Behavioral Health Services

ID Card Front

ID Card Back

Enrollees: Review your benefit materials for a description of covered services or call Member Services at the telephone on this card.

Providers: Call 518-641-3500 or 1-800-926-7526 for verification of eligibility.

Hospitals: Call 518-641-4100 or 1-800-274-2332 for verification of eligibility.

Mental Health/Chemical Dependency services: Call 1-888-320-9584.

Prescription Drugs: Call Caremark at 1-888-292-6330 (TTY/TDD 1-800-231-4403).

Fraud/Compliance Hotline: 1-800-280-6885 Unauthorized or fraudulent use of this card to obtain services is punishable by law.

PHCS

Behavioral Health Services Not Administered By CDPHP

- GE plans – mental health/substance abuse benefits
  - Detox services are managed by behavioral health in a hospital setting; carve-out still applies to freestanding detox facilities
- SABIC – mental health/substance abuse benefits

Laboratory Services

- CDPHP uses several major laboratory service providers, as well as many hospitals.

- CDPHP members must use a participating CDPHP laboratory site.

- Check the plan-specific provider directory or Find-A-Doc at findadoc.cdphp.com for participating laboratories. Click on Providers/Find-A-Doc/Laboratory Search.

- Copayment may be waived for some plans when the service is performed at a CDPHP preferred laboratory.

Formulary

- The CDPHP formulary is located at www.cdphp.com in the provider section.

- Choose the **Formulary** tab, and then click **Formulary 1 & 2 Updates**.

Behavioral Health:
Provider Contractual Expectations

Provider Responsibilities

- Notification of emergent admissions

- Preauthorize non-emergent inpatient levels of care

- Verify eligibility and benefits prior to providing non-emergent services

- Meet CDPHP access standards

  – Routine appointment within 10 days

  – Urgent appointment within 48 hours

  – Emergent appointment within six hours

  – If unable to comply, refer member back to the CDPHP access center at (518) 641-3600 or 1-888-320-9584

- Comply with all CDPHP utilization management and quality requirements

- Communicate documented treatment with primary care physician (PCP) and other behavioral health or medical providers as necessary

- Coordination of care with family as necessary

- **Contact the behavioral health access center at (518) 641-3600 or 1-888-320-9584**

Services that are Medically Necessary

CDPHP covers psychotherapy services that are *medically necessary,* as defined in the member contract.

- **Acute outpatient care** is needed for those who are in crisis and sometimes can keep them from having to be hospitalized. Once a person shows signs of improvement, however, it is time to transition to maintenance therapy.

- **Maintenance care** helps solidify the gains a person has made in treatment or can serve to keep their behavioral health disorder from getting worse. The goal is to help them return to their normal functioning level. Visits may be less frequent.

- No authorization or referral is required for medically necessary treatment by psychiatrists, psychiatric nurse practitioners, psychologists, social workers, mental health counselors, or applied behavioral analysts, but CDPHP reserves the right to do post-service reviews on all members' health care services.

- If you have questions about the process CDPHP uses to review and authorize covered behavioral health care services, please call the **CDPHP Behavioral Health Access Center at (518) 641-3600 or 1-888-320-9584.**

Psychological/Neuropsychological Testing Request Form

- Six hours of testing allowed (no prior authorization required)

- If more than six hours of testing, the request form must be submitted for quality and medical necessity review

- CDPHP takes one copayment per office visit

- Send to: CDPHP Behavioral Health Services, 500 Patroon Creek Blvd., Albany, NY 12206-1057 or fax to (518) 641-3601

- Forms may be obtained by searching for BH_Psychological_Testing_Request_Form on www.cdphp.com

CDPHP Behavioral Health Services
500 Patroon Creek Boulevard
Albany, NY 12206-1057
Phone: (518) 641-3600
Fax: (518) 641-3207

Psychological and Neuropsychological Testing Request Form

Provider **must** receive authorization for all testing beyond the six allotted hours.

