CAMFT'S 53RD ANNUAL CONFERENCE

JUSTICE FOR ALL

CAMFT

Empowerment / Collaboration / Resiliency

Sunday, May 7, 2017

10:15 A.M.–12:15 P.M. 2 CE Hours

SU4 "Insurance and Your Practice: What EVERY Therapist Needs to Know"

Presented by Barbara Griswold, LMFT

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Insurance and Your Practice: What EVERY Therapist Needs to Know

Presented by Barbara Griswold, MFT

Author, Navigating the Insurance Maze: The Therapist's Complete Guide to Working With Insurance – And Whether You Should (6th edition)

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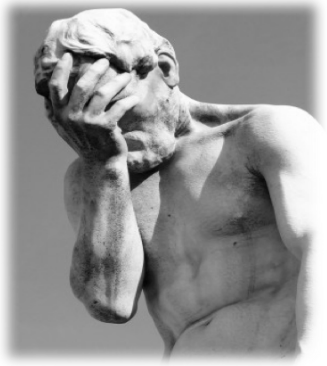
An Apology



- Topics promised in course description will not all be covered
  - Early submission of proposal and early conference flier printing deadline may no longer be relevant (like ACA)
  - Description was for 6 hour workshop
- I've thrown in extra slides for added information, though we likely will not have time to review them

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Understatement:
Many therapists are very nervous about the unknown changes that will be coming to health care

What can we be sure of?

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Your Choices

Network Provider

- Join panel, sign contract
- Pro: referrals from plan
- Con: Must submit claims and accept discount rate

Out-of-Network (OON)

- Any therapist who did not sign a contract
- Pro: Can collect full fee (or slide fee)
- Con: no plan referrals, clients seek network therapists to lower their costs
- Client pay you, you give invoice to client to submit to insurance, if have OON benefits

Reeling them In: How You Can Keep a New Client (Even if You Are Not on His Plan)

- Offer to call his plan – Unlike HMO and EPO plans, most PPO and POS plans cover all licensed out-of- network providers
- Single-Case Agreements
- Transition of Care Agreements

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Five Common (and Avoidable) Mistakes that Lead to Denials

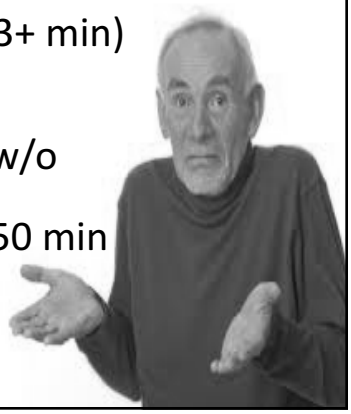
#1. Not calling plan up front
- **What might you have learned?**

2. Incorrect diagnosis code(s)
   - Use www.icd10data.com
3. "Lack of timely filing"
4. Illegible handwriting
5. Incorrect CPT code(s)

Which CPT code should I use?

90791: diagnostic evaluation (first session)
***90832: individual** therapy 30 min (16 – 37 mins.), *(can include informants)*
***90834: individual** therapy 45 min (38 – 52 mins), *(can include informants)*
***90837: indiv.** therapy, 60 min (53+ min) *(can include informants)*
***90845:** psychoanalysis
***90846:** couples/family therapy, w/o (without client), 50 min.
***90847:** couples/family therapy, 50 min

**Appropriate for telemedicine*



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How Do You Prevent Denials?
Barb's Axioms of Healthy Distrust

1. *Don't trust client's insurance card*
2. *Don't trust client's plan website*
3. *Don't trust client*

When you call the plan, what should you ask?
"13 Essential Questions"

Stay up to date with changes (sign up for my free e-newsletter)

Trend 1: Plans Didn't Throw Open Doors to New Providers As Expected

- Full? No such thing
- It may take time
- Develop "managed care resume"and cover letter; what makes you stand out?
- Get mailing labels:
- www.franwickner.com (click on "Practice Products")
- Send resume/cover, ask for application

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What Are Plans Looking for?

- 2+ years licensed (apply even if you aren't)
- Underserved areas, or multiple locations
- Language/sign language fluency
- Cognitive-behavioral / brief orientation
- Addiction / Substance Abuse / Eating Disorders
- Diversity/cross-cultural /immigration
- Veteran's issues/PTSD/Trauma /EMDR
- Work with kids, esp. Autism/ABA, & ADHD
- Willing to see at hospital or post-discharge
- Wellness lectures/Critical Incident (CISD)
- EAPs may require EAPA Cert. or experience
- Electronic billing, internet access, NPI

Trend 2: New Provider Opportunities

1. Medi-Cal (California's Medicaid Plan)

- ACA expanded number of clients eligible
- Accepts MFTs; most plans accept MFT interns if supervisor is Medi-Cal provider
- Free to client
- What about missed sessions?
- **State Medi-Cal**
  http://tinyurl.com/medienroll
- **Medi-Cal Managed Health:**
  - Medi-Cal managed health: see list
    http://tinyurl.com/MediCalplanlist

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New Provider Opportunities (cont.)

