




Provider Manual 2005  
State Specific Addendum:

**CALIFORNIA**

## Quick Reference Guide

<b>Provider Access</b>	PBH Clinical Care Management / Eligibility & Benefit Information		(800) 999-9585 (24 hours):
	Provider Helpline (Claims, Provider Network Management):		(800) 716-1166
	PBH Website Support Line		(800) 218-1029
	Physician Consultation Services (PCS):		(800) 292-2922
	Prescription Solutions® (Phone Authorization):		(800) 711-4555 <i>For Members with PacifiCare Medical Ins.</i>
<b>Member Access</b>	Member Line: (800) 999-9585		
<b>Send Clinical Documentation To</b>	<i>PARs &amp; Y/LSQ Forms</i>	<i>Fax: (800) 992-2809</i>	
	<i>Fax is Preferred:</i>	<i>Fax: (818) 782-3322</i>	
	Paper/Hardcopy:	PacifiCare Behavioral Health P.O. Box 55307 Sherman Oaks, CA 91413-5307	
<b>Send Claims To</b>	Online Claims Submission:	<a href="http://www.pbhi.com">http://www.pbhi.com</a> <i>(Logon required, call web support for ID process information)</i>	
	Electronic Clearinghouses <b>PBH Payer ID# 33053</b>	Envoy /WebMD (800) 845-6592 Proxy Med (800) 792-5256 PBH Payer ID# 33053	
	U.S. Mail	PacifiCare Behavioral Health P.O. Box 31053 Laguna Hills, CA 92654-1053	
	<b>Orange County Medicaid Only:</b> U.S. Mail	PacifiCare Behavioral Health P.O. Box 31052 Laguna Hills, CA 92654-1052	

<p><b>Send <u>Credentialing</u> Correspondence To</b></p>	<p>PacifiCare Behavioral Health P.O. Box 25186 Santa Ana, CA 92799-5186 ATTN: Network Management Mailstop: LC03-204  Fax: 714-445-0800  <b>Examples:</b> <i>Credentialing application, recredentialing application</i></p>
<p><b>Send <u>Data</u> <u>Changes</u> and Related Correspondence To PBH Local Provider Operations</b></p>	<p>PacifiCare Behavioral Health P.O. Box 25186 Santa Ana, CA 92799-5186 ATTN: Provider Operations Mailstop: LC03-218  Fax: 714-445-0731  <b>Examples:</b> <i>Address, telephone, tax ID ,specialty, and availability changes</i></p>
<p><b>Send General and Network Correspondence To Local Network Management</b></p>	<p>PacifiCare Behavioral Health P.O. Box 25186 Santa Ana, CA 92799-5186 ATTN: Network Management Mailstop: LC03-210</p>

## Prescription Policies and Formularies

Medication Benefit Coverage	PBH behavioral health benefit plans do not cover medications. Please coordinate with members to review the procedure for coverage of medications under their medical plan.	
To Request the Outpatient Drug Formulary	Prescription Solutions	(800) 711-4555 <a href="http://www.rxsolutions.com">www.rxsolutions.com</a>
	PacifiCare Medical Plan	Member & Provider Services (800) 347-8600  Claims, Eligibility & Benefits 1-800-542-8789  <a href="http://www.pacificare.com">www.pacificare.com</a>
	Non-PacifiCare Medical Health Plans	Contact member's medical carrier to obtain formulary

## Outpatient Laboratory Services

Coordination	Laboratory tests for medications may require coordination with the primary care physician or medical group. Please coordinate with the member to review their medical coverage.
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# PacifiCare Health Plan of California Product Guidelines

The PacifiCare Health Plans offer PPO, EPO, and SDHP (Self-Directed Health Plan) products that utilize the (PBH) provider network to provide Behavioral Health Services to Members enrolled in these plans. PacifiCare Behavioral Health (PBH) also offers products such as the private label Life Strategies<sup>®</sup> that utilize the (PBH) provider network. Contracted PBH providers are contracted to be available as network providers to all of these plans in California.

For inpatient care PBH often provides the care management and authorization. Depending on the product, for outpatient service, pre-authorization may not be required. In cases where no authorization is required, such as with PPO, EPO and SDHP, PBHC will provide Members with the names of contracted PBH providers upon their request.

