

# Behavioral Health

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This section of the provider manual contains essential information specific to mental health and chemical dependency services.

Information detailed within includes:

- *Regence Behavioral Health Policy Manual* terms and conditions
- Utilization management guidelines
- Treatment plan guidelines
- Quality Management activities including: clinical practice guidelines, treatment record keeping, chart notes and HIPAA, record reviews, site visits, the Behavioral Health Advisory Committee and Behavioral Health programs
- How to contact us

## **Regence Behavioral Health Policy Manual terms and conditions**

### **Description**

The Regence Behavioral Health Policy Manual contains policies approved by Regence. Behavioral health policies are created using evidence-based treatment guidelines as well as clinical best practices and standards of care. They are consistent with Milliman Care Guidelines, Substance Abuse and Mental Health Services Administration (SAMHSA) and culturally-competent practice philosophy and standards. The behavioral health policy manual is available on our *Provider Web Site*.

### **Use**

Regence Plans use behavioral health policies as guidelines for coverage determinations in our employer and member products, unless otherwise indicated.

### **Conflict with Plan documents**

In the event of a conflict between a behavioral health policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. Plan documents include, but are not limited to, member contracts, summary plan documents and other coverage documents prepared by a Plan.

### **Restrictions and limitations**

Behavioral health policies **do not** determine the schedule of benefits. Medical policies are used to determine if a service will be paid by a Plan. Behavioral health policies are interpreted and applied in the sole discretion of the Plan. Behavioral health policy application is subject to state and federal laws and any

specific instructions from Plan sponsors of self-insured groups. Behavioral health policies **do not** constitute behavioral health advice and **do not guarantee any results or outcomes**. Members should discuss any health care related questions with their appropriate health care provider.

Behavioral health policies are the property of Regence and are prohibited from being used for any commercial purposes. Commercial use does not include for purposes related to the health care of a Regence Plan member. In addition, Current Procedural Terminology (CPT) codes and descriptions are the property of the American Medical Association (AMA) with all rights reserved. There is no obligation to update this site, meaning the behavioral health policies displayed on the AMA site may be out of date.

### Care management guidelines

Beginning January 1, 2007, care is reviewed when utilization for a member reaches the following levels, at which point a treatment plan may be required. Care management includes prospective, concurrent and retrospective review. For additional care management information, please refer to the Care Management chapter in this manual.

Type of service	Services reviewed
Outpatient mental health	After the 30th visit (combining all behavioral health professional services, throughout the member's coverage with us).
Inpatient mental health	After 8 days
Residential mental health	After 8 days
Mental health partial hospitalization program (PHP)	After 8 days
Inpatient chemical dependency (Detox)	After 7 days, per medical notification guidelines
Residential chemical dependency	After 8 days
Outpatient chemical dependency	Will not routinely be reviewed

### Treatment Plan Guidelines

Regence Behavioral Health oversees any behavioral health care services provided to our members to ensure that the professional care they receive conforms to ethical standards, including confidentiality, and is medically necessary. Please refer to the Regence Behavioral Health Policy Manual for **Outpatient Treatment Medical Necessity Criteria** on our *Provider Web Site*.

The Regence **Behavioral Health Treatment Plan Request Form** is available in the *Provider Web Site's* Provider Library section. This form is required for authorization beyond the 30th outpatient mental health session. Timely submissions of treatment plans provide a basis for further authorization of outpatient care.

