

MVP’s Behavioral Health Services are managed by different Behavioral Health Management Organizations depending on a member’s product:

Product	Reason For Call	Who To Call	Phone Number
NY Commercial NY Self-Funded	Authorization Requests	Beacon Health Options	1-888-687-6277
	Provider Relations Contracting Credentialing		1-800-397-1630
NY Medicare	Authorization Requests	Beacon Health Options	1-800-665-7924
	Provider Relations Contracting Credentialing		1-800-397-1630
NY Medicaid NY Child Health Plus	Authorization Requests	Beacon Health Options	1-844-265-7595
	Provider Relations Contracting Credentialing		1-844-265-7592
NY Essential Plan	Authorization Requests	Beacon Health Options	1-888-723-7967
	Provider Relations Contracting Credentialing		1-844-265-7592
VT Commercial VT Self-Funded VT Medicare	Authorization Requests	PrimariLink	1-800-320-5895
	Provider Relations Contracting Credentialing	MVP Health Care	1-888-687-6277

Behavioral Health Prescription Drugs

All claims for prescription drugs related to the treatment of behavioral health conditions, including provider-administered injectables (e.g. Vivitrol, Invega Sustenna) should be billed directly to MVP for payment.

Behavioral Health Access Standards

For New York members, please refer to Beacon Health Options for the behavioral health access standards.

For Vermont the access standards are shown below:

Type of Visit	Standard
Emergency Care	Immediate access
Urgent Behavioral Health Problem	Within 24 hours
Routine Behavioral Health Appointment	Within 10 business days

Prior Notification Requirements

Please contact Beacon Health Options directly to determine prior notification requirements for MVP’s New York members. Please contact Primarilink directly to determine for all prior authorization requirements for MVP’s Vermont members.

Mental Health and Substance Abuse Benefits

1. MVP provides broad-based coverage for the diagnosis and treatment of behavioral health conditions, equal to the coverage provided for other health conditions. Behavioral health conditions include mental health and substance use disorders.
2. MVP provides, subject to medical necessity, unlimited benefits for inpatient and outpatient behavioral health care, as well as for residential treatment for behavioral health conditions, except for family counseling services, which may be capped at 20 visits per year.
3. For MVP members’ outpatient behavioral health visits to psychologists, social workers, and nurse practitioners, MVP applies the member’s primary care costsharing schedule. For outpatient behavioral health visits to psychiatrists, MVP applies the member’s primary care cost-sharing schedule if the member has elected to designate his or her psychiatrist as his or her primary care provider, and MVP has approved that designation according to plan documents and procedures.
4. The utilization review conducted by MVP for each request or claim for behavioral health benefits is comparable to, and applied no more stringently than, the utilization review conducted by MVP for each request or claim for similar medical/surgical benefits.
5. Any annual or lifetime limits on behavioral health benefits for MVP plans are no stricter than such limits on medical/surgical benefits.
6. MVP does not apply any cost-sharing requirements that are applicable only to behavioral health benefits.

7. MVP does not apply any treatment limitations that are applicable only to behavioral health benefits, except for family counseling services, which may be capped at 20 visits per year.
8. The criteria for medical necessity determinations made by MVP regarding behavioral health benefits are made available: (i) on a website accessible by MVP members and providers; and (ii) upon request, to any current or potential participant, beneficiary, or contracting provider.
9. Where an MVP plan covers medical/surgical benefits provided by out-of-network providers, the plan covers behavioral health benefits provided by out-of-network providers.
10. Where an MVP member's benefit plan has a deductible, MVP charges a single deductible for all benefits, whether services rendered are for medical/surgical or behavioral health conditions, with the exception that MVP charges a separate deductible for prescription drugs.
11. MVP offers its members the services of Behavioral Health Advocates, who are trained to assist MVP members in accessing their behavioral health benefits, by supplying them detailed, accurate, and current information regarding: treatment options in the member's area; utilization review determinations and processes; medical necessity criteria; and appeals.

Neuropsychological Testing

MVP will reimburse for neuropsychological testing under the medical benefit.

