Progress Notes

Volume XIII, Number XVIII  September 18, 2014

Health Plan Search: Provider Manuals and Policies

AAPC has compiled data from over 500 local and national health plan's websites, provider manuals, provider policies, physician credentialing and medicare/medicaid eligibility. This new search tool will be available to all for a limited time, after which it will only be available to AAPC members. The link to this online information is below.

https://www.aapc.com/provider-manual/

Kaiser To Pay $4 Million Fine Over Access To Mental Health Services

By Cynthia H. Craft
Sacramento Bee

Excerpts by Dr. Ken Pope
[begin excerpts]
Health care giant Kaiser Permanente has agreed to pay a $4 million fine to California's overseer of managed health care following an 18-month battle with state officials over whether Kaiser blocked patients from timely access to mental health services.

Among the problems identified in a March 2013 report by the department were long waitlists to see a mental health professional, duplicate sets of records with contradictory information about how long patients had to wait for an appointment and "inaccurate educational materials" for patients discouraging them from seeking medically necessary care.

Moreover, the department found that Kaiser was likely violating state and federal mental health parity laws.

The nonprofit network with 3.4 million members in Northern California and double that number statewide also faced a "cease and desist" order from the department to end the practices in question.

Department director Shelley Rouillard said state investigators will stay on the case, "conducting a follow-up survey to ensure the plan has corrected these deficiencies and is complying with the law."

[begin excerpts]
Kaiser faces three class-action lawsuits filed on behalf of patients for denial of mental health care services.

On top of that, the huge health care system must await the outcome of whistle-blower retaliation complaints some Kaiser psychologists filed with the California attorney general's office.

It was after losing a request to keep many of the proceeding's documents private that Kaiser announced it would pay the full fine. Administrative Law Judge Ruth Astle's ruling to keep records open to the public followed her earlier denial of Kaiser's request to keep the entire hearing closed to the public and seal all records and documents.

The fine is the second-largest in the history of the state's Department of Managed Health Care, which works to protect the rights of managed care consumers to equal access to both mental and physical heath services.

Reacting to the outcome of the case, the union representing the 200,500 mental health professionals working within Kaiser's health care system had praise for the psychologists willing to come forward to testify that Kaiser's staffing levels are allegedly too low to handle patients' demand for mental health services.

"Obviously, from our point of view, these clinicians came forward out of a sense of courage. They are in this career to help patients, and they want those patients to have access," said Sal Rosselli of the National Union of Healthcare Workers.

The article is online at: <http://bit.ly/KenPopeReportOnKaiser4MillionDollarFine>

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**MediCal Providers Should Begin Including ICD Indicators on UB-04 Paper Claim Forms and CMS-1500 Paper Claims**

UB-04 paper claims received on or after September 22, 2014, must include the ICD indicator “9” when they include a diagnosis code in the Diagnosis Code fields (Boxes 67 – 67Q) and/or Principal Procedure Code and Date fields (Boxes 74 – 74E). In anticipation of this requirement, providers should start including the ICD indicator “9” on claims immediately.

No ICD indicator is required if the claim is submitted without a diagnosis code and/or procedure code. Claims received on or after September 22, 2014, that do not include the ICD indicator “9” with a diagnosis code and/or a procedure code will be returned via the Resubmission Turnaround Document (Form 65-1).

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CMS-1500 paper claims received on or after September 22, 2014, must include the ICD indicator “9”
when they include a diagnosis code in the Diagnosis or Nature of Illness or Injury field (Box 21). In anticipation of this requirement, providers should start including the ICD indicator “9” on claims immediately.

No ICD indicator is required if the claim is submitted without a diagnosis code. Claims with a diagnosis code received on or after September 22, 2014, that do not include the ICD indicator “9” will be returned via the Resubmission Turnaround Document (Form 65-1).

For more information about the ICD indicator requirement, please see the Claim Form Updates page of the Medi-Cal website.

**Medi-Cal NewsFlash: Updated: Medi-Cal Requirement to Submit Fingerprints for a Criminal Background Check**

The article titled “Medi-Cal Requirement to Submit Fingerprints for a Criminal Background Check” was posted to the NewsFlash area of the Medi-Cal website on September 11, 2014.

**New Restriction on Antipsychotics for Beneficiaries Under 18 Years of Age**

The Department of Health Care Services is changing Code I restrictions to require a Treatment Authorization Request for antipsychotic medication for use in beneficiaries 0 through 17 years of age, effective for dates of service on or after October 1, 2014. Providers should refer to the explanation of Code I restriction language in the Drugs: Contract Drugs List Introduction section of the Part 2 provider manual.

Manual updates reflecting this change will be released in a future Medi-Cal Update.

**Schizophrenia appears to be a group of eight distinct disorders.**

USA Today (9/15, Szabo) reports that according to research funded by the National Institutes of Health and published online Sept. 15 in the American Journal of Psychiatry, a publication of the American Psychiatric Association, “schizophrenia is not a single disease, but a group of eight distinct disorders, each caused by changes in clusters of genes that lead to different sets of symptoms.” After comparing “the DNA of 4,200 people with schizophrenia to that of 3,800 healthy people,” researchers also “found that certain genetic profiles matched particular symptoms.”
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