## Quality Management Activities

### Clinical Practice Guidelines

Regence supports the use of practice guidelines to assist in determinations of the clinical appropriateness of treatment services provided for the mental health and chemical dependency disorders and conditions listed below. The practice guidelines describe generally accepted practices and were developed by nationally recognized organizations. These guidelines are available on our *Provider Web Site* at

**[www.or.regence.com/provider/clinicalCorner/docs/behavioralHealthPracticeGuideline.pdf](http://www.or.regence.com/provider/clinicalCorner/docs/behavioralHealthPracticeGuideline.pdf)**

<b>ADULTS</b>	
Alzheimer's Disease and Other Dementias of Late Life	American Psychiatric Association <b><a href="http://www.psych.org/psych_pract/treatg/quick_ref_guide/Alzheimer's_QRG.pdf">www.psych.org/psych_pract/treatg/quick_ref_guide/Alzheimer's_QRG.pdf</a></b>
Bipolar Disorder	American Psychiatric Association <b><a href="http://www.psych.org/psych_pract/treatg/quick_ref_guide/Bipolar_QRG.pdf">www.psych.org/psych_pract/treatg/quick_ref_guide/Bipolar_QRG.pdf</a></b>
Borderline Personality Disorder	American Psychiatric Association <b><a href="http://www.psych.org/psych_pract/treatg/quick_ref_guide/BPD_QRG.pdf">www.psych.org/psych_pract/treatg/quick_ref_guide/BPD_QRG.pdf</a></b>
Eating Disorders	American Psychiatric Association <b><a href="http://www.psych.org/psych_pract/treatg/quick_ref_guide/EDs_QRG.pdf">www.psych.org/psych_pract/treatg/quick_ref_guide/EDs_QRG.pdf</a></b>
Major Depressive Disorder	American Psychiatric Association <b><a href="http://www.psych.org/psych_pract/treatg/quick_ref_guide/MDD_QRG.pdf">www.psych.org/psych_pract/treatg/quick_ref_guide/MDD_QRG.pdf</a></b>
Obsessive Compulsive Disorder	Expert Consensus Guideline Series <b><a href="http://www.psychguides.com/ocgl.html">www.psychguides.com/ocgl.html</a></b>
Panic Disorder	American Psychiatric Association <b><a href="http://www.psych.org/psych_pract/treatg/quick_ref_guide/Panic_QRG.pdf">www.psych.org/psych_pract/treatg/quick_ref_guide/Panic_QRG.pdf</a></b>
PTSD	American Psychiatric Association <b><a href="http://www.psych.org/psych_pract/treatg/quick_ref_guide/ASD-PTSD_QRG.pdf">www.psych.org/psych_pract/treatg/quick_ref_guide/ASD-PTSD_QRG.pdf</a></b>
Schizophrenia	American Psychiatric Association <b><a href="http://www.psych.org/psych_pract/treatg/quick_ref_guide/Schizophrenia_QRG.pdf">www.psych.org/psych_pract/treatg/quick_ref_guide/Schizophrenia_QRG.pdf</a></b>
Substance Use Disorders	American Psychiatric Association <b><a href="http://www.psych.org/psych_pract/treatg/quick_ref_guide/SUD_QRG.pdf">www.psych.org/psych_pract/treatg/quick_ref_guide/SUD_QRG.pdf</a></b>