**Important Numbers:    Important Addresses:**

PPO, EPO Customer Service	(866) 316-9776	PacifiCare Health Plan P.O. Box 6098, Cypress, CA 90630
PPO, EPO Claims Address		PacifiCare Health Plan P.O. Box 6099, Cypress, CA 90630
<b>PPO Eligibility</b>  (Voice Response)	1-866-316-9776  Also Need Member ID	PacifiCare Health Plan P.O. Box 6099, Cypress, CA 90630
<i>Life Strategies</i> <sup>®</sup>	(800) 851-7407	
<i>Life Strategies</i> <sup>®</sup> Claims	Same as PBH	PacifiCare Behavioral Health P.O. Box 31053 Laguna Hills, CA 92654-1053

## Appeal and Provider Dispute Contacts

### Initiate Provider Dispute for Claims Payment, Administrative and Authorization Denials

All PBH Member Plans	<b>Written:</b>	PacifiCare Behavioral Health P.O. Box 55307 Sherman Oaks, CA 91413-0307 Attn: Appeals Department
	<b>Telephone:</b>	(800) 505-8826
	<b>Fax:</b>	(818) 623-5969

# **Authorization and Denial of Services**

PBHC uses criteria or guidelines based on Medical Necessity to determine whether to approve, modify, deny or delay Behavioral Health Services to its members. The criteria used in the member's specific case will be disclosed to you and to the members. The decision to approve, modify, deny or delay Behavioral Health Services are made within the following timeframes, as required by California State Law:

- Decisions based on Medical Necessity will be made in a timely fashion appropriate for the nature of the member's condition, not to exceed five (5) business days from receipt of information reasonably necessary to make the decision.
- If the member's condition poses an imminent and serious threat to their health, including, but not limited to, potential loss of life, limb, or other major bodily function, or lack of timeliness would be detrimental in regaining maximum function, the decision will be made in a timely fashion appropriate for the nature of the condition, not to exceed seventy-two (72) hours after receipt of the information reasonably necessary and requested by PBH to make the determination.
- PBH will notify requesting participating providers of the decision to approve, modify or deny requests for authorization within twenty-four (24) hours of the decision. Members are notified, in writing, within two (2) business days of the decision.

## **Claims Acknowledgement**

PBH makes available to all contracted group practices and practitioners a website password and ID to allow access to the secured provider portal at [www.pbhi.com](http://www.pbhi.com). One of the functions of this site is to allow logged in users to submit claims, as well as to lookup and research claims status and claims history. These features serve to bring PBH into compliance with the Department of Managed Healthcare's AB1455 regulation (section 1300.71), which requires that PBH acknowledge receipt of claims within fifteen (15) working days.

## **Second Opinion**

At any time during the course of treatment, the PBH case manager, member, or provider may submit a request for a second opinion to PBH either in writing or verbally. Second opinions may be requested for many reasons, including situations in which:

- 1) There is a question regarding the reasonableness or necessity of recommended procedures;
- 2) There is a question regarding a diagnosis or plan for care for a condition that threatens loss of life, loss of limb, loss of bodily functions, or substantial impairment, including but not limited to a chronic condition;
- 3) The clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating provider is unable to diagnose the condition and the member requests an additional diagnosis;
- 4) The treatment plan in progress is not improving the medical condition of the member within an appropriate period of time given the diagnosis and plan of care, and the member requests a second opinion regarding the diagnosis or continuance of the treatment; or
- 5) The member has attempted to follow the plan of care or consulted with the initial provider concerning serious concerns about the diagnosis or plan of care.

The request for a second opinion will be approved or denied by PBH's Medical Director or designee in a timely fashion appropriate for the nature of the condition. Second opinions can only be rendered by providers qualified to review and treat the medical condition in question. Requests for referrals to non-participating providers for second opinions will be considered only in the event that the services requested are not available within the contracted network of providers.

All second opinions will be documented by a consultation report which will be made available to all parties. If the provider giving the second opinion recommends a particular treatment, diagnostic test or service covered by PBH, and it is determined to be medically necessary by the member's participating provider, then that treatment, diagnostic test or service will be provided or arranged by the member's participating provider. However, the fact that the provider furnishing the second opinion recommends a particular treatment, diagnostic test or service does not necessarily mean that the treatment, diagnostic test or service is medically necessary or a covered service under the Plan. The member is only responsible for the applicable copayment amount associated with their plan.

