

NOVEMBER  
2012

# VALUED PROVIDER eNEWSLETTER

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## REDUCING THE RISK OF COMPLETED SUICIDES: SUICIDE PREVENTION RATING SCALE

By: B. STEVEN BENTSEN, M.D., MBA, DFAPA  
ValueOptions® North Carolina Medical Director

Depression's associated suicide attempts and related self-injurious behavior is a major health concern. United States data shows suicide as the 11<sup>th</sup> leading cause of death for all ages, one completed suicide occurs every 15 minutes. 2009 CDC data indicates that about 15 % of students in grades 9-12 seriously consider suicide and about 6% reported making at least one suicide attempt in the past 12 months. Recent data also shows a connection between peer victimization such as bullying increases suicidal behavior three fold. The causes of suicidal behavior are multifactorial and complex. The goal of evaluation of suicide is straightforward, reduction of risk factors and promotion of protective factors as well as continued monitoring for exacerbation. This is major challenge for health care providers given numerous competing time demands and treatment concerns. ValueOptions® believes that improving the quality of suicide risk assessments will reduce the rate of completed suicides in members in treatment.

Assessment of suicide risk became an increased issue both clinically and from a liability standpoint with the FDA's black-box warning of suicide risk for antidepressants used with children and adolescents. This resulted in an increased need to identify at risk patients and contributed to increased research in the prevention and identification of suicide risk.

Several suicide severity scales have been developed to assist the clinician in conducting a formulation of risk. Nevertheless, one challenge in the use of suicide severity scales is dissemination of the scale after development.

One such scale is the C-SSRS (Columbia-Suicide Severity Rating Scale). This scale has demonstrated psychometric validity and reliability in both adolescent and adult populations. Information is available at [www.cssrs.columbia.com](http://www.cssrs.columbia.com). Rating scales for clinical practice including military population are available. Scales address initial and ongoing assessment for suicide risk. Information regarding training (brief 30 minute slide presentation) is also available through the website.

**Although there is no screening tool that can provide identification or risk with 100 percent certainty**, it is essential that modifiable risk factors are identified and that actions are put in place in the treatment planning process to attempt to decrease the risk of completed suicide. Standardization of suicide risk assessment, especially in at risk populations, can identify patients with greater frequency and is also protective from a medicolegal standpoint. ValueOptions would like you to consider utilizing the C-SSRS or another validated instrument scale as part of your suicide assessment. ValueOptions has been granted permission to post the C-SSRS's on the ValueOptions website with permission to use. You can download the C-SSRS's under the Suicide Prevention Tool Kit at:

[http://www.valueoptions.com/providers/Network/NCSC\\_State\\_Local\\_Government.htm](http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm)

## IN THIS ISSUE:

- Reducing the Risk of Completed Suicides
- Medical Necessity Criteria Change
- ValueOptions Treatment Guidelines
- Valueoptions NC Service Center Prevention Projects
- MOS Provider Continued Education
- 2013 Major Changes to CPT® Codes
- Balance Billing
- Member Eligibility & COB
- Direct Claim Submission
- Re-credentialing Application on ProviderConnect
- Duty to Warn Webinar Series
- Giving Value Back to the Provider Webinar Series

**Contact Us:** Please send your comments, ideas and suggestions for upcoming editions of the Valued Provider eNewsletter to [PRelations@ValueOptions.com](mailto:PRelations@ValueOptions.com).





## IMPORTANT NOTICE - MEDICAL NECESSITY CRITERIA CHANGE

ValueOptions has updated our medical necessity criteria set for substance use cases. The revised criteria will go into effect on January 1, 2013 subject to specific contract requirements. The substance use criteria are now structured to be consistent with our mental health medical necessity criteria which have not been affected.

**Why are we making a change?** This change is designed to provide an easier to navigate framework for making clinical decisions. The change also enhances our ability to explain the rationale for these decisions using a framework that translates ASAM terminology into more readily understood language for both providers and members.

**How do the ValueOptions substance use criteria relate to the American Society of Addiction Medicine (ASAM) placement criteria?** We have historically used and will continue to use ASAM as the source of our clinical decisions related to substance abuse services. We are repositioning the ASAM criteria as a 'back end' decision support resource rather than the front end decision tool. ASAM is a nationally recognized organization with expertise in the area of addiction treatment. ValueOptions will continue to use the ASAM information as a national criteria reference tool in the same way we use the American Psychiatric Association (APA) treatment guidelines with our mental health decisions. ValueOptions clinicians seeking to differentiate levels of care may still use the ASAM 6 Dimensions as needed to further inform the appropriate level of care. The ValueOptions Substance Use criteria will be the decision tree and decision outcome explanation.

