InteCare

Provider Newsletter

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Completion of Outpatient Treatment Review (OTR) Forms

Outpatient Treatment Review (OTR) forms are used by the MCE's to gain clinical details about a member's treatment and help determine medical necessity for a member's care. These forms provide clinical information regarding a member's symptoms, diagnoses, level of functioning, risk factors, medications, treatment goals and clinical interventions.   This kind of clinical documentation is a record of the treating provider's knowledge, observation, judgment and decisions. Therefore, the treating provider is responsible to make sure the OTR's are complete, accurate, current and legible.

Treating providers are often very busy seeing members and may often rely on the assistance of administrative staff to help with paperwork demands. However, the MCE's are finding that some OTR's are being completed by non-clinical administrative staff and as a result, significant clinical information is being left out, marked incorrectly, or is not explained in enough detail. Some examples include: marking the wrong boxes for lethality or risk factors and inaccurate information about current symptoms and prior treatment. These kinds of errors in documentation are critical and result in additional work for the MCE's utilization management staff and the treating providers. The MCE's request that the treating providers complete the OTR themselves. If that is not possible and the OTR is completed by non-clinical staff, it is important that the treating provider review and provide oversight of the OTR documentation to make sure all of the member's information is accurate and comprehensive.

MDwise and Cenpatico have online resources and tools that provide forms and instructions pertaining to the completion of OTR's. These resources outline necessary information that is required on the OTR, such as essential clinical elements of an OTR and a description of SMART goals. Following are the links to the websites for MDwise: www.mdwise.org and Cenpatico:www.cenpatico.com.
Search under "Providers" to access behavioral health resources

and tools.

If you have questions regarding the OTR process or need more information please contact the following individuals:

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If your organization would like to submit articles or announcements for the InteCare Provider Newsletter please send your articles to:

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MHFRP Time Study Training Now Online!

Participants selected to complete the Mental Health Funds Recovery (MHFRP) time study each quarter are required to attend training to learn how to complete the documentation. Previously, the requirement was in person training at one of 15 locations across the State.

Beginning with quarter four of CY2011, the training is now web based. Each time study participant will receive an email with a link to access the training online. The training consists of three parts and has interactive quizzes after each section. Training can be completed at the participant's convenience during the two weeks prior to the time study week. Online training will provide cost and time savings to the agencies and their time study participants.

The time studies are an important part of the MHFRP Claim and directly affect the amount of funding each agency receives. It is extremely important for the selected participants to complete the online training and accurately complete the time studies.

Please call Nikki Russell or Jill Derryberry at 1.888.591.6128 with any questions regarding the training or the time study.

IHCP to Cover Bridge Appointments

Did you hear that the Indiana Health Coverage Programs (IHCP) will begin to pay for "bridge appointments" for members covered under the Care Select and Traditional Medicaid Fee-for-Service programs on or after December 1, 2011? What is a Bridge Appointment you may ask? It is

described as a "follow up appointment after an inpatient hospitalization for behavioral health issues when no outpatient appointment is available within seven days of discharge. The goal of the bridge appointment is to provide proper discharge planning and to establish a connection between the member and the outpatient treatment provider." In order to be reimbursed for this service, practitioners must be qualified mental health providers (as defined in the IHCP bulletin via the provided link below) and meet the following conditions:

- Appointments must be face to face in an outpatient setting (can be outpatient at the hospital facility) on the day of discharge from inpatient
- Must be a minimum of 15 minutes
- The member must have one or more identified barriers to continuing care (provided in IHCP bulletin - link below)
- The member must have a specific diagnostic code (applicable codes listed in IHCP bulletin - link below) in order to qualify for this service. However, please note that it is possible for other individuals who have differing codes to qualify but the documentation must justify that this was necessary
- The service must include discussion of prescribed medication treatment regimen
- Verification that the member has ongoing outpatient care
- If family present, that they are aware of the discharge instructions for the member
- Identify and address any barriers for continuing care (e.g. transportation; child care, etc.)
- Answer any additional questions from the member or member's significant others
- Bill for the bridge appointments on a CMS-1500 form with CPT code 99401 with a HK modifier. The established reimbursement rate is $20.00 per member, per hospitalization (one unit, per member, per hospitalization).

For more detailed information regarding this significant change please access the following link:
http://provider.indianamedicaid.com/ihcp/Bulletins/BT201149.pdf

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