
Behavioral Health

Regence chemical dependency treatment providers must be licensed by the State of Washington as certified chemical dependency facilities. Some of these treatment centers are located within our contracted hospitals while others are “free standing.”

Chemical Dependency Treatment Provider Credentialing

Please refer to the "Credentialing" section of the Regence Administrative Manual for detailed information regarding credentialing of facilities. If a state-certified chemical dependency treatment provider has successfully completed the credentialing process, Regence may offer the provider a facility agreement.

Chemical Dependency Treatment Contracting

Population size, product requirements, specialty needs, and geographic access standards determine the open or closed status of Regence networks for a state certified chemical dependency treatment. Currently Regence networks are closed to additional state certified chemical dependency facilities.

Regence defines freestanding chemical dependency treatment facilities as those who provide:

- Inpatient services
- Residential services
- Partial hospitalization program (PHP) services
- Intensive outpatient (IOP) services
- Outpatient services

Billing Guidelines

In accordance with Washington State law, detoxification service expenses are allocated to the member's medical benefit. See your facility agreement for the correct and allowable CPT® and revenue codes for chemical dependency treatment.

We will only allow acupuncture treatments by an Acupuncturist for chemical dependency if acupuncture is a covered benefit for the member. For those members who require a primary care provider's (PCP) direction, the member must have a referral from the PCP.

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Chemical Dependency Treatment Products & Networks

Regence offers a variety of products and plans to meet the needs of our members and employers. The specific chemical dependency treatment benefits of each plan vary and must be verified in the member's benefit booklet and/or through Provider Customer Service at **1-800-322-1737**.

Note: *Regence employer groups (i.e., Boeing plans) may purchase the services and/or network of an independent behavioral health managed care organization. In the event that a group decides to purchase managed care services from a vendor, Regence can direct you to the proper contact telephone number and how to access information. Contact Provider Customer Service at 1-800-322-1772 for assistance.*

For detailed information regarding chemical dependency treatment for Healthy Options, Boeing and FEP, please see the following pages.

Chemical Dependency Treatment Care

PLANS			
	Preferred	Selections	FEP
Network	Regence PPO	Regence Managed Behavioral Health Network (MBH)	Premera Blue Cross
Referral	None- No referral requirements	Referral from member's PCP or Regence	N/A
Care Management	See Care Management Guidelines on page 24	See Care Management Guidelines on page 24	Premera Blue Cross

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Important Telephone Numbers for Additional Product Information

Regence Customer Service (call to verify eligibility and benefits)	1-800-322-1737
Regence Behavioral Health Dept. (call for a referral)	1-800-780-7881
Regence Behavioral Health Dept. Fax (use to fax a referral)	1-800-331-3505
Premera Blue Cross (use for FEP inpatient mental health and all chemical dependency services)	1-800-562-1011

Referral Guidelines- Selections Only

All levels of care, including inpatient, partial hospitalization program (PHP), residential treatment, intensive outpatient (IOP), and outpatient chemical dependency treatment providers must follow the guidelines below:

1. The member receives an initial evaluation and chemical dependence care is the recommended course of treatment.
2. Fax or phone the information within (3) three business days of the initial evaluation to the Regence Behavioral Health Department. Include the following information:
 - The member's name, date of birth, and subscriber ID
 - Your name, telephone and fax number, tax ID and rider number
 - The date of the first service
 - All CPT® codes you expect to use during the episode of care
 - The ICD9 codes based on DSM- IV® definitions for chemical dependency numeric diagnosis code(s)

The Regence Behavioral Health Department will enter a referral for the above services in accordance with the benefit limitations and fax the referral confirmation to you for your records within 36 business hours. Please do not bill for services ***before*** you have submitted the referral request.

<p>Note: <i>Referrals are not a guarantee of payment.</i></p>
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Behavioral Health

Healthy Options

All benefits for chemical dependency are administered through Department of Social and Health Services (DSHS).

If you have any questions, please contact the provider relations unit at DSHS at **1-800-562-3022**.

Federal Employee Program (FEP)

Premera Blue Cross manages all chemical dependency treatment services for the Federal Employee Program for both plan options in Washington State. For verification of eligibility, network status and benefit availability, please contact Premera Blue Cross FEP Customer Service at **1-800-562-1011**.

Boeing

Please follow the same procedural steps as outlined earlier in this manual for mental health benefit access and administration. For a quick review, please see the below chart.

	Boeing PPO Plans	Boeing Selections (Union)	Boeing Selections Plus and Select Network Plans (Union and Nonunion)
Chemical Dependency	Contact ValueOptions 1-800-892-1411	PCP referral required	Contact ValueOptions at 1-800-892-1411. Or a referral from PCP

Contact Boeing Customer Service to verify eligibility, benefits, and how to access the benefit. The Regence Boeing Customer Service line(s) can be found in the 'Numbers You'll Need' section of this manual.

Behavioral Health

Chemical Dependency Treatment Medical Criteria

Regence utilizes the chemical dependency treatment medical necessity criteria contained in the following policies:

- Substance dependence and abuse, treatment of adolescents and children
- Substance dependence and abuse, treatment of adults

Our policies are available at www.wa.regence.com/provider.

These criteria were developed through consideration of medical necessity, generally accepted standards of practice, and review of literature. Determinations are based on the applicable member contract language. If there are any conflicts between the medical necessity criteria and the contract language, the contract language is primary.

Behavioral Health

This section of the provider manual contains essential information specific to mental health and chemical dependency services, including when a referral is required, how to obtain referrals, and which behavioral health care services are managed.

Information detailed within includes:

- *Regence Behavioral Health Policy Manual* terms and conditions
- Quality Management activities including: clinical practice guidelines, treatment record keeping, chart notes and HIPAA and behavioral health programs

Regence Behavioral Health Policy Manual terms and conditions

Description

The Regence Behavioral Health Policy Manual contains behavioral health 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* at www.regence.com/about/utilization/bh08.html.

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, subscriber 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

(Restrictions and limitations, Continued)

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.

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/behavioralHealthPracticeGuidelines.pdf.

Behavioral Health

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

Behavioral Health

CHILDREN OR ADOLESCENTS	
ADHD	American Academy of Child and Adolescent Psychiatry www.aacap.org/galleries/PracticeParameters/New_ADHD_Parameter.pdf
Anxiety Disorders	American Academy of Child and Adolescent Psychiatry www.aacap.org/galleries/PracticeParameters/JAACAP_Anxiety_2007.pdf
Autism/Other Development Disorders	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters
Bipolar Disorder	American Academy of Child and Adolescent Psychiatry www.aacap.org/galleries/PracticeParameters/JAACAP_Bipolar_2007.pdf
Conduct Disorder	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters
Depressive Disorders	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters
Obsessive Compulsive Disorder	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters
Substance Use Disorders	American Academy of Child and Adolescent Psychiatry www.aacap.org/galleries/PracticeParameters/substanceUseDisorder.pdf
Suicidal Behaviors	American Academy of Child and Adolescent Psychiatry www.aacap.org/page.ww?section=Practice+Parameters&name=Practice+Parameters

Treatment Record Keeping

Regence 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 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.

Behavioral Health

(Treatment Record Keeping, Continued)

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 which have or will significantly change the manner in which health care information is collected, transmitted and protected. One such regulation relating to privacy became effective in April 2003. Since 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

(Psychotherapy chart notes and the HIPAA Privacy Regulation, Continued)

Mental 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 are secured by a specific authorization, not by a general consent.

Non-psychotherapy notes are 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 health Plan 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.

Behavioral Health

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 of this manual.