

## Healthy Blue Behavioral Health Q&A Transcript

**Question # 39 –**

**The 10 unmanaged units for children is 16 on the NC-DHHS Clinical Policy 8C. So, how come you guys are doing less visit that those allowed in the NC-DHHS Clinical Policy 8C.**

**Response –**

**We are following the Medicaid Policy which is 16 for children. Please reference the link for the Medicaid Clinical Coverage Policy**

**[https://files.nc.gov/ncdma/documents/files/8C\\_6.pdf](https://files.nc.gov/ncdma/documents/files/8C_6.pdf)**

**Question #42 –**

**The state rule is 16 opt sessions for children.**

**Response –**

**Correct**

**Question # 72**

**Are provisionally licensed staff covered?**

**Response –**

**Our response is based on the clinical policy as stated in section 6**

**Section 6.0 Added statement that licensed professionals must be direct enrolled with Medicaid and must bill under own Medicaid Provider Number. Added sunset clause for Certified Clinical Supervisors to become licensed within 5 years. Added provisionally licensed professionals to the list of providers eligible to bill for service.**

**Question # 76 / #80**

**WE have 24 unmanaged outpatient therapy visits a year now / Currently, the LME's allow 24 unmanaged visits without auth required, why is your limit different?**

**Response –**

**We are following the Medicaid Policy which is 16 for children. Please reference the link for the Medicaid Clinical Coverage Policy [https://files.nc.gov/ncdma/documents/files/8C\\_6.pdf](https://files.nc.gov/ncdma/documents/files/8C_6.pdf)**

**Question #109 –**

**Data Rails is a BCBS platform that provides a spreadsheet snapshot view of Behavioral Health Clients being seen by our practice.**

**Response –**

**The platform for Healthy Blue is separate from Blue Cross of North Carolina. Healthy Blue utilized the Avality system for claims / auths, and enrollment look up**

**Question #110 –**

**I thought the current Medicaid number of unmanaged visits was 24 for adolescents.... is healthy blue reduced to half**

**Response –**

**See response for question # 75**

**Question #111 –**

**Z codes for CPT- outpatient psychotherapy**

**Response –**

**Dr. Bentsen will send comments**

**Question # 114 –**

**What is the difference between Blue Premeir and Healthy Blue plans?**

**Response –**

**Blue Premier is a Health Care plan under the Blue Cross NC product. Healthy Blue is separate since we only provide coverage under the Medicaid umbrella**

**Question # 115 –**

**Will Basic Outpatient Substance Abuse counseling be provided under the Standard Plan with Healthy Blue?**

**Response –**

**Yes, as referenced in the Medicaid Clinical Coverage Policy**

**Question # 116 –**

**When will my representative be assigned to me?**

**Response –**

**Working on assigning now and a dedicated person will be reaching out to you before the 7/1 effective date**

**Question # 117 –**

**Can authorizations be submitted retroactively?**

**Response –**

**Depends on the situation or service. Please refer to our Provider Manuel**

**Question # 118 –**

**Do we need to use Availity or can we use NC Blue Website for authorizations/billing, etc?**

**Response –**

**Availity only**

**Question # 119 –**

**Can you please repeat the website address?**

**Response –**

**Healthybluenc.com (website) / [PC\\_Provider@Healthybluenc.com](mailto:PC_Provider@Healthybluenc.com) (mailbox)**

**Question # 120 –**

**How many Urine Drug Screens are covered?**

## Question

I use TherapyNotes for my electronic health records. The clearing house that TherapyNotes use is Changed Healthcare. When I enter the payer id # 00602, I get a "Payer ID Unknown." Is this going to be fix, when will the payer id #00602 be set-up for EDI claims?

## Answers

NC\_Provider@Healthybluenc.com

Will you be reimbursing the general behavioral integrated code 99484, as well as the Collaborative Care Codes?

We will be reimbursing 99492, 99493 and 99494. No authorization is required.

Will SAIOP / SACOT authorizations being peocessed through you or the LME?

We will be responsible for authorizing those services ONLY for members under the age of 21

Will ABA-RB-BHT require authorization and if so what is the procedure and length of authorization?

Yes. Authorizations are based on clinical necessity **I don't know process**

We now have available 24 unmanaged visits for LPC Therapy visits, will this change?

We will follow the State's clinical policies of 16 visits for members under 21 and 8 visits for members 21 and over 16

Is 12 for children or 16 unmanaged?

did you say that saiop is excluded under healthy blue?

SAIOP is covered ONLY for members under the age of 21

Does peer support require prior approval

No Auth is required

Collaborative Care Codes: 99492

99493

99494

These are covered services and no auth is required

Where should we direct consumers in need of translation/interpreter services as they enroll/select an appropriate plan for Healthy Blue?

1-844-594-5072

The 10 unmanaged units for children is 16 on the NC-DHHS Clinical Policy 8C. So, how come you guys are doing less visit that those allowed in the NC-DHHS Clinical Policy 8C.

We are allowing 16 for members under 21

The state rule is 16 opt sessions for children.

We are allowing 16 for members under 21

Other plans & previous & current Medicaid authorization is 8 & 16 for OPC. Why 12?

We will follow the State's clinical policies of 16 visits for members under 21 and 8 visits for members 21 and over

Is authorization required for ADHD and Autism testing?