Member's Name: _____ Member's DOB: ___ /___ /___

Subscriber's Insurance #: _____

Testing Dates of Service Requested: Start: ___ /___ /___   End: ___ /___ /___

Tester: _____

Degree: _____ Type of License: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Has a diagnostic interview (90801) taken place? ☐ Yes ☐ No

Date diagnostic interview completed: ___ /___ /___ (If yes, bill 90801)

Provider Who Referred Member to Psychologist for Testing:

Name: _____ Degree: _____

Specialty: _____ Phone: (_____) _____ - _____

Case Background:
(Include current level of care, relevant symptoms, treatment history, previous attempts to answer diagnostic questions including dates and types of previous psychological/neuropsychological testing, psychotropic medications, risk factors, co-occurring substance disorders and medical conditions, MRI, EEG, CAT scan, X-rays, etc.)

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Additional Contracted Services For Behavioral Health

CONTACT Lifeline: An After-Hours Hotline for CDPHP Members

- The CDPHP Access line also operates as a crisis line between the hours of 6 p.m. and 8 a.m., as well as weekends and holidays.

- Dial 1-888-320-9584 between 6 p.m. and 8 a.m. and press 1 to be connected with a live voice.

- Capital Counseling's CONTACT Lifeline is staffed by licensed mental health professionals and is nationally accredited as a crisis center.

In-Home Community Transition Program: "Bridge Appointments"

- CDPHP providers will at times provide an in-home outpatient follow-up visit after discharge from a psychiatric unit in a hospital.

- This service provides review of the discharge plan, medication plan, and early support for recovery.

- For more information, call the CDPHP Behavioral Health Access Center at (518) 641-3600 or 1-888-320-9584.

Mobile Child and Adolescent Crisis Service

- CDPHP contracted with Parsons Child and Family Center to provide mobile crisis intervention services to children and adolescents.

- Depending on the severity and need, crisis interventions can be telephonic or take place wherever the member is situated (e.g., school, home, emergency room).

- Mobile crisis services are available Monday, Tuesday, Wednesday, and Fridays from 11 a.m. to 9:30 p.m. and Thursdays from 1:15 to 9:30 p.m.

- Members can reach the line via the CDPHP Behavioral Health Access Center at 1-888-320-9584 (for after-hours support, a message prompts the caller to select option 1).

Pinnacle Behavioral Health
Alternative Evening Treatment

- This evening program is an appropriate level of care for members recently discharged yet still in need of an intense outpatient continued care plan.

- It can also help avoid another inpatient stay.

- Members will attend an eight- to 12-week series of 90-minute group sessions focusing on symptom management, skill development, and relapse prevention.

- Pinnacle Behavioral Health may be reached at (**518) 689-0244, ext. 22.**

Conifer Park Ambulatory Detox for Opiates

- CDPHP and Conifer Park, Inc. offer this program to help members while they withdraw from opiates.

- Members who attend outpatient treatment from withdrawal can benefit from the ability to remain out of the hospital and in the community.

- Each patient is evaluated to establish a medication treatment regimen and is educated on additional community support services to safely withdraw.

- To learn more or confirm eligibility, please call the CDPHP Behavioral Health Access Center at (518) 641-3600 or 1-888-320-9584.

Conifer Park's Buprenorphine/Naloxone Program for Opioid Dependence

- CDPHP and Conifer Park offer a treatment model to help members addicted to opiates.

- The program involves a short hospital stay and the use of Buprenorphine/Naloxone, the FDA-approved treatment for opioid dependence.

- CDPHP members are scheduled for a screening visit at a local Conifer Park outpatient clinic. (Members must meet certain criteria and sign a patient treatment agreement to participate.)

- Before admission, members are educated on the Buprenorphine/Naloxone induction process and are then admitted to the Conifer Park inpatient facility in Glenville, NY.

- Once admitted, an RN performs a medical assessment and accompanies the member to the detoxification unit for a one-day Buprenorphine/Naloxone induction stay.

- Conifer Park then provides the member with a referral back to the outpatient clinic for Buprenorphine/Naloxone maintenance and counseling treatment.

- To learn more or confirm eligibility, please call the CDPHP Behavioral Health Access Center at (518) 641-3600 or 1-888-320-9584.

