Magellan Compliance Notebook
May, 2013

Magellan Behavioral Health of Pennsylvania, Inc. (Magellan) strives on being proactive and using education as a preventative tool to provide our members the highest quality of care through you, the provider.

The Quality Improvement Department at Magellan has committed to sending monthly e-mails to targeted providers on a Compliance related subject. This month's email blast will focus on ***BHRS Psychological Evaluations/ Unit Definition Change.***

You might recall that on December 1, 2011 an amendment to your BHRS contract went into effect.

At that time, the Psychological Evaluation Code unit definition changed from a 30 minute unit definition to a "per occurrence or per evaluation definition".

This email blast is a refresher outlining the key points of the amendment, as well as an expectation that you, the provider, will have the necessary documentation in order to adhere to these requirements.

- ***Minimum face-to-face for initial evaluation is 1.5 hours. Begin and end time*** of the face-to-face interview is included on the ***evaluation as well as on the signed encounter form.***
- ***Minimum face-to-face for re-evaluations are 1 hour.*** **Begin and end time** of the face-to-face interview is included on the **evaluation, as well as on the signed encounter form**.
- ***Collaboration with the current clinical team*** (behavior specialist consultant and/or outpatient therapist) ***in writing, via phone or in person for all evaluations***.
- ***Collaboration with the treating physician*** regarding treatment and progress/lack of progress for ***any member prescribed psychotropic medication***.
- ***Review and summary*** of any available assessment and/or evaluation reports (e.g., IEPs, CANS, assessment tools etc.) and ***their relation to current symptoms and recommendations***.
- A ***summary of the interventions*** being implemented by the treatment team, their ***effectiveness and/or ineffectiveness***, and ***recommendations for adjustments*** based upon a review of a segment of the treatment team progress notes.
- The ***Recommendations*** section will include ***suggested treatment plan changes*** based upon the above collaborations and review.
- The ***Recommendations*** section will indicate if the ***evaluator agrees with the current treatment plan*** and offer information regarding the ***interventions which are most appropriate for the member's diagnosis and symptoms.***
- ***Recommendations*** will indicate if the ***treatment interventions*** are ***consistent with the clinical practice guidelines (CPG) or best practices for the diagnosis.***
- ***Evaluations should not contain "ruleout" (R/O) diagnoses*** for more than one re-evaluation. If an R/O diagnosis is given, the ***evaluation will indicate steps needed to determine the validity and applicability of that diagnosis to the member.***
- If the member is identified as having a ***developmental delay***, the ***IQ range should be provided and factored into treatment recommendations and expectations.***

- Efforts should be made to ***document the symptoms and signs that support the diagnoses***. Providers are ***expected*** to ***conduct the evaluation that is necessary to rule in or rule out diagnoses and to minimize the reporting of rule out diagnoses***. Improvement in diagnostic clarity leads to better targeted treatment planning.

I have attached both the original letter announcing the BHRS amendment as well as the "Life Domain Format Guideline.

Please remember to utilize the regulations and bulletins in regards to this level of care and continue educating your staff. This will promote consistent compliance throughout your agency.

Thank you for your time this month and don't forget to add these two documents to your binder of Regulations and Bulletins and have available for staff to view at all times!