed, will necessitate a care manager review in order to obtain additional outpatient services. In no event can outpatient units be used at a rate higher than three per week without prior authorization by a care manager.
- **Are any outpatient services exempted from the limits described in the previous FAQs?** Pharmacological Management (90862) will not be subject to the limitations.

# Frequently Asked Questions (FAQs) Cont.

- 7. How will the authorization data feed modifications impact providers?**  
Beginning March 2, 2009, providers must be sure that their authorizations contain the CPT codes required for the services identified in the client's treatment plan and that they provide the client. The number of units authorized for each CPT code must correspond to the number of units billed to Nebraska Medicaid. Providers will no longer be able to substitute a 90806 unit for a 90847 unit. As an example, if a client had 12 units of 90806 and 12 units of 90847 authorized, a provider will no longer be able to bill for 14 units of 90806 and 10 units of 90847 even though the total number of units did not exceed 24.
- 8. What are the changes to the initial outpatient authorization process?**  
Beginning March 2, 2009, when providers call Magellan for an initial outpatient authorization, Magellan customer service associates will only authorize a pre-treatment assessment that includes the Bio-psychosocial Assessment (H0002 or H0002-52 Addendum) and Initial Diagnostic Interview (90801 or H0031-HO). No additional outpatient services will be authorized until the provider attests on a paper Treatment Request Form (TRF) or online TRF that the pre-treatment assessment, including the bio-psychosocial assessment and initial diagnostic interview, have been completed.

# Frequently Asked Questions (FAQs) Cont.

9. **How will you authorize outpatient services after the pre-treatment assessment (including the bio-psychosocial assessment and initial diagnostic interview) have been completed and attested?** Once the provider completes the attestation, 24 units of outpatient service (for a period of six months) can be authorized via paper TRF (submitted through the mail only) or online TRF.
10. **Can unused outpatient units be carried over to the next re-authorization period?** No.
11. **Are there any new outpatient procedure codes that Magellan will authorize?** Yes, there are several new codes Magellan will authorize:

CAP Sessions - H0046

Crisis Outpatient – 90806-ET, 90808-ET and 90847-ET

Sex Offender Risk Assessment – H2000-SK

Substance Abuse Evaluation (20 and Under) – H0001