

Peach State Health Plan



RECOVER. RESOLVE. RESULTS.



Agenda for Core and IFI Meeting February 15, 2011 Joint Venture in Caring for Georgia's Children

10:00 Welcome ---Matt Winchester, COO, Crescent Pines

10:05 Greetings and Introduction of Presenters, PSHP, GAHSC and Cenpatico collaborative

10:15 CSI—Hugo Mullins, Director, Family Ties

10:30 Clinical Orientation---Ryan Wells - Reviews OTR Requests
Need to see evidence of IT/FT

11:00 Question and Answer Session

- Need PEP ROI + Card.
- Can not be phub apv or just OTR w/ date check.

11:30 Tour of Facility (if desired)

- Can req 3003 before 30 free Rn out

- Don't use D+ money/weekly
2x mo 1x week
- NO auth for Med. services
24 units yearly.

- Advocating Fee
Cmo re-application

30 Free; 1-90801
29-90800/90847



Recovery. Resiliency. Results.

Dear Cenpatico Providers:

As you may be aware, a bill was passed during the last session of the Georgia General Assembly that will have a direct impact on the operating procedures of all Care Management Organizations (CMOs) serving Georgia's Medicaid and Peach Care for Kids members. The new law, which is known as House Bill 1234, was signed by the Governor on May 13, 2008 and is scheduled to become effective July 1, 2008.

In order to comply with the new requirements, Peach State and Cenpatico completed an operational review of our policies and procedures and where necessary, we are reconfiguring our systems and revising policies and procedures to fulfill the requirements of the law.

The attached guide contains information regarding the revised policies and procedures that are being implemented to comply with the law and the new procedures you will need to follow as a result of the policy changes. We are also updating our Provider Manuals and other educational resource tools and will make these documents available on our website at www.cenpatico.com. In the interim, the attached guide serves as a reference tool to assist you.

In addition to the attached outline, the CBH Network Managers are always available to schedule training sessions in your office. Please contact your local Network Managers if you have questions or would like to schedule an on-site training session.

- Atlanta Region Carla Menchion at 770-437-3001, cmenchion@cenpatico.com
- Central and Southwest, Clinton Shedd at 478-951-7199 cshedd@cenpatico.com
- Provider Relations, Latisa Kidd at 770-437-3007, lkidd@cenpatico.com

Thank you in advance for your patience while we implement these changes. We value your participation in our network and will work diligently to ensure a smooth implementation of the new procedures.

Sincerely,

Cenpatico Behavioral Health (CBH)
Georgia Network Management Team

Revised Claims Submission Time Frames

Timely Filing Requirements: Dates of Service (DOS) starting July 1, 2008

- All claims must be submitted within **180 days** from the date the service was provided in order to be considered for payment. Claims received after this time frame will be denied for failure to file timely.

Claim Payment:

A Clean Claim will be processed with 15 business days of receipt of the claim. A non-clean claim. Non-clean claims will be adjudicated (finalized as paid or denied) **within thirty (30) days** of receipt of the electronic claim.

Resubmission/Reconsiderations:

- All resubmissions or reconsideration requests must be submitted within ninety (**90**) **days** from the original date submitted in order to be considered for payment. Please include the word "resubmission or reconsideration" and the claim number on the claim form to help us identify that this is a resubmission of an existing claim.
- Claims submitted after the ninety (**90**) **day** time frame will be denied for failure to resubmit timely.

Provider Claim Appeal:

- All appeals of a denied claim must be submitted in writing and filed within thirty (**30**) **days** of the date of denial (date of EOP) in order to be considered. The written correspondence must clearly indicate that you are appealing a denial of a claim.
- Claim appeals submitted after the thirty (**30**) **day** time frame will be denied for failure to request the appeal timely.
- Appeals related to multiple claims may be submitted in a bundle.

Denied Claims:

Claims that have been denied due to erroneous or missing information must be received within six (6) months from the month in which the service was rendered or within three (3) months of the month in which the denial occurred, whichever is later. In order to be considered the denied claim must be resubmitted (see Resubmission process above) with corrected information or be resubmitted via the website. When resubmitting a denied claim on paper more than six (6) months after the month of service, a copy of the Remittance Advice with the denial must be attached to demonstrate that the original claim was submitted timely.

COB -

- Claims must be submitted to CBH with a copy of the EOP from the primary payor within 180 days of the date on the primary payor's EOP, but never more than twelve (12) months from the month of service to:

Cenpatico Behavioral Health
P.O. Box 6700
Farmington, MO 63640-3812

- When submitting a paper claim that has been denied, and is more than **six (6) months** after the month of service, you will be required to provide a copy of the primary payor Remittance Advice with the denial to demonstrate that the original claim was submitted timely.

Website Requirements

Cenpatico maintains a web site that is available to members and providers to assist in obtaining information about participating providers, plan policies and submission of claims. The website can be accessed at www.cenpatico.com and provides the following types of services:

- Searchable provider directory with options to search by:
 - Provider name
 - Specialty
 - Location (city, county, zip)
- Allows providers to submit inquiries and receive response via the website
- Providers may also submit, process, edit and rebill claims electronically via the secure portion of the website.
- Providers may also access their provider remittance advice via the portal within one business day of issuing payment.
- Providers that are not currently registered for the portal, may request access by completing a web portal registration form. Forms are available on our website at www.cenpatico.com. Registration forms should be faxed to CBH at **866-694-3731** Attn: Web portal registration.

