Comments for Chapter 521 Psychological Services Manual
Effective Date Updated April 1, 2015

Date Comment Received	Comment	Status Result C=Change NC=No Change D=Duplicate	Action for Change Status	Reason for No Change and FAQ's
1/15/15	I strongly urge WV BMS to reconsider the draft language that would allow physicians or physician extenders to perform and/or supervise neuropsychological services. While physicians and their extenders are vital members of any health care delivery model and possess unique competencies, those that define a clinical neuropsychologist are not a standard part of the physicians training. As such they are not qualified to perform these services. I urge you to state that providers "must be licensed psychologist who are practicing within their areas of demonstrated competency, as determined by the West Virginia Board of Examiners of Psychologist, or their local state licensing board" The language will allow the Board, through its state mandated charge, to examine the credentials of a psychologist to determine if he or she is qualified to perform these services for Medicaid beneficiaries	**NC**		WV BMS utilizes CPT® definitions as directed by CMS (Centers for Medicare and Medicaid) whenever possible. In the Current Procedural Expert (CPT®) for the codes 96116 and 96118 it states "Neuropsychological status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning, and problems solving and visual spatial abilities), **by a psychologist or physicians** time both face to face and time interpreting test results and preparing the report." WV BMS recognizes Physician Assistants and Nurse Practitioners as physician extenders and as such this allows them to bill these codes.
1/19/15	Fingerprint back ground checks are an addition to this manual, and will take providers some time to develop new contracts for this service. So that contracts can be appropriately drawn up, can you define providers who have "direct contact with Medicaid members"? Would this be all staff who provide direct	**NC**		Yes, we will allow a reasonable amount of time for contracts to be completed. (Providers will have till August 1, 2015 to begin fingerprinting their staff) Anyone with access to Medicaid Members and/or Medicaid Members' patient

	services for which we bill Medicaid, or anyone who has direct contact? For instance, would front desk personnel be subject to fingerprint based background checks? What about financial counselors? Because of the unreliability of fingerprint vendors in the past, our current practice is that all employees undergo online background checks via the vendor Intelli-Corp. This service verifies the social security number of all employees, verifies previous addresses, and performs searches of databases for government sanctions, criminal records (including federal, state, and county level), and returns this information to us in 1-2 weeks. Intelli-Corp does not provide fingerprint based services. We will need to contract with Saffron, which to our understanding is the only agency in WV who can do state and federal level background checks. Fingerprint based checks are more costly to the agency, which is not reflected in any Medicaid rate increases. Of note, currently, Saffron's federal checks are out 14 weeks, which would not be compliant with the 3 month wait time while employees can still be employed. Is there flexibility in this timeline? It will be costly for employers to train and employ psychologists or therapists only to have a lag in a background check causing them to be released from employment, when the check may actually be eventually negative. Of course, it goes without saying that it would			information need to have a background check completed. This is a federal requirement of all state Medicaid Agencies. The OIG is required monthly and cannot be changed to a quarterly or bi-annual basis

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	be disruptive to the provider patient therapeutic relationship as well. This section is a new requirement relative to OIG List of Excluded Individuals and Entities checks monthly. While this is a relatively simple task, monthly checks will add a new layer of regulation that someone in the organization will have to perform each month to remain compliant. Can this be expanded to quarterly or even bi-annually?			
1/19/15	Given the transition to a new provider manual, will there be any time allowance for adjustments of EMR, provider education regarding updated documentation requirements, etc. prior to provider reviews? We are currently hiring a documentation specialist to review all records to help with our compliance, at great cost to the organization. Next, a defined cycle for reviews is noted, but not explicated.	**NC**		August 1, 2015 is the date of compliance with the new manual. The current defined cycle is at least 18 months however you may be reviewed at any time by BMS or its contractors. *FAQ will be developed from this comment
1/19/15	We are concerned about the vagueness in sections related to disallowance. For instance, when will a disallowance be recommended? In some reviews in the past, the absence of one documentation indicator caused the entire chart to be given a zero for compliance. How much disallowance will be recommended? Will it be a percentage or the entire reimbursement for services rendered? How will that be determined? In the section related to Plan of Correction	**NC**		During February – March specific webinars will take place on the new manual. With these trainings there will be information on disallowances and the cycles that will take place. For example, Cycle 1 disallowance will include the following- 1.) Not being a qualified provider i.e. not licensed or supervised 2. No background check completed 3. Psychological Reports