Yes for ABA - Some developmental testing does not require authorization depending upon the procedure code

is there a 22 cisit limit

We are following the state's policy on unmanaged visits and visit limits if they are indicated in the policies

Is Methadone dosing(H0020) unmanaged?

No Authorization is required

visit limit

We are following the state's policy on unmanaged visits and visit limits if they are indicated in the policy.

is there a 22 visit limit

We are following the state's policy on unmanaged visits and visit limits if they are indicated in the policies

Are you following Clinical Policies 8-C guidelines? If yes, the number of unmanaged visits for children is 16 versus the 10 stated on today's Q&A training.

We will follow the State's clinical policies of 16 visits for members under 21 and 8 visits for members 21 and over

What is the number to contact Provider Relations?

844-594-5072

Can claims be submitted via mail? If so, what is the address? What is the address to use when submitting claims electronically?

Blue Cross NC | Healthy Blue  
Claims  
P.O. Box 61010  
Virginia Beach, VA 23466

WE have 24 unmanaged outpatient therapy visits a year now.

is peer support covered?

We will follow the State's clinical policies of 16 visits for members under 21 and 8 visits for members 21 and over  
Yes and no authorization is required

Sorry to have to revisit this but I want to make sure I am clear. Clinical Coverage Policy 8c in section 5.2.2.1 states 16 unmanaged.

We will follow the State's clinical policies of 16 visits for members under 21 and 8 visits for members 21 and over

Liz, I really need this question answered: "The 12 unmanaged units for children is 16 unmanaged units in the NC-DHHS Clinical Policy 8C. So, how come you guys are authorizing less unmanaged visits than those allowed in the NC-DHHS Clinical Policy 8

We will follow the State's clinical policies of 16 visits for members under 21 and 8 visits for members 21 and over

Unmanaged visits are currently 8 for adults and 16 for children. You stated 12 for children, so has it been reduced by Healthy Blue?

We will follow the State's clinical policies of 16 visits for members under 21 and 8 visits for members 21 and over  
We are not enforcing the visit limit for E&M codes

The 22 visit limit is for E/M services for anyone over 21 according to 8c 5.1

Is authorization required for psychological assessment?

Given we are following the state's guidelines on limits it does not require authorization if it is within the 16 v for <21 yrs and older.

Will Basic Outpatient Substance Abuse counseling be provided under the Standard Plan with Healthy Blue?

It depends upon the definition of "basic". If referring to OP psychotherapy codes for individual and family counseling cover an SUD dx.

Since you want us to address SDOH issues, will you reimburse for Z codes? which are primarily dx for SDOH.

See Tab labeled BH Covered Z codes for list of covered Z code dx

Is Auth required for 96130, 96131, 96136, 96137, 96112 for Autism testing... is Auth required for the initial evaluation 90791?

96112 does not require authorization. For 90791, given we are following the state's guidelines on limits it does not require authorization if it is within the 16 v for <21 or 8 v for 21 yrs and older. For the remaining testing codes listed, 8 hours of testing is allowed per Plan Year, per member without authorization for combined codes -96130, 96131, 96132, 96136, 96137, 96138, 96139

I thought the current Medicaid number of unmanaged visits was 24 for adolescents.... is healthy blue reduced to half

We will follow the State's clinical policies of 16 visits for members under 21 and 8 visits for members 21 and over

Z codes for CPT- outpatient psychotherapy	See Tab labled BH Covered Z codes for list of covered Z code dx
Will Healthy Blue reimburse for code 90846 if provided telehealth?	90846 is not currently listed in the State's policy on telehealth allowed procedure codes
Will Basic Outpatient Substance Abuse counseling be provided under the Standard Plan with Healthy Blue?	It depends upon the definition of "basic". If referring to OP psychotherapy codes for individual and family counsel cover an SUD dx.
How many Urine Drug Screens are covered	We are currently using NC Medicaid guidelines. <a href="https://files.nc.gov/ncdma/documents/files/1S-8_2.pdf">https://files.nc.gov/ncdma/documents/files/1S-8_2.pdf</a>
<p><a href="https://files.nc.gov/ncdma/documents/files/8C_6.pdf">https://files.nc.gov/ncdma/documents/files/8C_6.pdf</a> 5.2.2 Specific 5.2.2.1 Medicaid Beneficiaries under the Age of 21</p> <p>Outpatient behavioral health services coverage is limited to 16 unmanaged outpatient visits per state fiscal year (inclusive of assessment and Psychological Testing codes). A written service order by a Physician, Licensed Psychologist (doctorate level), Nurse Practitioner (NP) or physician assistant (PA) is required for Associate Level Professionals prior to or on the first date of treatment (excluding the initial assessment). Services provided by the licensed professionals listed in Subsection 6.1 below, other than the Associate Level Professionals, do not require a separate written service order. These licensed professionals shall document the service or services they are providing, document the medical necessity of the service(s) being provided, and this documentation shall be signed by the licensed NC Medicaid Medicaid and Health Choice</p> <p>Outpatient Behavioral Health Services Clinical</p>	I'm unclear on the question; however, Healthy Blue follows the NC Behavioral Health Clinical Coverage Policies
Comprehensive psychological assessments can take longer than 8 hours, what is the procedure for authorization/claims after the initial 8 hours?	A request for additional neuropsychological / psychological testing would need to be made along with clinical rati the request.

**Question # 122 –  
Can we verify eligibility in NC Track also or is it just Availity?**

**Response –  
Both**