Provider Appeals/Consolidated Complaints

In accordance with the revisions in the bill, Cenpatico will allow providers to batch multiple claim appeals that are similar in nature using the revised Provider Adjustment Form. The revised policy will apply only to claims with dates of service that occur after July 1, 2008. The adjustment form must be marked to indicate the nature of the complaint and the number of items attached.

- Providers will have thirty **(30) days** from the date of the EOP to initiate a written request for an appeal of a denied claim. The written correspondence must clearly indicate that you are appealing a denial of a claim
- Appeals received after the thirty **(30) day** time frame will be denied for failure to request the appeal in a timely manner. Appeals should be submitted to:

Cenpatico
P. O. Box 6700
Farmington, MO 63640-3812

- A decision will be rendered within **30 days** of receipt of the appeal and you will receive notification of the decision via the EOP notice or written correspondence. If you are still not satisfied with the decision of the committee, you have the option of choosing an Administrative Review or Binding Arbitration. The request for Administrative Review or Binding Arbitration must be submitted within thirty **(30) days** of receipt of the final decision. Requests received after this time frame will not be considered.
- If your claim was denied or underpaid, but subsequently overturned on appeal, an adjustment will be made to pay the additional amount owed. In addition to the amount paid, twenty (20%) percent interest will be applied to the claim(s) and calculated starting 15 days after the claims were received/submitted. The interest payment will appear on the EOP.

Contracting Conditions

Cenpatico does not require providers to sign exclusive agreements as a condition of contracting. Additionally, we have no stipulations in our agreements requiring providers to participate in multiple product lines. If you have questions or if you need additional clarification regarding this policy, please contact your local Network Manager:

Atlanta Region, Carla Menchion at 770-437-3001
Central and Southwest, Clinton Shedd at 478-951-7199
Provider Relations Specialist (all regions), Latisha Kidd at 770-437-3007

Eligibility Payment Responsibility (72 Hour Eligibility Rule)

Providers will be required to verify member eligibility via the GHP web portal prior to providing services to Peach State members. Providers that verify eligibility and submit claims for dates of services within 72 hours after the verification process will have their claims honored and will not be subjected to recoupments related retrospective eligibility terminations. Listed below are instructions and procedures that must be followed in order to comply with this policy:

- Eligibility verification must be completed via the GHP web portal at www.mmis.georgia.gov
- Providers must print and maintain a valid copy of the eligibility screen shot and provide the information to CBH in the event that a claim reconsideration or appeal is required to process the claim. The screen shot must contain a date/time stamp in order to be considered valid.
- In order to reimburse providers for these services, in most cases you will need to initiate an appeal and supply the plan with proof that verification was obtained via the GHP web portal within the 72 hour time frame.
- Appeals should be submitted to:

Cenpatico
P.O. Box 6700

Farmington, MO 63640-3812

Please Note: This policy only applies if the steps identified above are followed. As a reminder, Medicaid is the payor of last resort; therefore this policy does not supersede the CMS guidelines related to Coordination of Benefits.

Hospital Statistical Reports (HS&R)

Effective July 1, 2008, HS&Rs will be generated by Cenpatico Behavioral Health (CBH) and made available within **thirty (30) days** of receipt of a written request from the provider. Hospitals must submit the written request to the address and contact listed below:

Cenpatico Behavioral Health
3200 Highlands Parkway SE

Suite 200

Smyrna, GA 30082

ATTN: HS&R Report Request

The hospital must provide the following information in order to generate the report.

- Hospital Name
- Hospital Tax ID Number
- Hospital fiscal year or period they want the report generated for

Cenpatico Georgia

Frequently Asked Questions (FAQ)



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GENERAL

Where Does Cenpatico Operate in My State?

CENPATICO managed the behavioral health benefits for members in three regions; Atlanta, Central, and Southwest. The counties that comprise these regions are as follows;

Atlanta Region

Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Henry, Jasper, Newton, Paulding, Pickens, Rockdale, Spalding, Walton

Central Region

Baldwin, Bibb, Bleckley, Chattahoochee, Crawford, Crisp, Dodge, Dooly, Harris, Heard, Houston, Johnson, Lamar, Laurens, Macon, Marion, Meriwether, Monroe, Muscogee, Peach, Pike, Pulaski, Talbot, Taylor, Telfair, Treutlen, Troup, Twiggs, Upson, Wheeler, Wilcox, Wilkinson

Southwest Region

Decatur, Grady, Thomas Seminole, Atkinson, Baker, Ben Hill, Berrien, Brooks, Clay, Calhoun, Clinch, Coffee, Colquitt, Cook, Dougherty, Early, Echols, Irwin, Lanier, Lee, Lowndes, Mitchell, Miller, Quitman, Randolph, Schley, Stewart, Sumter, Terrell, Tift, Turner, Webster, Worth

Who Manages the Physical Health Benefits for Cenpatico Members?