# **California Mental Health Parity Law**

## **What the Mental Health Parity Law Means**

Beginning in July 2000, California State Assembly Bill 88 (Mental Health Parity Law) is effective. Assembly Bill 88 requires coverage for nine diagnoses for severe mental illness (SMI) and serious emotional disturbance (SED) in children. These include:

- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorder
- Major Depression
- Obsessive-Compulsive Disorder
- Panic Disorder
- Eating Disorders (Anorexia Nervosa and Bulimia Nervosa)
- Autism or Pervasive Developmental Disorder
- Serious Emotional Disturbance in children and adolescents

Health plans are required to cover SMI and SED benefits under AB88. For medical reasons, continuity and cost effectiveness, PBH will manage the care for members who have a severe mental illness or serious emotional disturbance as defined by AB88. Coordination of care between PBH practitioners and Primary Care Physicians will assume greater importance than ever before. In addition, PBH recognizes that some severe behavioral health conditions may first be diagnosed in the primary care setting. PCPs play an essential role in facilitating access to behavioral health care - a role that can have a significant impact on a patient's health and well being. Therefore, in cases where a member is in treatment with more than one practitioner that includes the care of a PCP, treatment standards emphasize the importance of coordinating the patient's care among all providers. Under mental health parity in California, it is important for all caregivers to coordinate care and consult on the member's diagnosis so that benefits can be appropriately applied.

## **Coordinating Services Under Mental Health Parity**

The primary care setting is often the first point of access for many members who may require specialized behavioral healthcare services. While some parity diagnoses may be treated effectively in the primary care setting, some may require specialized psychiatric care and behavioral intervention by behavioral healthcare providers. Other diagnoses will be best

treated through a combination of primary care intervention and behavioral intervention. The following guidelines are designed to assist practitioners in coordinating services under AB88.

**Autism or Pervasive Developmental Disorder:** The medical benefit covers the physical examination, chromosomal studies, imaging studies, EEG, ophthalmology, otolaryngology (including hearing test), blood work and UA. PBH specialist providers will be responsible for psychiatric and psychological assessment, medication management, family therapy, and referral to community-based resources such as Regional Centers and Special Education programs. PBH has contracted with specialist providers and preferred facilities to manage members with autism or PDD, and who act as advocates for the member in accessing publicly funded programs of service.

**Eating Disorders:** While eating disorders are considered to be primary psychiatric conditions, members with these disorders can have serious and life threatening medical complications. Coordination of care among PCPs and behavioral health practitioners is required to ensure that the member receives safe and effective treatment. Members with eating disorders usually present as outpatients. If the member first presents to a PBH contracted provider, he/she should be referred to the PCP for completion of a history and physical, and any relevant laboratory and imaging studies. The PBH specialist provider will initiate psychiatric or psychological assessment and ongoing care. The PCP and behavioral health professional(s) are expected to establish and remain in good communication with each other. The goal of this collaboration is to prevent de-compensation of the member to the point of requiring higher levels of medical or psychiatric care.

**Seriously Emotionally Disturbed:** Children with serious emotional disturbance require a highly coordinated Treatment Plan that emphasizes the need for multi-systemic intervention to keep the child safely in the home and community. Under mental health parity, children and adolescents must meet the criteria for SED established by public law before they and their families are entitled to parity benefits.

### **Seriously Emotionally Disturbed (SED) Criteria**

The definition of Seriously Emotionally Disturbed (SED) is derived from public law. The criteria specify the degree and duration of functional impairment that must be present to qualify for services under the SED designation.

It is important to note that SED is not a diagnosis nor is diagnosis alone the basis upon which the SED designation is applied. Practitioners who assess and diagnose children and adolescents should apply the following criteria to determine if the child or adolescent meets the definition of "Seriously Emotionally Disturbed:"

One or more mental disorders as identified in DSM-IV that result in behavior inappropriate to the child's age; and who meet the criteria defined in the Welfare and Institutions Code.

1) The child has substantial impairment in at least 2 of the following areas: self-care, school functioning, family relationships or the ability to function in the community; and either of the following occur:

- the child is at risk of removal from the home or has already been removed
- the mental disorder and impairments have been present for more than 6 months or are likely to continue for more than 1 year without treatment

2) The child displays psychotic features, risk of suicide or risk of violence due to the mental disorder

3) The child meets special education eligibility requirements under Chapter 26.5 commencing with Section 7570 of Division 7 of Title 1 of the California Government Code

Practitioners should note that children and adolescents who are assessed as meeting the above criteria are eligible for AB3632 services within the State of California. Practitioners should be prepared to advocate for and direct families through the Individualized Education Plan (IEP) process within the child's local school district. The IEP process is the vehicle through which children and families gain access to these state-funded resources.