Please access the ValueOptions [Substance Use Medical Necessity Criteria Provider FAQ](#) for additional information.

The ValueOptions Substance Use Medical Necessity Criteria are expected to be available on our [Clinical Criteria](#) web page on or after November 19, 2012.

## VALUEOPTIONS TREATMENT GUIDELINES

ValueOptions clinical practice guidelines are adopted from recognized sources such as professional behavioral health care organizations and professional literature. The clinical guidelines incorporate content from clinicians who are considered specialists in their respective fields, as well as feedback from practitioners in the community.

ValueOptions has recently reviewed and/or made changes to the following clinical practice guidelines:

- Autism Spectrum Disorders
- Generalized Anxiety Disorder - Adolescents
- Generalized Anxiety Disorders - Adults
- Suboxone (SAMHSA/CSAT Tip 40)

Clinical practice guidelines are available on the ValueOptions website:

[http://www.valueoptions.com/providers/Handbook/treatment\\_guidelines.htm](http://www.valueoptions.com/providers/Handbook/treatment_guidelines.htm)

*"ValueOptions has recently reviewed and/or made changes to their clinical practice guidelines."*

## VALUEOPTIONS NORTH CAROLINA SERVICE CENTER PREVENTION PROJECTS

### Alcohol Prevention During Pregnancy

*“MedStar Family Choice and ValueOptions are collaborating on an initiative to increase screening of pregnant women for alcohol use during pregnancy.”*

MedStar Family Choice and ValueOptions® are collaborating on an initiative to increase screening of pregnant women for alcohol use during pregnancy. The incidence of alcohol use among pregnant women is unchanged since 1991 based on research published by the US Centers for Disease Control and Prevention (CDC) when comparing rates between 1991 and 2005. The National Institute on Drug Abuse in 1996 released data showing an incidence rate in 1992 of 18% for alcohol use while pregnant.

A brochure from the CDC entitled: **Think Before You Drink** will be enclosed in mailings to pregnant women along with other prenatal materials. The pamphlet provides education regarding the effects of alcohol on the baby and provides information should the woman need assistance to stop drinking. The pamphlet is available in English and Spanish.

ValueOptions recommends that practitioners consider using the T-ACE (T=tolerance, A= annoyed, C= cut down, E=eye opener) screening tool developed by R. J. Sokol, MD. This four item questionnaire is based on the CAGE, but was developed specifically for prenatal use. It takes about one minute to ask and provides validated screening for risk-drinking.

In addition, for high risk women, a urine test for ethylglucuronide (EtG) is now widely available. This test, if positive, indicates exposure to alcohol up to 5 days prior to the test. Verify interpretation of results with your laboratory.

Early screening can contribute to “better risk identification, secondary prevention efforts, and improved pregnancy outcomes for offspring at risk from heavy prenatal alcohol exposure”. (Sokol RJ, Martier SS, Ager JW: American Journal of Obstetrics/ Gynecology 1989 Apr, 160(4): 863-8). Research by Grace Chang, MD concludes that consistent screening followed, when indicated, by brief interventions with women and their partners can result in reduced drinking levels even with high levels of use. (2005)

A copy of the T-ACE may be downloaded at: [http://www.valueoptions.com/providers/Network/NCSC\\_State\\_Local\\_Government.htm](http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm)  
Please call **866-719-6032** for a copy if you do not have internet access.

### Promoting Early Detection of Substance Use Disorders in Youth

Substance use disorders are a major problem in adolescents and a leading cause of mortality and injury. Although still a major health issue, adolescent substance use of all drugs and alcohol except for prescription opiates has decreased over the past five years. The use of prescription opiates continues to rise. Surprisingly some studies show over 80% of high school graduates have tried alcohol, making the use of alcohol almost normative in teens. The major clinical challenge is identifying youth who need treatment and to identify those who are at risk of developing chronic substance use disorders in adulthood. SAMHSA, through *The National Survey on Drug Use and Health* in 2006, reported that approximately 5% of youth between the ages of 12-17 need substance use treatment.

Adolescence is marked by neurological development in areas of motivation and impulsivity which contributes greatly to substance use. Causes of use are multifactorial and complex. Thankfully for most adolescents problematic use extinguishes in the early 20s. Programs teaching life skills and strategies to resist drug use can be helpful and early intervention is the major prevention strategy.