Peach State Health Plan (PSHP) is the physical health benefits vendor for Cenpatico members.

How Do I Contact the Health Plan?

You can reach PSHP by calling **866-874-0633**. You may also visit their website, www.pshpgeorgia.com.

What do I need to do if I have multiple office locations?

A separate Medicaid number is needed for all office locations. You will find the forms to complete for provider enrollment on the www.mmis.georgia.gov website.

CLINICAL

Where Can I Find the Cenpatico Clinical Practice Guidelines & Medical Necessity Criteria?

You can find these materials on the Cenpatico website at www.cenpatico.com. You may also refer to the Cenpatico Provider Manual.

Where Can I Get a Copy of the Preferred Drug Listing (PDL)?

The PSHP Preferred Drug Listing is located within the PSHP Provider Manual. Please visit the PSHP website at www.pshpgeorgia.com to download the Manual.

NETWORK

How Do I Join the Cenpatico Provider Network?

Contact Cenpatico Georgia Provider Relations at **(770) 437-3007** or email the department at lkidd@cenpatico.com.

How Do I Know if I am a Participating Provider in the Cenpatico Network?

If you are unsure of your participating status in the Cenpatico Network, please call Cenpatico Georgia Provider Relations at **(770) 437-3007**. Provider Relations can verify your status and let you know if we need anything in order to expedite your participating status in our referral database and Provider Directories.

Cenpatico Georgia

Frequently Asked Questions (FAQ)



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Do I Need a Medicaid Number and NPI to Join Your Network?

Providers are required to have a Georgia Medicaid number and National Provider Identifier. You must have a NPI by May 23, 2007. Additional details on the NPI program can be found at <http://www.cms.hhs.gov>.

How Do I Obtain a Medicaid Number?

You can apply for a Georgia Medicaid Number online at <https://www.mmis.georgia.gov/wps/portal>. Choose the "Provider Information" tab. The State will notify you when your application has been approved and your Medicaid number is active with the State. Please notify Cenpatico Provider Relations at **(770) 437-3007** once you obtain your notification of approval.

Do I Join as an Individual or as a Group?

You may join on an individual or group basis. If you share a practice with at least one other provider and share a mutual Tax Identification Number, you may join as a group. Please note that each provider within the group must sign an attestation form and complete Cenpatico credentialing.

How Do I Obtain a Copy of the Cenpatico Provider Manual?

Please call Cenpatico Georgia Provider Relations at **(770) 437-3007** to request a Provider Manual or you may download a copy online at www.cenpatico.com. The Manual contains information such as Cenpatico Medical Necessity Criteria, Clinical Practice Guidelines, and policies and procedures regarding Credentialing, Utilization Management, Quality Improvement, and Claims.

How Do I Update My Provider Profile Information?

Please call Cenpatico Provider Relations at **(770) 437-3007** and request a Provider Profile form. This form will allow you to change your provider demographics. Once you complete the form, simply fax it to **866-532-8837**.

What Reasons Should I Contact Cenpatico Provider Relations?

You may contact Cenpatico Provider Relations at anytime. Most frequent reasons providers contact Provider Relations are as follows; address changes, Tax Identification Number updates, referral questions, and the like.

Does Cenpatico Offer Provider Training or CEU Opportunities?

Cenpatico Network Development and Provider Relations are available to conduct provider forums, orientations, or individual training to our Georgia provider network on topics such as Cenpatico policies & procedures, current trends, forums, and CEU opportunities. We also offer free continuing education through Essential Learning available on our website at www.cenpatico.com. Please call Provider Relations at **(770) 437-3007** or go to our website if you would like further information regarding upcoming training events in your area.

CREDENTIALING

What information is included in the Cenpatico Credentialing Process?

Cenpatico credentialing packets include a credentialing application, Provider Specialty Profile, W9, and checklist which request the following information; copy of insurance, license/certifications, DEA/CDS (MD/DO only), curriculum vitae, and explanation for gaps in work history. Hospitals and facilities will also be asked for copies of their CLIA license, program/level of care licensing (when/where applicable), and their JCAHO, CARF, or AOA accreditation.

How Long Does the Credentialing Process Take?

The credentialing process can take up to six (6) months. Once you are fully-credentialed in our network, you will receive notification of your credentialing status from our Credentialing department. While you may be credentialed, you may not be fully loaded in Cenpatico systems as a participating, or "PAR", provider. You will receive notification of your participating, or "PAR", provider status from Cenpatico



Cenpatico Georgia

Frequently Asked Questions (FAQ)

Provider Relations. Once you are loaded in our systems, you will be eligible to receive referrals as an in-network provider.

Do I Need to Be Re-Credentialed?

Cenpatico re-credentials each provider/facility every three (3) years from the date of their initial credentialing date. For example, if you were credentialed on January 1, 2009, your re-credentialing would need to occur before January 1, 2012.

AUTHORIZATIONS

How Do I Know When I am Eligible to Receive Member Referrals?