LiveWell Intensive Outpatient (IOP) for Eating Disorders

- LiveWell IOP for Eating Disorders offers services for members in need of treatment for all eating disorders.

- This level of care can be used as an alternative to inpatient treatment and as a transition from inpatient care, partial hospitalization, or a step up from outpatient treatment.

- By having an opportunity to offer our members with an intensive outpatient option, we can help improve their treatment outcome without interrupting their daily lives.

- Members will attend group therapy for four hours three afternoons per week.

- Patients will learn skills to manage eating disorder behaviors, thoughts, and emotions under an experienced, licensed clinician.

- Each patient will attend a daily exposure meal group and will be encouraged to work toward individual nutrition goals.

- To qualify, members must be 13 or older, have an eating disorder diagnosis, and be medically stable. Please call the CDPHP Behavioral Health Access Center during business hours at **1-888-320-9584** or contact LiveWell directly at (518) 218-1188.

CPT Coding Changes

Our fee schedule for the timed codes is based on the following guidelines:

Some providers have voiced concern regarding code 90834, which will be reimbursed at a lower rate than the former code of 90806. In the past, code 90806 was the only code a behavioral health provider could bill for a patient seen for more than 30 minutes and less than 75 minutes. The 90806 code reflected what we commonly call the "clinical hour."

While the new codes are tied to a specific, timed session, in actual practice, a session is not necessarily timed to the minute, and a certain amount of flexibility is expected.

Please be aware, however, that CDPHP is mapping **90806 to 90837.**

Code	Stated Length of Session	Actual Range
90832	30 minutes	16 - 37 minutes
90834	45 minutes	37 - 52 minutes
90837	60 minutes	53 minutes +

CPT Code Changes

- The clinical hour is defined differently by different clinicians, and is based on their personal pattern of practice. Most patients are seen between 50 and 60 minutes for a clinical hour.

- **For claims filed on January 1, 2013 and beyond, CDPHP expects that behavioral health providers will use the 90837 code for their "clinical hour."**

- We also assume that the majority of therapy sessions will be coded as 90837. **This will result in a slight increase in overall reimbursement under the new coding and fee schedule.**

Autism Mandate

- Ensures the coverage for the screening, diagnosis, and treatment of the DSM5 diagnosis of autism spectrum disorder.
  - **Applies to:** All HMO and UBI Commercial, Child Health Plus, and NYSHIP
    - Please note: copayments/coinsurance are not applicable for the Child Health Plus plan.
    - Coverage only applies to a member who has a diagnosis of autism spectrum disorder.
  - **Does NOT apply to:** Medicare, Medicaid, ASO, or FEHB
- Applied behavioral analysis (ABA) services must be provided by or supervised by a NYS licensed board certified pursuant to board-certified behavioral analyst (BCBA/BCBA-D).
- CDPHP has a network of plan providers for ABA treatment with credentialing requirements.
- ABA services can be referred to as habilitative services.
- Members are responsible for any applicable deductible, copayment, or coinsurance amounts under their contract.

Autism Mandate: Required Services

Screening and Diagnosis: Coverage will be provided at the appropriate office visit copay/coinsurance, depending on provider type.

Applied Behavioral Analysis (ABA): Covered at the PCP copay/coinsurance amount for up to six hours per day.

- There is no annual maximum amount of units.

- Services are required to be medically necessary

Behavioral health (psychiatric and psychological care): Coverage will be provided at the mental health office visit copay/coinsurance.

Therapeutic Care (PT, ST, OT): Will be covered at the specialist office visit copay/coinsurance if the member contract covers PT, ST, and OT.

Autism Mandate: Required Services

Speech therapy services: Beyond the initial visit for evaluation, they require prior authorization.

- Speech visits will count toward, and will not extend beyond, the existing visit limits for these services.

- Speech visits used by members under an early intervention program (0 through 2 years of age) will not reduce the number of visits available for autism therapeutic care.

Pharmacy Care: Coverage is provided as per the group's plan Rx rider.