Prior approval must be requested by a neurologist, neurosurgeon, psychiatrist, physiatrist, developmental pediatrician or geriatrician.

- Prior approval requests for neuropsychological testing will be reviewed by MVP's UM department. Requests will be documented and clinical information will be reviewed to determine medical necessity. The following contact information can be used to request prior approval for neuropsychological testing:
 - For Prior Authorization Requests, call MVP's Corporate UM Department at **1-800-568-0458** or submit a fax to **1-800-280-7346**.
 - For MVP Select Care (ASO) members, call **1-800-229-5851, opt. 2** or submit a fax to **1-800-280-7346**.
 - For Preferred Gold/GoldAnywhere members, call **1-800-671-7527** or fax to **1-800-280-7346**.

Mental Health and Substance Abuse CPT Codes

For New York members:

Please contact Beacon Health Options for all reimbursable Mental Health and Substance Use Disorder CPT or HCPCS codes, including for the provision of autism spectrum disorders.

For Vermont members:

PSYCHOTHERAPY

MVP will reimburse behavioral health providers according to terms of their agreements with MVP. It is expected that claims will be submitted with the appropriate CPT code selected from the Psychiatry codes of 90791-90899.

ELECTROCONVULSIVE THERAPY

MVP will reimburse psychiatrists for electroconvulsive therapy (code 90870)

PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING

MVP will reimburse licensed physicians, doctorate-level psychologists and qualified technicians for psychological and neuropsychological testing (codes 96101, 96102, 96118, 96119 and 96120).

EVALUATION AND MANAGEMENT CODES

MVP will reimburse psychiatrists and psychiatric nurse practitioners according to the terms of their agreements with MVP. It is expected that claims will be submitted with the appropriate outpatient E&M CPT code selected from the E&M code range.

Mixed Service Protocols (New York Products)

Please use the following grid to determine whether benefits will be considered medical or behavioral health in nature, and whether they will be covered by Beacon Health Options (BHO) or MVP.

Medical vs. Behavioral Health	Explanation	Claims Processing Responsibility
1. When a Member is admitted for treatment of a medical diagnosis and there is a concomitant psychiatric diagnosis, the medical care rendered is the responsibility of MVP	Patient is admitted to a medical unit. This is a medical benefit.	MVP
When a Member is admitted for treatment of a psychiatric diagnosis and there is a concomitant medical problem, the psychiatric care rendered is the responsibility of Beacon.	Patient is admitted to a psychiatric unit. This is a Beacon benefit, covered after pre-certification by Beacon.	BHO

Medical vs. Behavioral Health	Explanation	Claims Processing Responsibility
2. If a member receives psychiatric treatment while on a medical unit, this is the responsibility of Beacon.	Pt receives psychiatric consults on a medical unit. This is a Beacon benefit.	BHO
If the Member is medically cleared and transferred to a psychiatric unit, Beacon shall assume responsibility upon transfer to the psychiatric unit. This benefit needs to be pre-certified.		BHO
If the Member is transferred to a medical unit at the recommendation of a non-psychiatrist, MVP is responsible		MVP
3. If medical care and or medical tests continues when the Member is on a psychiatric unit, the medical portion of the claim, including tests ordered by a non-psychiatrist shall be the responsibility of MVP.	Routine medical procedures covered under the per diem rate are Beacon’s responsibilities. Medical tests on a psychiatric unit outside of routine procedures covered under the Beacon facility contract are the responsibility of MVP Example: MRI ordered to rule out organic cause of psychosis.	Split:
		MH/CD- BHO
		Medical-MVP
If a member is admitted to a specialized eating disorder program the claim will be split between Beacon and MVP. The medical portion of the claim belongs to MVP and any portion associated with the actual eating disorder program is Beacon responsibility.	Claims must be itemized to reflect psychiatric and medical charges.	Split:
		MH/CD- BHO
		Medical-MVP
Lab and routine medical tests ordered by an IPA Provider with a psychiatric diagnosis are the responsibility of MVP.	A psychiatrist orders labs for a pt on Lithium	MVP