Once you are loaded in Cenpatico systems as a participating, or "PAR", provider, you will be eligible to receive member referrals as an in-network provider. You will receive a "welcome letter" from Cenpatico Provider Relations as notification that you are a "PAR" provider. If you are unsure of your status in our provider network, please contact Cenpatico Provider Relations at **(770) 437-3007**.

How Do I Get Member Referrals?

Cenpatico employs a team of Customer Service Representatives (CSR) who refer members to Cenpatico providers. Provider Directories are also printed and furnished to our members and are located online at www.pshpgeorgia.com. Referrals are tailored to the member's needs and provider specialty and location are taken into consideration.

When Do I Request Prior Authorization?

Cenpatico requires prior authorization for every billing code except a select group of ongoing medication management codes. Cenpatico has an "authorization grid" that lists the codes that require authorization and lists those codes that do not require authorization. Please contact the Georgia Provider Relations Department at **(770) 437-3007** to request an "authorization grid". All authorization forms (OTR, Psychological testing, etc) can be found in the back of the Georgia Provider Manual or on-line at www.cenpatico.com.

When Do I Complete an Outpatient Treatment Request (OTR) Form?

Once you utilize all sessions authorized by Cenpatico, you will need to complete an OTR form to request additional sessions. You may want to complete an OTR when you only have one (1) session left from the previous authorization. This will allow you ample time to complete and submit the OTR, and for the OTR to be reviewed and approved.

Where Do I Send Completed Outpatient Treatment Requests (OTRs)?

Please fax your completed OTR to **866-694-3649**. The Cenpatico clinical team will review and process your request once it is received. You will be notified of your new/updated authorization via mail. The usual turnaround time is 7-8 business days but it can take up to 14 business days. Provider may also set-up a user account with Cenpatico to submit your OTRs through our online web portal which is located at www.cenpatico.com.

REIMBURSEMENT & CLAIMS

Where Do I Send My Clean Claims?

Please mail your claims to the following address;

Cenpatico Claims Processing
PO Box 6700
Farmington, MO 63640

Cenpatico Georgia

Frequently Asked Questions (FAQ)



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Providers may also set-up a user account with Cenpatico to submit clean claims through our online web portal which is located at www.cenpatico.com. When filing claims with Cenpatico, please bill your claims utilizing the National Provider Identifier (NPI) and the Taxonomy Code.

Can I Submit My Claims Electronically?

Cenpatico Georgia providers may submit electronic claims through Cenpatico approved vendors. Please contact the Centene EDI Department at **1-800-225-2573 ext. 25525** or contact Cenpatico Georgia Provider Relations at **(770) 437-3007** to get a list of approved vendors and request a Trading Partners Profile Form.

What is the Timely Filing Deadline?

You have **180 days** from the Date of Service to submit your claim to Cenpatico for processing and reimbursement.

Do I Use a CMS-1500 or CMS-1450 Form?

All CPT and HCPCS codes must be billed on a CMS-1500 form. All revenue codes must be billed on a CMS-1450 form.

What if I Disagree With a Claims Denial?

If you disagree with a claims denial, you may appeal in writing within **90 days** of the date of the denial on the Explanation of Payment to the following address;

Cenpatico Appeals
PO Box 6700
Farmington, MO 63640

You can find more information regarding the appeal process in the Cenpatico Provider Manual.

How do I Contact Claims Customer Service?

Please contact **866-324-3632** to speak with Claims Customer Service.

Where Do I Find the Covered Billing Codes?

Please refer to your reimbursement exhibit (fee schedule) in your agreement. Please ensure you follow all applicable authorization processes when billing these codes.

My Tax Identification Number Has Changed, What Do I Do?

Submit a letter detailing your approval to change your Tax Identification Number (TIN) (and the new TIN's effective date) in our system with a copy of your updated W9 to Provider Relations via fax at **866-532-8837**. You may also submit these materials to Provider Relations via mail to the following address;

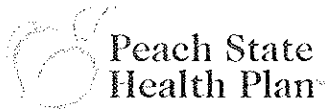
Cenpatico
Georgia Provider Relations
3200 Highlands Parkway S.E. Suite 200
Smyrna, Georgia 30082

Can I Bill a Member for Covered Services?

Per your agreement with Cenpatico and per Georgia Medicaid Guidelines, you may not bill a member for covered services.

Who Do I Contact if My Checks are sent to the Wrong Address?

Please contact Cenpatico Georgia Provider Relations at **770-437-3007** to request a Provider Address Change form.



Provider Reference Card

www.pshp.com

Member Services / Claims Services 1-800-704-1484 TDD/AFH 1-800-659-7487 TDD/ Georgia Baby Services 1-800-353-0037 Voice 1-800-659-7484 Fax 1-800-659-7418 Monday thru Friday 7:00 a.m. to 7:00 p.m.	Provider Services 1-800-704-1484 TDD/AFH 1-800-659-7487 1-800-353-0037 Monday thru Friday 7:00 am to 7:00 pm	Vendor Services - Pharmacy - Behavioral Health - Dental - Vision - Nursewise - Therapy	Valued Added Member Benefits Integrate/Transition Services 1-800-704-1484 TDD/AFH/Voice 1-800-659-7487
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Member Services is available to answer questions regarding the following:

- Benefits explanation
- Eligibility verification
- ID card replacement
- PCP changes

Claims Submission (Paper and EDI):

- Peach State Health Plan (Peach State) encourages its providers to file claims electronically to the plan.
- Listed below are instructions for submitting claims electronically and hard copy.

