

PROVIDER BULLETIN

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TO: Medicaid Mental Health Substance Abuse Providers

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Division of Medicaid and Long-Term Care

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RE: Improved Medicaid Managed Care Outpatient Utilization Review

Please share this information with administrative, clinical, and billing staff

Effective March 2, 2009, Nebraska Medicaid and Magellan Health Services will initiate new outpatient authorization management processes to ensure that clients receive effective, appropriate and medically necessary services.

The new processes will effect the initial authorization, reauthorizations, the authorization data feed to Nebraska Medicaid, additional outpatient service codes and provider utilization reviews.

Initial Authorizations are limited to one of the following services:

- Pretreatment Assessment (Initial Diagnostic Interview and Biopsychosocial Assessment);
- CAP Sessions (five);
- Crisis Sessions (five);

Reauthorizations are available after the provider attests that the Pretreatment Assessment has been completed:

- The first reauthorization will cover 24 sessions over 6 months and may be obtained online or via paper Treatment Request Form (TRF);

- The second reauthorization will cover another 24 sessions over 6 months and may also be obtained online or via paper TRF;

- The third and subsequent reauthorizations will be available via Magellan Care Managers.

The Data Feed Modifications to Nebraska Medicaid include:

- Magellan will send prior authorizations with specific procedure codes;
- Magellan will send discharge dates when clients terminate services.

Additional managed care procedure codes have been defined to replace previously bundled codes:

The Crisis codes will become 90806 ET, 90808 ET or 90847 ET.

The CAP procedure code will become H0046.

The Substance Abuse Assessment code for 20 and under will be H0001.

The Sex Offender Risk Assessment code will be H2000 SK.

Additional provider Utilization Data will be gathered by Magellan:

Claims data will now be used to track and report utilization patterns to Nebraska Medicaid;

Norms will be established and outliers may be selected for Quality Assurance Audits.

Because Magellan's authorization data feed to Nebraska Medicaid will be changing as noted above, providers will need to review their billing procedures to make sure the information on their claims is accurate. This will require the provider to pay particular attention to the following:

Correct procedure codes: must match the services requested by the provider and the services authorized by Magellan;

Correct provider number: must match the location where the service is delivered and the location authorized by Magellan;

Correct date of service: must match the dates on the Magellan authorization.

For further information, see the Magellan website <http://www.magellanprovider.com>

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