

OCTOBER  
2012

# VALUED PROVIDER eNEWSLETTER

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## OCTOBER IS DOMESTIC VIOLENCE AWARENESS MONTH - HEALING THE WOUNDS

Millions of people are in abusive relationships, or directly affected by one. After living in an abusive relationship, problems don't end when victims escape the nightmare. The abuser's psychological and physical attacks leave deep wounds that are difficult to heal unless carefully attended to in the aftermath of such trauma.

There is hope for survivors of domestic violence. Although difficult and painful, recovery from abuse is possible. The healing process starts with recognizing how domestic violence impacts its survivors.

### The impact of abuse on survivors

Survivors of domestic violence recount stories of put-downs, public humiliation, name-calling, mind games and manipulations by the abuser. Psychological scars left by emotional and verbal abuse are often more difficult to recover from than physical injuries. They often have lasting effects even after the relationship has ended. The survivor's self-esteem is trampled in the course of being told repeatedly that they are worthless, stupid, untrustworthy, ugly or despised.

It is common for an abuser to be extremely jealous and controlling, and insist that the victim not see friends or family members. The victim may be forbidden to work or leave the house without the abuser. If the victim is employed, they often lose their job due to the chaos created by such relationships.

This isolation increases the abuser's control over the victim and results in the victim losing any emotional, social or financial support from the outside world. This increases the victim's dependence upon the abuser, making it more difficult to leave the relationship. If they do leave, they often find themselves totally alone and unable to support themselves and their children.

### A traumatic experience

Domestic violence is a traumatic experience for its victims. Traumatic experiences produce emotional shock and other psychological problems. The American Psychiatric Association has identified a specific type of mental distress common to survivors of trauma called posttraumatic stress disorder or PTSD. Common reactions to trauma include:

- **Fear and anxiety**—While normal responses to dangerous situations, fear and anxiety can become a permanent emotional state without professional help. Memories of the trauma can trigger intense anxiety and immobilize the survivor. Children may express their fears by becoming hyperactive, aggressive, develop phobias or revert to infantile behavior.
- **Nightmares and flashbacks**—Because the trauma is so shocking and different from normal everyday experiences, the mind cannot rid itself of unwanted and intrusive thoughts and images. Nightmares are especially common in children.
- **Being in "danger mode"**—Jitteriness, being easily startled or distracted, concentration problems, impatience and irritability are all common to being in a "heightened state of alert" and are part of one's survival instinct. Children's reactions tend to be expressed physically because they are less able to verbalize their feelings.

*(continued on page 2)*



## OCTOBER IS DOMESTIC VIOLENCE AWARENESS MONTH - HEALING THE WOUNDS (CONTINUED)

- **Guilt, shame and blame**—Survivors often blame themselves for allowing the abuse to occur and continue for as long as it did. Survivors feel guilty for allowing their children to be victimized. Sometimes others blame the survivors for allowing themselves to be victims. These emotions increase the survivor's negative self-image and distrustful view of the world.
- **Grief and depression**—Feelings of loss, sadness and hopelessness are signs of depression. Crying spells, social withdrawal and suicidal thoughts are common when grieving over the loss and disappointment of a disastrous relationship.

### Recovery

To recover from domestic violence, the survivor must:

- Stop blaming themselves for what has happened—take responsibility for present and future choices.
- Stop isolating themselves—reconnect with people in order to build a support network.
- Stop denying and minimizing feelings—they should learn how to understand and express themselves with the help of a therapist.
- Stop identifying themselves as a victim—take control of their life by joining a survivors' support group.
- Stop the cycle of abuse—get themselves and their children counseling to help heal psychological wounds and to learn healthy ways to function in the world.

Recovery from domestic violence is a step-by-step process; a journey no one should take alone. The first step toward becoming a survivor is taken when victims call for help. The National Domestic Violence Hotline is (800) 799-SAFE.

By Karen S. Dickason, LCSW, CEAP © 2003 Achieve Solutions

## REMINDER - CALIFORNIA PHYSICIANS

Effective June 27, 2010, a new regulation, mandated by Business and Professions Code section 138, went into effect requiring physicians in California to inform their patients that they are licensed by the Medical Board of California, and include the board's contact information. The information must read as follows.