Electronic Filing Contact:

Peach State Health Plan
 C/o Centene EDI Department
 1-800-225-2573, Extension 25525
 Or by e-mail: EDIBA@centene.com

Submit Paper Claims to:

Peach State Health Plan
 P.O. Box 3030
 Farmington, MO 63640-3812
 Attn: Claim Department

Clearinghouse Vendors:

- Emdeon - 68049
 formerly WEBMD/ENVOY
 McKesson - Professional - 2417
 Institutional - 1921
- PayerPath - 97245
- MedAvant (aka Proxy Med)-68049
- ACS EDI GATEWAY - 77084
 Provider's must register with ACS

Note: Contact Peach State if you have questions about which clearinghouses we are partnered with.

In partnership with the Georgia Families (GF) program, Peach State provides healthcare benefits and services in the following regions:

Atlanta and Central - 06/01/2006
Southwest - 09/01/2006

Contact Peach State for assistance with the following services:

- Answer questions regarding claim status
- Provider education/orientations
- Network participation
- Member eligibility/verification
- Change, update or correct demographic
- Marketing materials

Providers can visit Peach State's Provider Portal at www.pshp.com to access the following:

- Provider Manual
- Peach State Health Plan News
- Provider Directory
- Contact Us
- Georgia Families (GF) Resource Information

The following information is available via the secure portal.

- Member eligibility
- PCP verification
- Submit Claims
- Claims Inquiry
- Adjust Claims
- Authorizations
- Payment History

Therapy Review Systems (TRS)

Emdeon payor id#: 75305
 Claims: 9415 Sunset Dr.
 Suite 218
 Miami, FL 33173
www.thersys.com
 1-866-409-7572

US Script Pharmacy Manager

US Script (Oral and Topical Drugs)
 CareMark (Specialty Injectable Drugs)
 Pharmacy Prior Authorization
 Phone: 1-866-399-0928
 Fax: 1-866-399-0929

Help Desk: 1-800-460-8988
 Fax: 1-559-244-3710
 Pharmacy Help Desk Hours:
 M-F 6:00am - 6:00pm PST
 Sat: 8:00am - 2:pm PST

Pharmacy Claims Submission:
 US Script
 2425 W. Shaw Avenue
 Fresno, CA 93711

BIN# 008019
 Customer Service Email:
customer@usscript.com

Cenpatico Behavioral Health, LLC™ (CBH)

Clearinghouse Vendor: Emedeon Payor ID#68050
 Paper Claims :
 P.O. Box 6700
 Farmington, MO 63640-3805
 1-800-947-0633

Dental Claims

Department - Dentaquest

PMB # 392
 9258 Peachtree Street NE
 Atlanta, GA 30309
 888-696-9557
www.dentaquest.com

Vision Claims - Opticare

P.O. Box 7548
 Rocky Mount, NC 27804
 (Vision 1-866-458-2139)
<http://www.opticare.com/psga>

NurseWise® 24 hour free health information phone line. The nurse triage service provides access to a broad range of health-related services including health education, urgent pharmacy re-fills transportation for treatment, and crisis interventions
 1-800-704-1484, Option 7

MemberConnections™ is an educational outreach program designed to educate members about how to access healthcare services and benefits. The program conducts one on one education with members to ensure that they understand their benefits, the role of the PCP and why its important to establish and maintain a relationship with their PCP. Contact Member Services if you have a patient that needs help understanding the program.

START SMART for Your Baby®

Is our special program designed to educate women who are pregnant.

Start Smart CentAccount Healthy Rewards™

A member incentive program that rewards the member for making healthy choices. Member is eligible to receive incentive dollars for health check screenings and prenatal care visits.

ScriptAssist®

ScriptAssist is a treatment adherence program that uses registered nurses to counsel and motivate targeted, at-risk members with conditions such as asthma, kidney disease, and depression about the reasons for selected medications and their prescription regimen.
 1-877-835-2875 fax: 314-863-8296

Transportation Services - Non-emergent Transportation

PeachCare for Kids members
 To arrange a ride for a PeachCare for Kids member in any of the three regions, please call:
Southeastrans: 1-800-657-9965

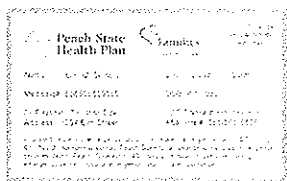
Medicaid members in the following regions, should call:

Atlanta - Southeastrans: 404-209-4000

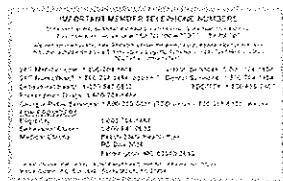
Central - Southeastrans: 1-866-991-6701

Southwest - Southwest Georgia Regional Development: 1-866-443-0761

FRONT OF ID CARD



BACK OF ID CARD



**Cenpatco Behavioral Health
State of Georgia-ALL Regions
Billing Code Authorization Table for Participating Providers**

<p style="text-align: center;">The following billing codes always require Pre-Authorization</p>	<p style="text-align: center;">The following billing codes do not require Pre-Authorization (Except when indicated in parenthesis)</p>
<p><u>CPT:</u> 90870</p> <p>99058- *** Does not require pre-authorization, but you must notify CBH within 24 hours of rendering this code to review for authorization.</p> <p><u>Psychological Testing:</u> 96101, 96102, 96103, 96105, 96110, 96111, 96116, 96118, 96119, 96120</p> <p><u>Hospital Codes:</u> 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239</p> <p><u>Consultations:</u> 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255</p> <p><u>Home Visits:</u> 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99510</p> <p><u>HCPCS:</u> H0014 H0018 series H0020 H0035 H0038 H0039 H0043 H2011 series H2012 series H2014 series H2015 series H0036 H2032</p> <p><u>Higher Level of Care Revenue Codes:</u> All Revenue Codes require CBH authorization by calling 1-800-947-0633.</p>	<p><u>CPT:</u> <u>Diagnostic Evaluation Codes:</u> 90801, 90802 *** (One (1) unit of the above diagnostic assessment codes can be used per member/per provider without pre-authorization every six months only- no exceptions)</p> <p><u>Routine Outpatient Therapy</u> A total of 29 sessions of the following codes can be used per member (does not renew annually) without pre-authorization; One 90801 plus 29 codes below= total 30 visits per patient 90804, 90806, 90808, 90810, 90812, 90814, 90816, 90818, 90821, 90823, 90826, 90828, 90845, 90846, 90847, 90849, 90853, 90857, 90875, 90876, 90880, 90887, 90901 (Once the twenty -nine (29) are used, you must complete a CBH Outpatient Treatment Request (OTR) to obtain an authorization for more sessions)</p> <p><u>Medication & Therapy/Medication Management Codes:</u> 90805, 90807, 90809, 90811, 90813, 90815, 90817, 90819, 90822, 90824, 90827, 90829, 90862, M0064</p> <p><u>HCPCS:</u> H0031-eight units (every 6 months- additional units may be requested by an OTR within 6 months- based on medical necessity) T1001, T1002, T1003 and H2010 (collective) – Maximum 24 units per year H0004 series-40 units without pre-auth—once these sessions have been utilized you must complete an OTR for additional units NOTE: All visits will count against the member’s benefit limits, if there is a visit limitation. NOTE: All visits must be medically necessary. NOTE: Non-participating providers require CBH authorization for all services.</p>



Georgia Outpatient Treatment Request (OTR) Please print clearly. Incomplete or illegible forms will delay processing.

Member Identification

MEMBER NAME John Smith
HEALTH PLAN Peachstate
DATE OF BIRTH 1/23/2000
SS # 123-45-6789
MEMBER ID # GA123456789
LAST AUTH # RE123456

DSM Axes

Please complete all axes.
AXIS I 313.81 Oppositional Defiant Disorder
314.01 ADHD Combined Type
AXIS II None
AXIS III Asthma
AXIS IV Legal, social
AXIS V Current 45 Highest in past year 55

Why did the member originally present for treatment?

Client showing oppositional behaviors at home and school weekly. Client exhibits poor anger control along with destructive behaviors as evidenced by putting holes in the walls of his room and destroying other objects. Client is physically aggressive and fights with peers at school weekly. Aunt is called to school to come get client. Client removed from bio-mom last year due to drug abuse and currently living with aunt and elderly grandmother.

Provider Identification

Check AGENCY or PROVIDER to indicate how to authorize.
[X] AGENCY/GROUP NAME Georgia Mental Health, Inc.
[] PROVIDER NAME Ryan Smith
PROFESSIONAL CREDENTIALS LPC
ADDRESS/CITY/STATE 1234 Smith Ave.
Atlanta, GA 78888
PHONE (123)456-7890 FAX (123) 789-4560
NPI (required) 0001234567A
TAX ID (required) 123456789

Current Risk/Lethality

Suicidal
[X] NONE [] IDEATION [] PLAN* [] MEANS* [] INTENT*
Past attempt date(s)

Homicidal
[X] NONE [] IDEATION [] PLAN* [] MEANS* [] INTENT*
Past attempt date(s)

*Please indicate current safety plans

Current assaultive/violent behavior, including frequency:

Client fights with peers at school weekly and is physically/verbally (slapping, yelling) aggressive daily with aunt at home when doesn't get his way

Clearly describe any risk of out-of-home placement and/or risk for higher level of care:

Aunt and grandmother considering foster care placement if aggressive behaviors are not reduced.

Current Presentation/Symptoms

Describe the CURRENT situation and symptoms. Impact on current functioning (occupational, academic, social, etc.)?

Client continues to slap and throw tantrums when Aunt and GM attempt to enforce appropriate rules. [] MILD [] MODERATE [X] SEVERE

Client has opened up to therapist minimally; however, is now able to verbalize anger and sadness [] MILD [X] MODERATE [] SEVERE

in regards to not seeing mother over the last year. [] MILD [] MODERATE [] SEVERE

MH/SA Treatment History

What has member received in the past?
[] NONE [X] OP MH [] OP SA [] IP MH [] IP SA/DETOX
[] OTHER

List approx. dates of each service, including hospitalizations:

Individual and Family therapy with Georgia Mental Health, Inc. from 1/08 - 7/08.