- Pharmacy coverage is provided under the mandate only if the policy or contract provides pharmacy coverage.

- Coverage of prescription drugs is subject to all the terms, provisions, and limitations that apply to prescription drug benefits under the contract.

Assistive Communication Devices (ACDs)

- The rental or purchase of assistive communication devices when ordered or prescribed by a licensed provider is covered. Limit one per benefit period.

- The device is covered at the specialist office visit copay and requires prior authorization.

- Coverage is provided for ACDs whether or not the member contract provides coverage for DME.

- A formal evaluation by a speech language pathologist will be covered to determine the need for an assistive communication device, regardless of whether or not the member contract provides coverage for speech therapy.

- Speech pathologist visits for evaluation are covered at the specialist office visit copay/coinsurance and will require prior authorization.

- We will determine if the device should be purchased or rented.

Assistive Communication Devices, cont'd

- One replacement per benefit period is covered when necessary due to a behavior incident or issue. Beyond that, repair and replacement of devices will follow DME policy.

- Our coverage is limited to dedicated devices that are generally not useful to a person in the absence of a communication impairment.

- Items such as laptops, desktop, or tablet computers will not be covered. We will cover software and/or applications that enable a computer to function as a speech-generating device.

- Installation, delivery, service charges, technical support, and routine maintenance are not separately reimbursable.

Covered ABA codes:

- H0031 – Direct Services for Assessment (BCBA-D or BCBA), maximum of 3 units per 12-month period

- H0032 – Treatment plan development (BCBA-D or BCBA) per hour (unit), maximum of 2 units per 12-month period

- H2012 – Supervision of paraprofessional by BCBA-D or BCBA per hour (unit), maximum of 52 units per 12-month period

- H2014 – Services by BCBA-D or BCBA per 15 minutes (unit), maximum of 24 units per day

- H2019 – Therapeutic behavioral services by ABA paraprofessional per 15 minutes (unit), maximum of 24 units per day

Claim Submission and Follow-Up

Claim Submission and Coding

- Submit either a paper or electronic claim (HIPAA-compliant 837 transaction)
- Submit all claims with contracted CPT codes within the required time frame
- Correct age/gender-specific CPT codes
- Claims received after the timely filing requirement will be denied *(member cannot be billed)*
- Mail claims to:

> **CDPHP**
> **PO Box 66602**
> **Albany, NY 12206-6602**

Form CMS 1500

- Ensure the rendering provider's NPI is indicated in field 24J or loop 2310B if billing electronically.

- **Clinics** should leave field 24J blank or use the clinic name and NPI as the rendering provider matching the billing provider NPI and TIN in field 33.

- Be sure fields 12 and 13 indicate that a signature is on file.

- Fill in field 24G with days or units.

- Form should be legible and complete, or will be denied.

- **Clinics** include the AF modifier in field 24D when services are rendered by a psychiatrist.

Form UB04

UB04 claim form

- Member ID#, name, and date of birth
- Facility name, address, and tax ID#
- Valid four-digit site-of-service revenue **and** CPT/HCPCS codes if applicable
- Valid ICD-9/DSM-IV codes
- Date(s) of service
- Place of service code(s)

Coordination of Benefits (COB)

- Bill the primary carrier first.

- Attach the primary carrier's EOB to the paper claim and submit it to CDPHP within the required time frame of the date on the primary carrier's EOB.

- Include the primary carrier's payment amount in loop 2320 on the 837 electronic claim submission.

Provider Reimbursement

- Providers are contractually restricted from accepting member payment above usual out-of-pocket obligation for a covered service.

- Payments are routinely sent on Tuesdays to providers.
  - Group practices receive a single check for all providers in that group who share the same tax ID number.
  - Individual providers receive a check made payable to the physician.

- Two ways to receive an explanation of payment (EOP):
  - Paper: lists paid and denied claims
  - Electronic HIPAA-compliant 835 transaction

- A payment voucher will only accompany your reimbursement check if you do not get an 835.
  - Group vouchers contain separate sections for each physician.