Suicidal Behaviors	American Psychiatric Association <a href="http://www.psych.org/psych_pract/treatg/quick_ref_guide/Suibehavs_QRG.pdf">www.psych.org/psych_pract/treatg/quick_ref_guide/Suibehavs_QRG.pdf</a>
<b>CHILDREN OR ADOLESCENTS</b>	
ADHD	American Academy of Child and Adolescent Psychiatry <a href="http://www.aacap.org/galleries/PracticeParameters/New_ADHD_Parameter.pdf">www.aacap.org/galleries/PracticeParameters/New_ADHD_Parameter.pdf</a>
Anxiety Disorders	American Academy of Child and Adolescent Psychiatry <a href="http://www.aacap.org/galleries/PracticeParameters/JAACAP_Anxiety_2007.pdf">www.aacap.org/galleries/PracticeParameters/JAACAP_Anxiety_2007.pdf</a>
Autism/Other Development Disorders	American Academy of Child and Adolescent Psychiatry <a href="http://www.aacap.org/page.wv?section=Practice+Parameters&amp;name=Practice+Parameters">www.aacap.org/page.wv?section=Practice+Parameters&amp;name=Practice+Parameters</a>
Bipolar Disorder	American Academy of Child and Adolescent Psychiatry <a href="http://www.aacap.org/galleries/PracticeParameters/JAACAP_Bipolar_2007.pdf">www.aacap.org/galleries/PracticeParameters/JAACAP_Bipolar_2007.pdf</a>
Conduct Disorder	American Academy of Child and Adolescent Psychiatry <a href="http://www.aacap.org/page.wv?section=Practice+Parameters&amp;name=Practice+Parameters">www.aacap.org/page.wv?section=Practice+Parameters&amp;name=Practice+Parameters</a>
Depressive Disorders	American Academy of Child and Adolescent Psychiatry <a href="http://www.aacap.org/page.wv?section=Practice+Parameters&amp;name=Practice+Parameters">www.aacap.org/page.wv?section=Practice+Parameters&amp;name=Practice+Parameters</a>
Obsessive Compulsive Disorder	American Academy of Child and Adolescent Psychiatry <a href="http://www.aacap.org/page.wv?section=Practice+Parameters&amp;name=Practice+Parameters">www.aacap.org/page.wv?section=Practice+Parameters&amp;name=Practice+Parameters</a>
Substance Use Disorders	American Academy of Child and Adolescent Psychiatry <a href="http://www.aacap.org/galleries/PracticeParameters/substanceUseDisorder.pdf">www.aacap.org/galleries/PracticeParameters/substanceUseDisorder.pdf</a>
Suicidal Behaviors	American Academy of Child and Adolescent Psychiatry <a href="http://www.aacap.org/page.wv?section=Practice+Parameters&amp;name=Practice+Parameters">www.aacap.org/page.wv?section=Practice+Parameters&amp;name=Practice+Parameters</a>

### **Treatment Record Keeping**

Regence Behavioral Health believes well-documented treatment records contribute to effective treatment and allow for coordination and continuity of care. The provider is responsible for maintaining an adequate clinical record for each member and providing Regence Behavioral Health with clinical data as requested for utilization review or quality management. All contacts regarding the member should be documented and include the member's name and date of contact. Records should be legible, maintained in chronological order, and signed in ink with the clinician's name and credentials. All treatment charts should be readily accessible and stored in a secure environment to protect member confidentiality. Documentation in the record should include, but is not limited to:

- Key demographic data
- Presenting problem
- Mental status exam and current clinical status
- DSM-IV diagnosis (Axis I-V)
- Full psychological and medical history

- Complete developmental history for children and adolescents, including relevant prenatal and perinatal events
- Substance use evaluation, including past and present use of cigarettes, alcohol, illicit, prescribed and/or over-the-counter drugs
- Current prescription medications, including the name, dosage, instructions for use and any side effects experienced
- Prescribing providers should document that noted positive benefits outweigh noted side effects
- Treatment plan with measurable goals
- Date and length of the therapy sessions
- Content of the therapy session, such as therapeutic interventions used and major themes discussed
- Summary of the patient's progress or lack of progress toward the treatment goals
- All diagnostic and treatment services provided or ordered
- With member consent, documentation of coordination of care with the primary care physician and other involved clinicians
- Number of participants and relationship of the participants to the patient if it is conjoint or family therapy, as well as a summary of how the participants responded to the session
- Discharge plan for patients being treated in an inpatient setting, residential program, partial hospitalization/day treatment program or intensive outpatient program

### **Psychotherapy chart notes and the HIPAA Privacy Regulation**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) outlines five regulations that significantly changed the manner in which electronic health care information is collected, transmitted and protected. One such regulation, the Privacy Regulation, pertains to oral and written communication as well as electronic, it affects most health care providers.

Under this regulation, providers are required to post detailed privacy policies in a conspicuous place to advise patients of their rights, including the right to request their personal medical record. HIPAA access to medical records is much more permissive than current Oregon Law, except with regard to psychotherapy notes.