Current Psychotropic Medications

Prescriber: [X] PSYCHIATRIST [] GENERAL PRACTITIONER
[] OTHER

MEDICATION NAME DATE STARTED COMPLIANT? (Y/N)
Adderall 25mg BID 7/6/10 Yes

Has a psychiatric evaluation been completed? YES (date) _____ NO If no, indicate why this has not been completed:

Member was evaluated in 2008 and has follow up appointments with psychiatrist every three months for continued medication

Substance/Abuse

NONE BY HISTORY CURRENT/ACTIVE USE

DRUG	AMOUNT	FREQUENCY	FIRST USE (DATE)	LAST USE (DATE)

Is member attending AA/NA meetings? YES NO If yes, how often? _____

Current Step: _____ Was a sponsor identified? YES NO

Treatment Details

What therapeutic approach (e.g. evidence-based practice, therapeutic model, etc.) is being utilized with this member?

Behavior Modification Therapy

Are the member's family/supports involved in treatment? YES NO If no, why? _____

Where are services being provided? SCHOOL HOME OFFICE OTHER _____

What other services are being provided to this member that are not requested in this OTR? Please include frequency: _____

Psychiatric appointments 1 per 3 months.

Is care being coordinated with member's other service providers? YES NO N/A

Has information been shared with PCP regarding behavioral health provider contact information, presenting problem, date of initial visit, diagnoses, and any meds prescribed? YES 7/6/10 (date) NO If no, why? _____

Treatment Goals

Describe measurable goals and treatment plan agreed upon by member.

MEASURABLE GOAL	DATE INITIATED	CURRENT PROGRESS (Please note specific progress made.)
Client will reduce anger tantrums at home by learning anger management techniques (self-relaxation, time-outs, stress management) to use daily as evidenced by no more than 1 reported tantrum per week from aunt and GM.	7/6/10	Moderate - client is having difficulty adjusting to new boundaries being set by aunt and GM; however, has lessened intensity of destroying property in the home.
Client will learn and implement 3 new calming strategies as part of a new way to manage confrontations with peers as evidenced by eliminating physical aggression at school.	08/12/10	Moderate - aunt reports a reduction in school calling her to come pick up client.
Therapist will continue to encourage client to verbalize emotions related to bio-mother and normalize his experience, by discussing at least 3 related emotions per session.	08/12/10	Minimal - client only began discussing sadness related to not seeing mother last week.

Treatment Changes

How has the treatment plan been modified since the last OTR?

Therapist will continue to build rapport with client and reinforce strategies for anger management. Therapist will continue to work with aunt and GM on parenting skills and bolster their confidence on appropriate boundary settings. Therapist will alter individual sessions to focus on members recently verbalized sadness surrounding relationship of mother.

Discharge Criteria

Objectively describe how it will be known that the member is ready to discontinue treatment.

Client will be ready to titrate to sessions twice per month when aunt reports no further calls from school to pick member up, physical aggression is eliminated, and member has implemented self soothing techniques to de-escalate emotional outbursts.

Requested Authorization (Please check off appropriate box to indicate modifier, if applicable)

SERVICE	DATE SERVICE STARTED	FREQUENCY HOW OFTEN SEEN	INTENSITY # UNITS PER VISIT	REQUESTED START DATE FOR THIS AUTH	ANTICIPATED COMPLETION DATE OF SERVICE
Behavioral Health Outpatient Services: (billed as CPT codes)	7/6/10	Weekly		10/6/10	7/6/11
<input checked="" type="checkbox"/> Individual Therapy	7/6/10	Every other Week		10/6/10	1/6/11
<input checked="" type="checkbox"/> Family Therapy					
<input type="checkbox"/> Group Therapy					

Group/Family Psychotherapy

H0004 (15 min units)

Ambulatory Detox

H0014 (15 min units)

Intensive Family Intervention

H0036 (15 min units)

Adult Peer Supports

H0038 (15 min units)

Assertive Community Therapy

H0039 (15 min units)

Residential Services

H0043 (per diem)

Crisis Management

H2011 (15 min units)

Family/Group Skills Training

H2014 (15 min units)

Community Support

H2015 (15 min units)

Psychosocial Rehabilitation

H2017 (1 hour units)

If you are a **nonparticipating provider only**, please indicate here any additional codes you are requesting authorization for.

Other code(s) requested:

Have traditional behavioral health services been attempted (e.g. individual/family/group therapy, medication management, etc.) and if so, in what way are these services alone inadequate in treating the presenting problem?

yes, client is currently on medications for his ADHD

Additional information?

client initially had issues of showing up for appointments. appointment time was changed and now client is more compliant with the sessions.

PROVIDER NAME Ryan Smith, LPC

PROVIDER SIGNATURE Sign Here

DATE 8/25/10

Please feel free to attach additional documentation to support your request (e.g. updated treatment plan, progress notes, etc.).