## **Products and Services**

The majority of PacifiCare Behavioral Health enrollees have one of two basic benefit plans or products. Most members will have parity level benefits plus a supplemental benefit plan that covers non-parity diagnoses at the same co-payment level but with annual limits on the number of outpatient and inpatient days available to them. A smaller, but no less important group of members will have a parity-only benefit. For these enrollees, benefit coverage is only available to them if they are diagnosed with one of the nine diagnoses or conditions described under AB 88. Before benefits can be applied, it is essential that PBH refer the member with a parity-only benefit for assessment and diagnosis first. The second essential step is to then verify that the diagnosis meets the criteria established under AB 88 for parity level coverage. PBH accomplishes this through a review of both the Provider Assessment Report and the Life Status Questionnaire (or its adolescent version) completed by the member at the time of the assessment. PBH will authorize one assessment session for adults or two assessment sessions for children under the age of 18. Once a PBH Care Manager has reviewed the PAR and Y/LSQ, either authorization for treatment will be made or the enrollee will be sent a Notice of Non-Coverage (NONC) if they are determined not to have a serious mental illness or serious emotional disturbance of a child.

## Available Behavioral Health Services

### Mental Health Services

- **Psychiatric evaluation:** A referral made to PBH-contracted psychiatrist to assess the patient's mental status and determine if there is a need for additional mental health care.
- **Medication evaluation:** A referral made to a PBH-contracted psychiatrist when there is a possible need to introduce a psychotropic medication into the Treatment Plan.
- **Individual therapy:** A referral made to a PBH-contracted practitioner, such as a Ph.D., Masters-level therapist, or Certified Counselor, to address issues that need individual, face-to-face assessment and treatment.
- **Couples therapy:** A referral made to a PBH-contracted practitioner, such as a Ph.D., Masters-level therapist, or Certified Counselor, when marital/relationship problems are having a negative impact on the patient.
- **Family therapy:** A referral made to a PBH-contracted practitioner, such as a Ph.D., Masters-level therapist, or Certified Counselor, when your patient's life situation and functioning are negatively affected by problems occurring within the family structure. PBH endorses family therapy involvement in the treatment of children and most adolescents.
- **Psychiatric intensive outpatient:** A referral to a facility-based program for the intensive treatment of a particular psychiatric disorder such as eating disorders or anxiety disorders. Intensive outpatient programs typically meet at least 9 hours per week and have a self-help recovery-based component.
- **Partial hospitalization:** A referral to a facility-based program ranging from 2 - 8 hours per day of supervised psychiatric treatment for member's whose psychiatric condition requires intensive stabilization, but the member is safe enough that they do not require an overnight stay.
- **Psychiatric residential treatment:** A referral to a facility for long term treatment of a chronic disorder when the member is unable to remain in the home or community. Most residential placements are for adolescents and contain an educational component.
- **Inpatient treatment:** A referral is made for inpatient care when services required exceed services available on an outpatient basis. Acute inpatient services are authorized when the member's condition requires 24-hour per day nursing and medical supervision to ensure the member's safety and to provide appropriate treatment.

## Substance Abuse Services

**Important note: Services available may vary depending on the member's benefit plan. Please contact PBH directly to determine coverage for a specific patient.**

- **Assessment and Evaluation:** A referral made to a PBH-contracted substance abuse professional or outpatient program to assess the patient's treatment needs and recommend appropriate treatment options.
- **Outpatient treatment:** A referral made to a PBH-contracted practitioner who specializes in the treatment of substance abuse in an office-based setting. This level of care is particularly appropriate for the following patient types:
  - non-addicted patients with a pattern of substance abuse;
  - patients who could benefit from a brief intervention to address motivation for change and treatment; and
  - patients who require additional support to identify and fully utilize community self-help resources.
- **Detoxification:** In general, most uncomplicated detoxification can be safely and successfully accomplished on an ambulatory basis. If medical safety or other issues indicate that medically managed withdrawal should occur in an inpatient setting, PBH will offer a referral to a PBH-contracted facility.
- **Intensive Outpatient Treatment:** Intensive outpatient treatment (IOP) programs generally provide nine or more hours of structured programming per week, offered before or after work or school. Treatment plans are individualized and consist primarily of counseling and education. Additional medical or psychological services can be arranged as needed. These programs benefit addicted patients who require consistent professional support to establish sobriety and fully utilize community self-help resources.
- **Residential treatment:** Residential treatment programs are staffed 24 hours a day by substance abuse professionals and include on-site counseling, education and self-help meetings. Residential services may be appropriate on a short-term basis for addicted patients who are unable to maintain sobriety without 24-hour professional support or who live in a substance-saturated environment. Active discharge planning, focusing on transitioning the patient to a substance-free living situation and outpatient care, is initiated upon admission.
- **Inpatient treatment:** Interdisciplinary staff care for patients whose acute medical, emotional or behavioral problems are severe enough to require medical and nursing services on a 24-hour basis to achieve recovery. The treatment program is specific to an addictive disorder and is delivered at a PBH-contracted facility.

