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


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 is section 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


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 Premer 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 (mailbox)

Question # 120 –
How many Urine Drug Screens are covered?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>I use TherapyNotes for my electronic health records. The clearing house</td>
<td><a href="mailto:NC_Provider@Healthybluenc.com">NC_Provider@Healthybluenc.com</a></td>
</tr>
<tr>
<td>that TherapyNotes use is Changed Healthcare. When I enter the payer id</td>
<td></td>
</tr>
<tr>
<td># 00602, I get a “Payer ID Unknown.” Is this going to be fix, when will</td>
<td>We will be reimbursing 99492, 99493 and 99494. No authorization</td>
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</tbody>
</table>
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.

What is the number to contact Provider Relations?

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

WE have 24 unmanaged outpatient therapy visits a year now.

is peer support covered?

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.

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

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

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

Is authorization required for psychological assessment?

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

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

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

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.
<table>
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<tr>
<td>Can we verify eligibility in NC Track also or is it just Availity?</td>
<td>Both</td>
</tr>
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Z codes for CPT - outpatient psychotherapy

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<td>Will Healthy Blue reimburse for code 90846 if provided telehealth?</td>
<td>90846 is not currently listed in the State's policy on telehealth allowed procedure codes</td>
</tr>
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Will Basic Outpatient Substance Abuse counseling be provided under the Standard Plan with Healthy Blue?

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<td>It depends upon the definition of &quot;basic&quot;. If referring to OP psychotherapy codes for individual and family counseling, we will cover an SUD dx.</td>
<td></td>
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</tbody>
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How many Urine Drug Screens are covered

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<td>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> <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 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 Outpatient Behavioral Health Services Clinical Comprehensive psychological assessments can take longer than 8 hours, what is the procedure for authorization/claims after the initial 8 hours?</td>
<td>I'm unclear on the question; however, Healthy Blue follows the NC Behavioral Health Clinical Coverage Policies A request for additional neuropsychological / psychological testing would need to be made along with clinical rationale for the request.</td>
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