As a first step, it is vital to assess for problematic use in the teen population. The CRAFFT questionnaire has high reliability in 14-to-18 year olds and can be easily administered. Copies may be downloaded from the ValueOptions® website: [http://www.valueoptions.com/providers/Network/NCSC\\_State\\_Local\\_Government.htm](http://www.valueoptions.com/providers/Network/NCSC_State_Local_Government.htm)

This version of the CRAFFT was developed by the Center for Adolescent Substance Abuse Research (CeASAR) at Children’s Hospital is used with permission from CeASAR and the Massachusetts Partnership. It is designed for self-administration by the adolescent while in the waiting room. A score of two or more “yes” answers suggests a significant problem, abuse, or dependence, but is not sufficient to make a diagnosis. A clinical evaluation is indicated.

ValueOptions has a toll-free PCP Consultation Line for Pediatricians and Family Practice staffed by board certified psychiatrists call **(877) 241-5575** from 9 a.m. to 5 p.m ET. This service includes consultation regarding substance abuse assessment and treatment.





## MILITARY ONESOURCE (MOS) PROVIDER CONTINUING EDUCATION

ValueOptions celebrates the anniversary of managing the Military OneSource (MOS) contract. We are very grateful to the MOS Network providers who have provided care to service members and their families and all who have joined the MOS Network over the past year. ValueOptions also wishes to thank you for your compliance with the Military OneSource contractual obligations.

For those providers who joined the MOS Network in 2011, the continuing education requirement of this contract is coming due with the Annual Renewal Training. All providers participating in the MOS Network are required to take an annual training within one year of completing the initial training. We will be sending invitations and reminders to all providers whose training are coming due. Free CEU credits will be available for those who take the trainings via Essential Learning, and we will also be offering the training via weekly live webinars. In order to complete the annual training, please log onto Essential Learning at <http://vomilitaryonesource.training.essentiallearning.com/> using your 6 digit Value Options ID and the password: 'VALUEOPTIONS.' As an alternative, providers can register for a live webinar on the [MOS Network Specific Page](#).

Providers can contact us at [MOSproviderrelations@militaryonesource.com](mailto:MOSproviderrelations@militaryonesource.com) with further questions about the training.

Essential Learning now offers an additional series of Military client specific trainings. ValueOptions is anticipating the creation of a **Serving Our Veterans Certificate** for those who complete all of the trainings within this series. For those who wish to further advance their knowledge of military culture and issues affecting military families, please take advantage of this training series. These courses do not take the place of the required MOS Trainings and they are located on Essential Learning's CEQuick website at <http://vomilitaryonesource.training.essentiallearning.com/>.

- Military Cultural Competence
- The Impact of Deployment and Combat Stress on Families and Children
  - \* Part I: Understanding Military Families and the Deployment Cycle
  - \* Part II: Enhancing the Resilience of Military Families
- Meeting the Behavioral Health Needs of Returning Veterans
- Overview of Suicide Prevention
- Cognitive Processing Therapy for PTSD in Veterans and Military Personnel
- Domestic and Intimate Partner Violence
- Epidemiology of PTSD in Military Personnel and Veterans
- Fundamentals of Traumatic Brain Injury
- Improving Substance Abuse Treatment Compliance
- Prolonged Exposure Therapy for PTSD for Veterans and Military Service Personnel
- Provider Resiliency and Self-Care: An Ethical Issue
- PTSD Then and Now, There and Here
- Working with the Homeless: An Overview

Thank you MOS Providers for your significant contributions to the health and wellness of our Armed Forces. We look forward to continuing this partnership in offering this essential service to Military families.

*“For those providers who joined the MOS Network in 2011, the continuing education requirement of this contract is coming due with the Annual Renewal Training. All providers participating in the MOS Network are required to take an annual training within one year of completing the initial training.”*

## IMPORTANT: 2013 MAJOR CHANGES TO CPT® CODES

The American Medical Association's (AMA) Current Procedural Terminology (CPT®) Editorial Panel has announced upcoming changes to CPT codes effective January 1, 2013.

The review by the CPT Editorial Panel has led to changes including addition, deletion and revision to the CPT codes used today. The changes impact traditional therapy codes and we encourage providers to read the [2013 Coding Changes](#) information on the American Psychiatric Association website to learn more about the impact on practice procedures. As we learn additional information about the CPT code changes we will make providers aware via the provider newsletter and other communication channels.