### NOTICE TO CONSUMERS

**Medical doctors are licensed and regulated by the Medical Board of California  
(800) 633-2322  
[www.mbc.ca.gov](http://www.mbc.ca.gov)**

The purpose of this new requirement (Title 16, California Code of Regulations section 1355.4) is to inform consumers where to go for information or with a complaint about California medical doctors. Physicians may provide this notice by one of three methods:

- Prominently posting a sign in an area of their offices conspicuous to patients, in at least 48-point type in Arial font. (See link "Sign for printing", below, to print the actual notice.)
- Including the notice in a written statement, signed and dated by the patient or patient's representative, and kept in that patient's file, stating the patient understands the physician is licensed and regulated by the board.
- Including the notice in a statement on letterhead, discharge instructions, or other document given to a patient or the patient's representative, where the notice is placed immediately above the signature line for the patient in at least 14-point type.

*"The purpose of this new requirement (Title 16, California Code of Regulations section 1355.4) is to inform consumers where to go for information or with a complaint about California medical doctors."*



## 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.

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## 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.

## TOP 10 REASONS CLAIMS ARE DENIED

ValueOptions wants to ensure that our providers get paid! Listed below are the top 10 reasons why claims are denied. Keep these reasons nearby when you complete your claims form.

1. The National Provider Identifier number (NPI) is not listed on the claims form.
2. The member is not eligible on the date of service.
3. There is not an authorization on the system (when required) for the date of service.
4. There is not an authorization on the system (when required) for the level of care.
5. There is not an authorization on the system (when required) for the provider.
6. The claim is a duplicate claim where the service was previously processed.
7. A modifier code billed on the claim is not valid with the HCPCS code.
8. The place of service code on the claim is not valid with the service code.
9. The primary insurance carrier's Explanation of Benefit (EOB) is not received with the claim.
10. Each date of service (on the CMS-1500 claim form) is not itemized.

Several of these can be easily avoided by verifying member eligibility and authorizations through [ProviderConnect](#)®. For further instructions on billing please refer to the [Provider Handbook](#) and our [Compliance](#) page.

## INTRODUCING OUR HOW-TO RESOURCES PAGE

Need assistance with navigating ValueOptions.com? Has it been a while since you used ProviderConnect and need a refresher?

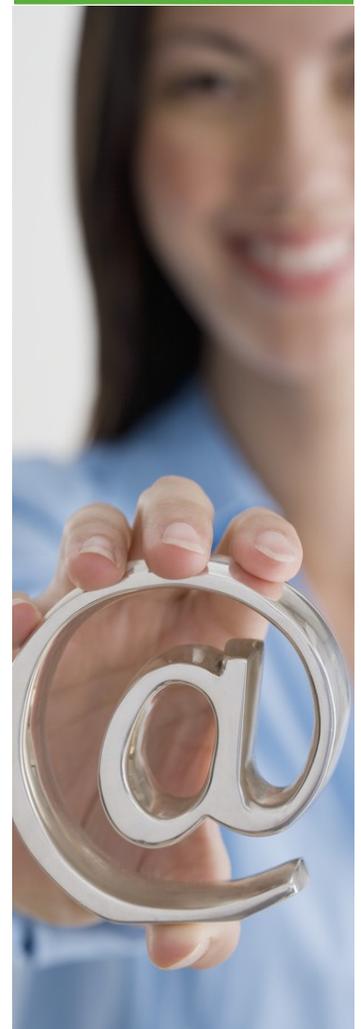
The [How-To Resources](#) page lists video tutorials which help providers navigate and perform tasks needed in order to successfully do business with ValueOptions.

Video tutorials available on the How-To Resources page include:

- [How do I View a Member's Eligibility?](#)
- [How do I Submit a Psych Testing Request?](#)
- [How do I Complete and Submit my Recredentialing Provider Data Sheet?](#)

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

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



## ICD-10

ValueOptions continues to make changes to comply with the 10th modification to International Classification of Diseases (ICD) codes. ValueOptions will be compliant with the regulation and only accept ICD-10 codes on or after the official compliance date which is October 2014.

For further information about the ICD-10 transition, providers should read the latest Frequently Asked Questions (FAQs):

[http://www.valueoptions.com/providers/Files/pdfs/ICD-10\\_FAQ.pdf](http://www.valueoptions.com/providers/Files/pdfs/ICD-10_FAQ.pdf)

## 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!

### Who should attend the webinar?

All providers affiliated with ValueOptions are invited to attend.

**Register for the webinar that best fits your schedule by clicking on the corresponding registration link.**

DATE & TIME	Online Webinar Registration Directions
Thursday, December 6, 2012 <b>2 p.m. to 4 p.m. ET</b>	To register go to: <a href="https://www2.gotomeeting.com/register/716806482">https://www2.gotomeeting.com/register/716806482</a>
Friday, December 7, 2012 <b>11 a.m. to 1 p.m. ET</b>	To register go to: <a href="https://www2.gotomeeting.com/register/418198818">https://www2.gotomeeting.com/register/418198818</a>

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