SUBMIT TO: Utilization Management Department 504 Lavaca, Suite 850, Austin, Texas 78701 Phone: 800.947.0633 FAX 866.694.3649



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Utilization Management Department
 504 Lavaca, Suite 850, Austin, Texas 78701
 PHONE 800.947.0633 FAX 866.694.3649

Georgia Outpatient Treatment Request (OTR) Please print clearly. Incomplete or illegible forms will delay processing.

Member Identification

MEMBER NAME _____
 HEALTH PLAN _____
 DATE OF BIRTH _____
 SS # _____
 MEMBER ID # _____
 LAST AUTH # _____

DSM Axes

Please complete all axes.

AXIS I _____
 AXIS II _____
 AXIS III _____
 AXIS IV _____
 AXIS V Current _____ Highest in past year _____

Why did the member originally present for treatment?

Provider Identification

Check AGENCY or PROVIDER to indicate how to authorize.

AGENCY/GROUP NAME _____
 PROVIDER NAME _____
 PROFESSIONAL CREDENTIALS _____
 ADDRESS/CITY/STATE _____

PHONE _____ FAX _____
 NPI (required) _____
 TAX ID (required) _____

Current Risk/Lethality

Suicidal

NONE IDEATION PLAN* MEANS* INTENT*

Past attempt date(s): _____

Homicidal

NONE IDEATION PLAN* MEANS* INTENT*

Past attempt date(s): _____

*Please indicate current safety plans: _____

Current assaultive/violent behavior, including frequency:

Clearly describe any risk of out-of-home placement and/or risk for higher level of care:

Current Presentation/Symptoms

Describe the CURRENT situation and symptoms.

Impact on current functioning (occupational, academic, social, etc.)?

MILD MODERATE SEVERE

MILD MODERATE SEVERE

MILD MODERATE SEVERE

MH/SA Treatment History

What has member received in the past?

NONE OP MH OP SA IP MH IP SA/DETOX
 OTHER _____

List approx. dates of each service, including hospitalizations:

Current Psychotropic Medications

Prescriber: PSYCHIATRIST GENERAL PRACTITIONER
 OTHER _____

MEDICATION NAME _____ DATE STARTED _____ COMPLIANT? (Y/N) _____

Has a psychiatric evaluation been completed? YES _____ (date) NO If no, indicate why this has not been completed: _____

Substance Abuse

NONE BY HISTORY CURRENT/ACTIVE USE

DRUG AMOUNT FREQUENCY FIRST USE (DATE) LAST USE (DATE)

Is member attending AAVNA meetings? YES NO If yes, how often? _____

Current Step: _____ Was a sponsor identified? YES NO

Treatment Details

What therapeutic approach (e.g. evidence-based practice, therapeutic model, etc.) is being utilized with this member?

Are the member's family/supports involved in treatment? YES NO If no, why? _____

Where are services being provided? SCHOOL HOME OFFICE OTHER _____

What other services are being provided to this member that are not requested in this OTR? Please include frequency:

Is care being coordinated with member's other service providers? YES NO N/A

Has information been shared with PCP regarding behavioral health provider contact information, presenting problem, date of initial visit, diagnoses, and any meds prescribed? YES _____ (date) NO If no, why? _____

Treatment Goals

Describe measurable goals and treatment plan agreed upon by member.
MEASURABLE GOAL DATE INITIATED CURRENT PROGRESS (Please note specific progress made.)

Treatment Changes

How has the treatment plan been modified since the last OTR?

Discharge Criteria

Objectively describe how it will be known that the member is ready to discontinue treatment.

Requested Authorization (Please check off appropriate box to indicate modifier, if applicable)

SERVICE	DATE SERVICE STARTED	FREQUENCY HOW OFTEN SEEN	INTENSITY # UNITS PER VISIT	REQUESTED START DATE FOR THIS AUTH	ANTICIPATED COMPLETION DATE OF SERVICE
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Behavioral Health Outpatient Services:

(billed as CPT codes)

- Individual Therapy
- Family Therapy
- Group Therapy

Group/Family Psychotherapy

- H0004 (15 min units)

Ambulatory Detox

- H0014 (15 min units)

Intensive Family Intervention

- H0036 (15 min units)

Adult Peer Supports

- H0038 (15 min units)

Assertive Community Therapy

- H0039 (15 min units)

Residential Services

- H0043 (per diem)

Crisis Management

- H2011 (15 min units)

Family/Group Skills Training

- H2014 (15 min units)

Community Support

- H2015 (15 min units)

Psychosocial Rehabilitation

- H2017 (1 hour units)

If you are a **nonparticipating provider only**, please indicate here any additional codes you are requesting authorization for.

Other code(s) requested:

- _____
- _____
- _____
- _____

Have traditional behavioral health services been attempted (e.g. individual/family/group therapy, medication management, etc.) and if so, in what way are these services alone inadequate in treating the presenting problem?

Additional information?

PROVIDER NAME _____ PROVIDER SIGNATURE _____ DATE _____

Please feel free to attach additional documentation to support your request (e.g. updated treatment plan, progress notes, etc.).