# Experimental and Investigational Therapies

PBH provides an external, independent review process to review its coverage decisions regarding experimental or investigational therapies for members who meet all of the following criteria:

1) The member has a Life-threatening or Seriously debilitating condition, as defined below and which meet the criteria listed in items #2, #3, #4 and #5 below:

- "Life-threatening" means either or both of the following: (i) diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted; (ii) diseases or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.
- "Seriously debilitating" means diseases or conditions that cause major irreversible morbidity.

2) You have certified that the member has a Life-threatening or Seriously debilitating condition, as defined above, for which standard therapies have not been effective in improving the condition, or for which standard therapies would not be medically appropriate, or for which there is no more beneficial standard therapy covered by PBHC than the therapy proposed pursuant to paragraph (3); and

3) You have recommended a treatment, drug, device, procedure or other therapy, certified in writing with a statement of evidence, that is likely to be more beneficial than any available standard therapies; and

4) A PBH Medical Director or designee has denied your request for a drug, device, procedure or other therapy recommended or requested pursuant to paragraph (3); and

5) The treatment, drug, device, procedure or other therapy recommended would be a covered service, except for PBH's determination that the treatment, drug, device, procedure or other therapy is experimental or investigational.

PBH's external, independent review for experimental and investigational treatment will be provided as outlined under the Voluntary Independent External Review (VIER) Program.

# Communication Systems and After-Hour Accessibility

## Routine Contact

Members who receive authorization from PBH are provided the practitioner's name and telephone number at the time of contact with PBH and are instructed to directly contact the practitioner to seek initial appointment. Members are instructed to leave a voicemail or message if they do not reach a live answer, and are informed their call will be returned no later than one (1) business day.

## Emergency Contact and After-Hours Access

PBH expects that members entering into treatment with you are given clear written instructions at intake about your practice and accessing immediate assistance after hours. Contracted providers must maintain coverage 24 hours per day, seven days per week or maintain a system for referring members to a source of emergency assistance. The preferred methods for emergency assistance are either a live answering service or an on-call pager system. However, providers may maintain a reliable recorded answering machine system which directs members to acceptable resources in case of an emergency.

The basic question is this: *Does the provider have an adequate mechanism for members to contact him/her after hours and in emergency situations?*

These systems may be monitored by PBH randomly and are monitored whenever member or internal complaints are received.

## Standards for Provider Message Systems and Telephone Access

No matter the method used by the practitioner the following elements are required.

1. **Access to Practitioner:** A live answering service, or working pager service or voicemail is available 24 hours per day.
  
2. **Ease of Use:** One of the following occurs when the system is accessed:
  - Answering service assures caller they are able to contact the practitioner if needed, and can accept a message, as well as provide the caller with anticipated call return time frame.
  - Pager system makes it possible to have the practitioner paged 24 hours a day.
  - Voicemail instructs the caller on emergency procedures such as use of 911 and, if available, local crisis center information.

3. **Business Orientation:** : The system made appropriate business identifications:
- Identifies the professional, practitioner or group practice name at answer.
  - Is not also a personal or non-business system.

4. **Professionalism:**

If an Answering Service, all of the following occurs:

- The answer is professional.
- The answering party is courteous, clear and easy to understand.
- The service is able to offer needed info as outlined in #2. above.

If a Pager System, all of the following occur:

- Encourages the use of 911 for life threatening emergency.
- Offers clear instruction about how to use the system.
- Sets realistic expectations for a return call.

If a Voicemail System, all of the following occur:

- Encouraged the use of 911 for life threatening emergency.
- Set realistic expectations for a returned call
- Allowed the caller to leave a confidential voicemail.
- Followed acceptable community standard for verbiage, length and style of message.

### **PBH Standards for Member-Practitioner Communication Cycles**

- Return newly authorized member calls within one (1) business day of their contact with you.
- Establish member expectations at the onset of treatment for how and when to contact you, and how timely they can expect to receive return communication from you in routine, urgent and emergent situations.
- Document your office communication policies in member disclosures.
- Ensure your systems direct member to alternatives such as dialing 911, local emergency rooms, their insurer and alternative coverage in the case you are unavailable immediately and their need is urgent or emergent.
- Communicate your planned absence, such as vacation status, to members in active treatment. Convey to members a plan for contacting alternative care during your absence, including PBH as needed for alternative authorization.