Medical vs. Behavioral Health	Explanation	Claims Processing Responsibility
Labs and routine medical tests ordered by a medical provider even those with a psychiatric diagnosis are the responsibility of MVP	A PCP orders a urine drug screen to rule out Substance use	MVP
4. When a Member receives uncomplicated inpatient detoxification, either on a medical detoxification unit or on a psychiatric unit, and a psychiatrist or non-psychiatrist gives the primary care, Beacon is responsible for the portion of such services, supplies, or equipment related to the detoxification, mental health, or substance abuse treatment. The facility should meet the credentialing criteria for inpatient detoxification as outlined by Administrator.	Patient admitted to medical detoxification unit or psychiatric unit for uncomplicated detoxification. This is a Beacon benefit.	BHO
	Patient is admitted to a medical unit other than a designated detoxification unit. This is a medical benefit. Psychiatric or addictionologist services will be the responsibility of Beacon.	MVP
When the seriousness of the Member’s medical condition, as determined by a non-psychiatrist, requires treatment on a medical unit other than the designated detoxification unit, the expense shall be considered a medical expense and shall not be the clinical responsibility of Beacon.		MVP
5. When a Member is admitted to a medical unit for a medical complaint, but the medical evaluation does not lead to a medical diagnosis and a psychiatric diagnosis is then assigned to the case, at the point when the patient is medically cleared and transferred to a psychiatric unit, and the primary care giver is a psychiatrist the care rendered shall be the	The patient is admitted to a medical unit by a non-psychiatrist. Evaluation notes a psychiatric diagnosis is the cause of admission. This is the responsibility of MVP	MVP

Medical vs. Behavioral Health	Explanation	Claims Processing Responsibility
responsibility of Beacon. Subject to Administrator review of Medical Necessity, and preauthorization.	The patient is transferred from a medical primary care giver to a psychiatric primary care giver and transferred to a psychiatric unit under the care of a psychiatrist. Beacon is responsible.	BHO
6. When a Member is referred, or self-refers to a hospital emergency room for a medical complaint under care of a non-psychiatrist, the emergency room treatment shall be the responsibility of MVP even if the diagnosis is later determined to be psychiatric.	A patient’s medical complaint is treated in the emergency room. This is a medical benefit even if it is later determined that a psychiatric diagnosis is the underlying problem.	MVP
	Example: A member comes in with chest pain and is admitted to ICU, diagnosis is later determined to be anxiety, and MVP will pay this admission. This is a medical benefit.	MVP
	This shall include: medical services, procedures, and consultations for the medical treatment for overdose, or physical injury, whether accidental or self -inflicted.	MVP
7. When a Member is referred, or self refers to a hospital emergency room for a psychiatric complaint, the emergency room treatment will be MVP responsibility.	A patient’s psychiatric complaint is treated in the emergency room. MVP is responsible.	MVP

Medical vs. Behavioral Health	Explanation	Claims Processing Responsibility
<p>Beacon is not responsible for any emergency room treatment.</p>	<p>All ER claims will be submitted to MVP.</p>	
<p>8. All ambulance transfers between psychiatric units and from medical units to psychiatric units shall be the responsibility of MVP.</p> <p>Beacon is not responsible for any ambulance transfers.</p> <p>MVP is responsible for emergency ambulance transportation to emergency rooms for Members with psychiatric diagnosis. If the Member requires transportation to a psychiatric unit this is the responsibility of MVP.</p>	<p>MVP is responsible for ambulance transfers between psychiatric units.</p>	<p>MVP</p>
	<p>Ambulance transfers from the community which result in psychiatric admission will be the responsibility of MVP.</p>	<p>MVP</p>
	<p>MVP is responsible for ambulance transfers from a medical unit to a psychiatric unit.</p>	<p>MVP</p>
	<p>MVP is responsible for ER to psychiatric transfers</p>	<p>MVP</p>
	<p>MVP is responsible for ambulance transfers from a psychiatric unit to a medical unit.</p>	<p>MVP</p>