2. Kaiser

- New opportunities for therapists in private practice in some parts of CA;
  - ✓ **ex.** here in Santa Clara area, Beacon Options and Magellan providers can get paid when providing services to Kaiser members
- Preauthorization needed from Kaiser
- Claims filed with health plan, not Kaiser
- Copayment?

3. What about Medicare?

Trend 3: More Treatment Reviews and Records Requests

- **Plan may ask for phone review or notes**
- **May be random administrative audits, or due to atypical billing patterns**
  - Ex. Atypical use of CPT Code 90837
- **Medical Necessity Reviews**
  - Common triggers: high number number of sessions for diagnosis or multiple weekly sessions (avoid underdiagnosing)

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Treatment Reviews (continued)

Client may have unlimited sessions, but plans can review and refuse to cover visits "not medically necessary" – *even if you are out of network!*

- "**Medical Necessity"**
  - DSM illness is present or suspected
  - Necessary, not just desired treatment
  - Treatment is recognized standard of care
  - Most appropriate, cost effective level
  - Client participating and improving

Documenting Medical Necessity

- Note in chart frequency and severity of symptoms and impairment details
- Goals: Focus on reduction of each symptoms (use DSM)
- In couples or family treatment, goal is to reduce symptoms in Identified Patient (IP)
- Goal can't be feeling awareness, self-esteem, childhood issues, communication

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Medical Necessity Criteria (continued)

- Document progress toward goals – how know it is time to end treatment?
- Notes should reflect YOU in the session – your interventions, homework, referrals –

- Webinar – "*What Should Be In Your Charts – And Probably Isn't: Writing Great Progress Notes and Treatment Plans*"
- *Books/Resources*

Treatment Reviews: You May be Asked…

Diagnosis	Current Symptoms	How Symptoms are Impairing Client's Functioning
Risk Factors and Substance Use	Client Strengths and Support System	Progress Made
Measurable, Observable Treatment Goals	In Session Interventions, Homework and Referrals (match to goals)	Expected Date of Treatment End?

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One Plan's Progress Note Requirements

1. Start and end times (ex. 1:05-1:55 pm)
2. Patient's name on each page
3. Note for each visit, visit date on each page
4. Service type (ex. indiv., couples, group)
5. Problem statement (including diagnosis)
6. Support for medical necessity of treatment
7. Service rendered, including interventions
8. Client-centered detail such as behavior description or quotes
9. Client observation, e.g. mental status exam
10. Summary of progress; lack of progress should result in change in care plan

--Anthem Blue Cross/Blue Shield Documentation Requirements, 2016

Trend 4: Push to Uncover Fraud

- Fraud def: Any misrepresentation aimed to ensure/improve reimbursement
- Change CPT code or date of service
- Having someone else sign claims
- Giving all clients the same diagnosis
- Make up diagnosis when no medical necessity exists (especially with couples)
- Submitting diagnosis that no longer exists
- Not writing all diagnoses on claim/invoice
- **If a network provider,** waiving copayment, or charging more than contracted rate
- **If out of network**, giving invoice that makes it seem as if they paid more than they did
- In couples session, charging both partner's insurance in full, or as an individual session

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Trend 5: Increased use of technology

- **Telehealth**
  - ✓ Check if plan covers
  - ✓ May need to sign attestation with plan
  - ✓ Use modifier 95 or GT after CPT code for video
  - ✓Use 02 for Place of Service code
  - ✓May not cover phone
  - ✓Use HIPAA compatible platform (not Skype)
- **Client online portals**
- **More detailed provider directories**
- **Electronic Health Records coming?**

Trend 6: Push for Electronic Billing, Payment, and EOBs

- Some plans no longer accept handwritten or paper claims(if you do, use original forms)
- **Do-it yourself choices:**
  1. At plan website
  2. Online through free clearinghouses, such as OfficeAlly.com
  3. Buy billing software, file via clearinghouse
  4. Online practice program Ex. SimplePractice.com
- **Hire a billing service**
  - Billing Service List

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Trend 7: Increased collection of data

- **Plans want more proof of what works, and what works best: encouraging evidence-based practices**
  - May lead to more data collection
  - Suggest use of both of client satisfaction and symptom scales to show severity of symptom, impairment and improvement
  - **Rewards for good outcome statistics**
  - Ex. 2019 -- Medicare will have new Merit-Based Incentive Payment System (MIPS)

Questions?

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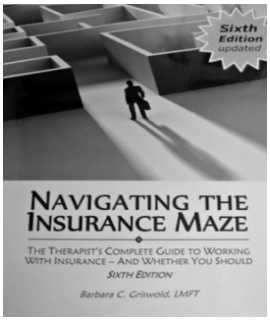
- At www.theinsurancemaze.com
  - Buy webinar: ***"Writing Great Progress Notes and Treatment Plans"***
  - Buy CPT Code Report
  - Buy Billing Service List
  - Buy ICD-10 webinar
  - Read helpful articles
- Contact me for help with your notes, insurance and practice-building



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