Requests For Additional Review of a Paid Or Denied Claim

- Must be received by CDPHP within six months of the claim adjudication date

- Accompanied by a *Provider Review Form*
  - One form per claim
  - Fill out all fields completely and legibly
  - If appropriate reason for the appeal is not listed, please indicate specific instructions in the "other" field
  - Indicate third-party billing information if applicable
  - *Provider Review Form* may be downloaded from the provider section of www.cdphp.com. Click **Get Your Job Done**, choose **Forms & Documents**, and select **General** from the drop-down menu. If ordering a large supply, use the provider distribution program.

Requests For Additional Review of a Paid Or Denied Claim

- Indicate your internal patient account number.

- Attach any additional supporting documentation that supports your request.

- Do not highlight any portion of the form or the supporting documents.

- Do not submit a copy of the original claim form.

- Do not photocopy review forms.

- Review forms are available at no cost to the provider from CDPHP. Call (518) 641-3500.

Electronic Capabilities

Secure Web Portal

- Allows secured access to:
  - Daily member eligibility and core benefits
  - Daily claim status
  - *Provider Office Administration Manual (POAM)*
  - Resource coordination, quality, credentialing, and pharmacy policies
- Requires security access with login and password
- Forms may be obtained by downloading them from www.cdphp.com. From the provider section, click **Get Your Job Done** and then choose **Forms & Documents**.

How To Reach Us

Credentialing

The following changes must be submitted in writing:

- Add/remove providers from practice

- Cross-covering status changes

- Physical address changes

- Phone number changes

- "Remit to" address changes, *practitioner signature required*

- Tax ID number changes, *practitioner signature required*

Forms can be obtained at www.cdphp.com. From the provider section, click **Get Your Job Done** and then choose **Forms & Documents**.

Contact network services at (518) 641-3321 with questions.

Council for Affordable Quality Healthcare® (CAQH)

- CDPHP works with CAQH to streamline the credentialing process.

- We have adopted the CAQH Universal Credentialing DataSource tool, an online database designed to reduce your administrative burden and eliminate the need to submit multiple paper applications.
  - This secure system is the *required format* for all credentialing activity with CDPHP.

- For more information about CAQH, visit the website at www.caqh.org.

Provider Relations Specialist

- Works with the provider to:
  - Achieve shared goals of quality health outcomes
  - Help ease operations
  - Increase administrative efficiencies
- Coordinates with internal departments at CDPHP on behalf of the provider
- Facilitates the resolution of issues as they arise

Provider Service Representatives

Handle telephone inquiries regarding:

- Claim status

- Billing information

- Appeals for review

- General plan information

Contact the provider service department at (518) 641-3500 or 1-800-926-7526.

Correspondence Representatives

Handle written inquiries from behavioral health clinicians concerning:

- Provider adjustment requests and claim appeals submitted on a *Provider Review Form*

- Medical records for review

- Claim denials

- Mail completed *Provider Review Form* to:

  CDPHP

  500 Patroon Creek Blvd.

  Albany, NY 12206-1056

To Order Forms/Literature

- Contact CDPHP at (518) 641-3500 or 1-800-926-7526

- Provider/practitioner directories for all plans

- Supplies are provided free of charge
  - CMS 1500 claim forms
  - Provider review forms

- *Provider Review Forms* can be downloaded from www.cdphp.com. From the provider section, click **Get Your Job Done** and then choose **Forms & Documents**.

Important Phone Numbers

Office	Telephone Number	Toll-Free Number
Main number	(518) 641-3000	1-888-258-0477
Behavioral health services (eligibility, benefits)	(518) 641-3600	1-888-320-9584
Provider services (claims status, billing information)	(518) 641-3500	1-800-926-7526
CDPHP fraud hotline	(518) 641-3228	1-800-280-6885
To order claim forms, etc.	(518) 641-3500	
Caremark (pharmacy vendor)		1-888-292-6330
Electronic Resources		
Website	www.cdphp.com	
Find-A-Doc	https://findadoc.cdphp.com	
Secure web portal (questions, password reset)	Email: Esecurity@cdphp.com	

Questions and Answers