## BALANCE BILLING

Balance Billing is the practice of billing a *member* or patient for the difference between the agreed upon payment rate for *covered services* in the *provider agreement* and the *participating provider's* usual charge for the service.

*Participating providers* may not balance bill *members* for *covered services* rendered. This means that the *participating provider* may not bill, charge or seek reimbursement from the *member* for *covered services* except for applicable *member expenses*, and non-covered services. This includes any balance billing because a claim was denied for failure to obtain a required authorization for care, or for timely filing.

### **Frequently Asked Provider Questions - Balance Billing**

#### **Q. What is an example of Balance Billing?**

**A.** If an in-network provider knowingly bills an eligible ValueOptions member for any coverable service beyond the applicable copayment or co-insurance.

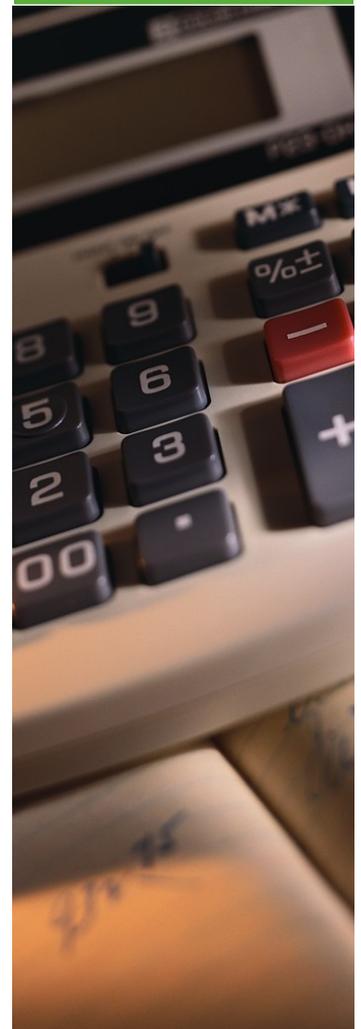
#### **Q. Can a provider balance bill a member if the provider determines that a member has exhausted his/her benefit?**

**A.** This is not balance billing. It is the provider's responsibility to inform the member of the costs of services in the event the member is not eligible or has exhausted his/her benefit. It is the provider's responsibility to have a written policy of conditions under which the provider might seek monies directly from the member, and the costs of services. It is the provider's responsibility to have the member sign such an agreement BEFORE rendering treatment. For more information about balance billing, please consult your provider handbook or visit us at [www.ValueOptions.com](http://www.ValueOptions.com) to review a copy of the Provider Handbook.

#### **Q. Can a provider balance-bill a member if it is determined that the eligibility information provided by ValueOptions was incorrect?**

**A.** The term 'balance bill' is incorrect here. This question has more to do with entering into a 'private agreement' with the member, whereby the member will be responsible for ALL charges in situations when the member is not eligible. The provider has recourse to collect, because essentially the member was not eligible. Providers are responsible for providing members with a written policy outlining conditions under which they might seek monies for the costs of services. It is also the provider's responsibility to have the member sign such an agreement BEFORE rendering treatment.

*The AMA Current Procedural Terminology (CPT®) Editorial Panel has announced upcoming changes to CPT codes effective January 1, 2013.*



## MEMBER ELIGIBILITY & COORDINATION OF BENEFITS (COB)

### COB

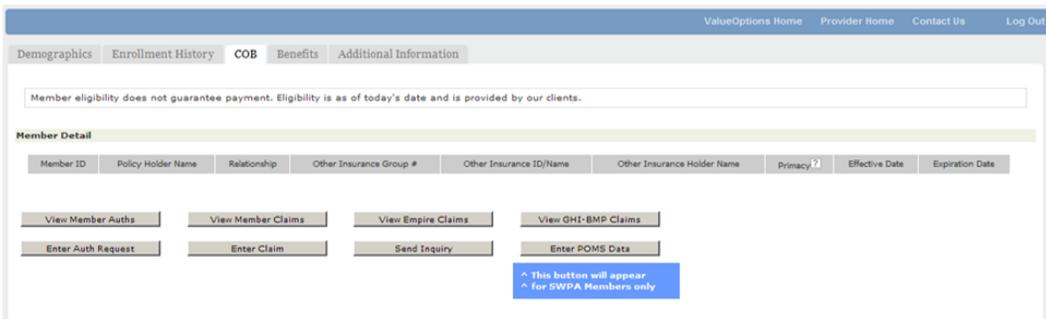
Some *members* may have health benefits coverage from more than one source which is when COB is needed. In these instances, benefit coverage is coordinated between primary and secondary payors. *Participating providers* should obtain information from *members* as to whether the *member* has health benefits coverage from more than one source, and if so provide this information to ValueOptions.