Medical vs. Behavioral Health	Explanation	Claims Processing Responsibility
	<p>MVP is responsible for the transportation to the ER when a psychiatric diagnosis is submitted.</p> <p>All ambulance claims will be submitted to MVP.</p>	MVP
<p>When a Member undergoes psychological or neurological testing (e.g., one of several diagnostic procedures used to determine organic brain disease or deficit), such testing shall be the responsibility of MVP. Psychological testing is a covered benefit and paid by Beacon when evaluated by Beacon to be a Medically Necessary part of the patient’s psychiatric evaluation process and when pre-certified.</p>	<p>Neurological testing is the responsibility of MVP. This includes testing ordered by a non-psychiatrist to establish severity or prognosis for conditions commonly believed to be medical: including but not limited to brain injury, dementia and stroke.</p>	MVP
	<p>Psychological testing if pre-certified by Beacon and as part of the patient’s psychiatric evaluation will be paid for by Beacon.</p>	BHO
	<p>Neuropsych Testing requires precertification and can be used to differentiate the presence of organic brain dysfunction vs a psychological disorder.</p>	MVP

Medical vs. Behavioral Health	Explanation	Claims Processing Responsibility
	Psychological or Neurological testing ordered as part of the patient’s medical evaluation shall be the responsibility of by MVP.	
10. When a Member undergoes treatment that includes biofeedback and such treatment: has been demonstrated to be effective in the treatment of conditions that are primarily medical in nature, Beacon shall not be clinically responsible. If treatment is for a DSM-IV diagnosis and is provided by a provider who meets Beacon’ minimum licensure requirements, it will be covered. Biofeedback requires Peer Advisor preauthorization per Beacon policy.	Treatment of conditions that are medical in nature are not reviewed or paid for by Beacon.	MVP
	If treatment is for a DSM-IV diagnosis and authorized by Beacon it will be covered.	BHO
11. Members receiving inpatient or outpatient ECT by an authorized provider at an authorized facility shall have their psychiatric treatment paid for by Beacon.	If the member receives inpatient or outpatient ECT Beacon is responsible for the psychiatric claims processing.	BHO
	<p>Beacon will be responsible for the claims processing for anesthesia.</p> <p>Claims processing for drugs will be the responsibility of MVP.</p>	<p>BHO</p> <p>MVP</p>
12. Homecare Services	Homecare services provided by a certified or licensed homecare agency, no matter what nature, shall be classified as a medical service and MVP is responsible.	MVP

Medical vs. Behavioral Health	Explanation	Claims Processing Responsibility
13. Psychiatric Evaluations Prior To Medical Procedures	Psychiatric evaluations performed as a medical necessity requirement and prerequisite for coverage of medical procedures (e.g. bariatric surgery, gender reassignment surgery) in accordance with MVP's medical policies shall be classified as a psychiatric service and Beacon is responsible.	BHO
14. When the above guidelines are insufficient, the following additional general principles shall be used to determine claim responsibility:		N/A
(a) What is the primary cause for hospitalization? Which condition could only be treated in a hospital setting?	(a) Is the patient's primary diagnosis a psychiatric one and could it only be treated in an inpatient psychiatric setting?	
(b) What does the medical record list as a primary diagnosis for this admission?	(b) Does the medical record list the primary diagnosis as a DSM-IV diagnosis?	
(c) Is the attending physician of record a psychiatrist or a Primary Care Physician/medical consultant?	(c) Is the attending physician a psychiatrist? This is a Beacon benefit. Is the attending physician a medical doctor? This is not a Beacon benefit.	
(d) Has a member been admitted to a psychiatric unit or a medical/surgical unit?	(d) Patient is receiving care in a psychiatric unit. This is a Beacon benefit. Patient is receiving care in a medical/surgical unit. This is not a Beacon benefit.	

Medical vs. Behavioral Health	Explanation	Claims Processing Responsibility
(e) What condition is causing a member to remain in the hospital and who is treating this problem?	(e) Is the diagnosis, which required Continued hospitalization, a DSM-IV diagnosis and is the patient treated by a psychiatrist?	
15. In the event that application of these general principles is insufficient in establishing differentiation between what is a medical versus a psychiatric claim, the Beacon Medical Director and the MVP Medical Director shall collaborate to arrive at a final determination.		