Behavioral health professionals are permitted to maintain psychotherapy notes separately from the rest of the chart. These psychotherapy notes may represent personal notes used to record or analyze group, individual or family therapy and unlike the rest of the chart do not have to be disclosed to the patient. However, under the HIPAA Privacy Regulations, psychotherapy notes can be secured by a specific authorization, not by a general consent.

Non-psychotherapy notes should be maintained in the patient's chart. Any items falling into the non-psychotherapy notes category must be disclosed to the health plan and also to the patient, with only a general consent. With patient

authorization (specific disclosure with expiration and/or revocation rights) psychotherapy notes may also be disclosed to the health plan. All Regence provider agreements require the creator of the record to release records necessary to facilitate payment and health plan operations.

By HIPAA definition, "non-psychotherapy notes" include notes relating to:

- diagnosis
- functional status
- treatment plan
- progress notes
- medications
- prognosis
- symptoms
- treatment encounters
- clinical tests

One alternative for behavioral health providers is to maintain notes for the patient and the health plan in one part of the chart, and psychotherapy notes for the professional provider as the "creator" and the health plan in another part of the chart.

Under some circumstances non-psychotherapy notes may be sufficient to meet health plan's needs for documentation. However, the quality of record keeping varies widely and access to psychotherapy notes may be necessary to make payment on some claims.

### **Record Reviews**

Regence Behavioral Health conducts medical record reviews at the offices of selected network providers annually as part of our quality management activities. To assess compliance with medical records standards, the medical recordkeeping practices of selected high volume practitioners are audited quarterly by Regence Behavioral Health. As high volume practitioners near recredentialing, members receiving care from a behavioral health provider in the prior 12 months are identified. A letter is sent to selected behavioral health professionals, requesting blind copies of the five clinical records and two Employee Assistance Program records that were chosen for review. Audit results are used to give providers feedback (particularly when results are below the 80 percent performance goal) and to drive organizational quality improvement. Regence Behavioral Health has also found that effective treatment record documentation supports treatment outcomes through improved treatment planning, the monitoring of member progress toward goals and improved communication in the case management process.

Quality clinical recordkeeping may also reduce risk management difficulties for provider by providing a record of the treatment progress along with

documentation of informed consent, patient's understanding of their rights and responsibilities and patient's understanding of the treatment plan.

### **Site Visits**

Professional performance monitoring through practice site visits and treatment record review may be conducted for behavioral health providers. A Regence representative will contact the provider's office to schedule a time to visit the office and perform the review.

### **Behavioral Health Advisory Committee**

Regence established the Oregon Behavioral Health Advisory Committee to advise management on the issues impacting behavioral health services. Our goal is to enhance our relationship with the behavioral health community by encouraging open dialogue and increasing transparency with regard to our business practices. Behavioral health professionals, clinics and facilities are encouraged to contact committee members with comments or questions regarding Regence behavioral health practices. Your behavioral health provider relations representative can provide you with assistance in contacting a committee member.

### **Behavioral Health Programs: Case Management, Disease Management and Health and Wellness**

Regence provides a wide range of care management programs and resources designed to support our members. Regardless of their focus, all care management programs are intended to supplement and reinforce the care and guidance provided to our members through tailored educational materials and clinical support. Program availability varies by group and benefit plan. More information about these programs is detailed in the Care Management section (hyperlink) of this manual.

### **How to contact us**

Regence Behavioral Health is your main point of contact for billing, coding, contract terms, demographic information changes and other issues specific to behavioral health. Contact your behavioral health representative for:

- New office orientations
- Questions on contract terms
- Explanations of specific medical, administrative or reimbursement policies
- General education regarding billing and coding methods
- Requests for Regence BCBSO contracts
- Provider information changes (e.g., address or tax identification changes)
- Provider complaints or grievances

To contact a behavioral health relations representative, please refer to the *Who to Contact* chapter B in this manual.