### Checking Member Eligibility

Pursuant to the terms of the *provider agreement*, *participating providers* are contracted and credentialed to provide identified covered services to *members*. *Participating providers* should note that coverage for behavioral health services and any limitations and/or exclusions as well any *pre-authorization* and/or *certification* requirements for non-emergency services vary by benefit plan. *Participating providers must* verify member eligibility and benefits using telephonic and/or on-line processes made available by ValueOptions prior to rendering non-emergency services.

Detailed information about a specific *member's* benefit plan requirements can be obtained by calling the toll-free number on the *member's* identification card or by viewing a *member's* benefits on the 'Benefit' tab in ProviderConnect.

To search and view a member's eligibility status log into ProviderConnect, click on Eligibility and Benefits. Coordination of Benefit information can be accessed by clicking on the gray COB tab. Specific benefit information can be accessed by clicking on the gray Benefits tab at the top of the page.



For more detailed information on Coordination of benefits and Member Eligibility, please visit the following pages on our website:

- [Provider Handbook](#)
- [How-To Resources](#)
- [ProviderConnect Helpful Resources](#)

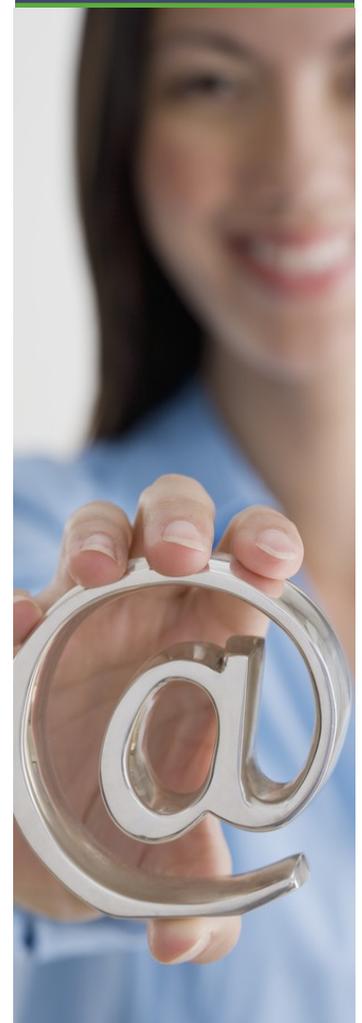
## DIRECT CLAIM SUBMISSION - HOW-TO RESOURCES PAGE

The [How-To Resources](#) page lists video tutorials which help providers navigate and perform tasks needed in order to successfully do business with ValueOptions.

The featured How-To Video tutorial for November is [Direct Claim Submission \(DCS\)](#).

Additional video tutorials will be added throughout the year. Learn how to use ProviderConnect and other ValueOptions' platforms at your convenience.

Participating providers **must** verify member eligibility and benefits using telephonic and/or on-line processes made available by ValueOptions prior to rendering non-emergency services.



## RE-CREDENTIALING APPLICATION ON PROVIDERCONNECT

The ValueOptions Green<sup>SM</sup> Program has now expanded to include online re-credentialing. We are pleased to provide you with an option to review and submit your re-credentialing information online via ProviderConnect. Please note that online re-credentialing is not currently available for facilities and programs, or for practitioners practicing in states where a state or client specific application is required (i.e., CO, MD, PA, TN and TX).

In accordance with the credentialing standards of the National Committee for Quality Assurance (NCQA), it is the policy of ValueOptions to re-credential providers on a tri-annual basis. Several months prior to your re-credentialing due date, you will receive a Provider Pulse automated call from ValueOptions notifying you that your re-credentialing application is available for your review and submission. To access your re-credentialing application online, log into ProviderConnect using your ProviderConnect User ID and password at: <http://www.valueoptions.com/providers/Providers.htm>.