NY Autism Spectrum Disorder Mandate

Effective November 1, 2012, New York State implemented a new law to cover screening, diagnosis and treatment of autism spectrum disorders. Covered treatment includes the following care and related equipment:

- Behavioral health treatment
- Psychiatric and Psychological care
- Medical care
- Therapeutic care including habilitative/non-restorative care
- Assistive Communication Devices
- Pharmacy care.

Vermont:

Effective October 1, 2012 the state of **Vermont** expanded the Autism Mandate to cover early childhood disorders. Some of the changes resulting from this mandate include the following:

- Diagnosis and treatment of early childhood disorders including previously mandated autism spectrum disorders and applied behavioral analysis, when supervised by a nationally board-certified behavior analyst, for children from birth to age 21.
- Medications that are related to Early Childhood Disorders and Autism are covered for members without Rx coverage on their plan.
- There are no limits for Physical Therapy, Occupational Therapy, or Speech Therapy related to any diagnosis included in Early Childhood Disorders and Autism. However MVP has the right to review medical necessity for these services to determine the amount, frequency, and duration of these treatments.
- Members are still subject to copayments, deductibles, and coinsurance.

This mandate became effective on October 1, 2012 for all products covering members in the state of VT.

Outpatient Treatment Plan Review for Non-Emergency Services

For all policies regarding the use and review of outpatient treatment reports (OTRs) for outpatient mental health and substance use disorder services, please contact Beacon Health Options for New York members, or PrimariLink for Vermont Members.

Communication and Coordination of Treatment with PCPs

For policies and recommendations on communication and coordination of treatment with a member's PCP, contact Beacon Health Options for New York members.

For Vermont members, MVP strongly encourages behavioral health providers to communicate with the member's PCP. This allows both health care providers to have a complete overview of the member's health issues and concerns, in addition to coordinating any medications the member might receive. MVP requires contracted behavioral health providers to review a release of information (ROI) with members prior to the onset of treatment. MVP additionally requests that a signed copy of the release be returned with the initial OTR, and that any communication between a behavioral health provider and PCP is documented in the member's medical record.

MVP recognizes that, after a discussion of the importance of coordination of care, some patients may not allow their behavioral health information to be shared with their PCP. This declination should also be documented in the member's medical record. MVP created a form for behavioral health providers to use to communicate with PCPs. The *Mental Health Consultation Form* is available at www.mvphealthcare.com under the *Forms* section or by calling your local Professional Relations department.

Behavioral Health Medical Record Standards

For all policies on Behavioral Health medical record standards for MVP's New York members, please contact Beacon Health Options.

For Vermont members, MVP requires behavioral health specialists to meet standards for medical record keeping. The core elements relating to behavioral health documentation are:

1. Documentation of suicidality or other risk of harm (past history and present assessment)
2. Recorded treatment plans/goals
3. Evidence of communication with the patient's PCP and other appropriate providers. If none, evidence that the member did not permit the provider to communicate with the PCP*
4. Placement of a signed "*MVP Permission to Exchange Information*" form or other comparable form in the chart*
5. Allergies and adverse reactions to medications are prominently displayed for those behavioral health care specialists who prescribe medications.

6. Clear listing of psychotropic medications.

**These two elements are used in the recredentialing process.*

To assess compliance with these standards, MVP conducts annual record reviews at the offices of high-volume behavioral health providers. These reviews are HIPAA-compliant in that the Privacy Rule permits health care providers to disclose a patient's personal health information (PHI) to a health plan for the purpose of conducting health care operations. Each year, MVP determines the specific number of providers to be reviewed, and ensures that the sample covers at least 50 percent of members being seen by all behavioral health specialists. If there are concerns about quality of care or access to care, a behavioral health provider (regardless of MVP participation) could be subject to a medical record review of the above-listed core elements. For a copy of MVP's medical record standards for behavioral health providers, call the QI Department at **1-800-777-4793, ext. 12247**.