For information on using ProviderConnect, please refer to the ProviderConnect Users Guide. It is available by clicking on the ProviderConnect Helpful Resources link on the ValueOptions provider homepage. Once you have logged into ProviderConnect, select **Provider Data Sheet** on the left-hand menu, review all of the information and make any necessary changes. After you have completed the entire application, including the Provider Profile questions, please electronically sign the attestation. When electronically signing, the application will be automatically submitted for review by the credentialing staff at ValueOptions. If you choose to print and fax the Attestation/Participation Statement page, you will be prompted to automatically submit your application once you select the checkbox for "...intend to fax..." and Save. **Please Note:** If you choose to continue editing the application, you must click on **Submit** on the top of the application to successfully complete and submit your online application.

Providers will also see a **Supporting Documentation** tab within your online re-credentialing application. Specific contracts may require additional documentation in order to complete the re-credentialing process. Please go to our website and check the **Credentialing Supporting Documentation Forms** section on the Administrative Forms page to access any applicable contract-specific documents to print, complete and then upload to the Supporting Documentation tab to submit.

When uploading any supporting documentation (e.g., contract-specific documents, copies of licenses, certifications, and malpractice insurance) within your online re-credentialing application please be aware that we accept PDF files (preferred format), Microsoft Office files, Image files and text files. We are unable to accept TIF files. Failure to upload documents in an acceptable format can result in processing delays and possible disenrollment. All supporting documentation must be attached at the time of final submission. Any attachments saved in draft will not be retained.

If you do not have this online capability, you may fax your document(s) to **866.612.7795**. If you do not wish to access your application via ProviderConnect or if you have any questions regarding the on-line re-credentialing process, please contact the National Provider Line at 800.397.1630, 8 a.m. to 5 p.m. ET, Monday - Friday, to request a copy be faxed or mailed to you. **It is important that you complete your re-credentialing application within 30 days of notification to avoid any interruption in your network participation status.**

*We are pleased to provide you with an option to review and submit your re-credentialing information online via ProviderConnect.*



## DUTY TO WARN WEBINAR SERIES

In the wake of recent high profile incidents of violence, ValueOptions presents the Duty to Warn webinar series. This presentation will review the legal and ethical issues and obligations faced by mental health providers when such events overlap clinical practice. We will begin with a review focusing on danger to self, which is more familiar to most practitioners and provides a basic set of guidelines that can then be used to understand the analogous principles involved in danger to others.

The basic legal and ethical tenet is that "Confidentiality ends where Public Safety begins." By reviewing clinical practice guidelines in tandem with legal mandates, the presentation will clearly present the obligations of the provider in situations where emergent action is warranted or required. The reasons for such action, the specific action required, and the potential consequences for failure to act will be discussed. Finally, high profile case examples will be discussed to illustrate the issues raised in a discussion of Duty to Warn.

### November

- ⇒ November 8th 11 a.m. - 12 p.m. ET - Click [here](#) to register.
- ⇒ November 9th 3 p.m. - 4 p.m. ET - Click [here](#) to register.
- ⇒ November 13th 3 p.m. - 4 p.m. ET - Click [here](#) to register.
- ⇒ November 14th 10 a.m. - 11 a.m. ET - Click [here](#) to register.

### December

- ⇒ December 4th 2 p.m. - 3 p.m. ET - Click [here](#) to register.
- ⇒ December 5th 10 a.m. - 11 a.m. ET - Click [here](#) to register.
- ⇒ December 13th 1 p.m. - 2 p.m. ET - Click [here](#) to register.
- ⇒ December 14th 11 a.m. - 12 p.m. ET - Click [here](#) to register.

### January

- ⇒ January 10th 11 a.m. - 12 p.m. ET - Click [here](#) to register.
- ⇒ January 11th 3 p.m. - 4 p.m. ET - Click [here](#) to register.
- ⇒ January 15th 1 p.m. - 2 p.m. ET - Click [here](#) to register.
- ⇒ January 16th 10 a.m. - 11 a.m. ET - Click [here](#) to register.

## GIVING VALUE BACK TO THE PROVIDER WEBINAR SERIES

ValueOptions continues to offer the "Giving Value Back to the Provider" webinar series. The educational webinar series is offered to our providers twice a quarter. The presentations will introduce and discuss our new and exciting initiatives for you, the provider.

### What information will the webinar include?

- Overview of ValueOptions
  - Credentialing and contracting information
  - Overview of clinical operations and initiatives
  - ProviderConnect overview
  - And much more!
- 
- ⇒ December 6th 2 pm - 4 pm ET - Click [here](#) to register.
  - ⇒ December 7th 11am - 1 pm ET - Click [here](#) to register.

*In the wake of recent high profile incidents of violence, ValueOptions presents the Duty to Warn webinar series.*