	(POC), will the creation of a plan of correction supplant disallowances, or will this be in addition to disallowances? Disallowances for services that have been rendered to Medicaid members in good faith can cause financial ruin to a provider such as ours. Thank you for any clarification.			are not completed within the specified time frame in BMS policy. 4. No signature and/or credentials start and stop time on documentation. Other cycles will be completed and providers will be given 6 months warning to prepare and ensure that they are ready for review. A plan of correction will not supplant disallowances. *FAQ's will be developed and posted concerning this comment.
1/19/15	521.12.1 There are two sentences in this section that seem to contradict each other. At the end of the Definition section, there is a statement indicating "96101 is also used in those circumstances when additional time is necessary to integrate other sources of clinical data, including previously interpreted, completed, and reported technician and computer administered tests". The next section indicates "Interpretation of technician and computer based tests may not be completed using this service. It is intended for the integration of previously interpreted and reported technician and computer based tests". Can this be clarified?	**NC**		This code should be used to integrate previous psychological evaluations to compare to current evaluation information to previous testing or evaluations. It is not to be utilized for incorporation of psychometrician testing. *FAQ will be developed and posted concerning this comment
1/6/15	Fingerprinting requirement is a little heavy and time	**NC**		This is a federal requirement and no

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	consuming. Perhaps the department could facilitate by arranging sessions at prearranged locations. I spent several hours when I had to do this for an agency I work with in Ohio. It also was not inexpensive. vic cerra,?			change can be made to this policy.
1/12/15	1. Pg. 10 Psychiatric Diagnostic Evaluation Documentation requirements includes "Medicaid Member's prognosis for treatment" but does not include rationale for prognosis –this is required in the LBHC manual 2. There are no exclusions listed for 96110, 96111, 96116, 96118, and 96120. Will exclusions listed for 96101 (eg. Psychometrician, computer scoring, self-administration assessments, computer interpretation) be accepted for these other testing codes. 3. Pg. 15 Service Unit 96118 says "Event" but the definition says "per of the psychologist or physicians time" Is it an event or per hour 4. Staff Credentials for all codes except 90791 96101 state " a Psychologist who is under the supervision of a Board approved Supervisor" I think it should say ..A Supervised Psychologist who is under the supervision.	**C** **C** **C** **C**	1. Rationale for Prognosis will be added to the policy. 2. Exclusions will be added to each of the codes. 3. Correction will be made in policy manual to state per hour. 4. Change of language will be made to the policy manual	
1/12/15	1. Can School Psychologist bill Medicaid? If so how do they bill? Are they registered with APS? Do they have to have a background check? We feel that School Psychologist should be required to be licensed by the WV Board of Examiners and a definition of them should be added to this manual. They should comply with	**NC**		CMS recently approved a new School Based Health Services State Plan Amendment (SPA) as such in the near future we will be building policy around the SPA and we will take into account this comment when developing policy. School Based Health

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	all rules and policies governing psychologist in WV			Services will have its own policy manual and any services provided in a school setting and billed through a RESA will be governed under that policy manual.
12/31/14	I believe Coordination of Care between the psychologist and the prescriber is important for example, I talked with two patient prescriber's yesterday- a general practitioner and a psychiatrist about more active diagnoses of patients, eliminate inappropriate ones, but it is a two-way street! I believe any requirement on a treating psychologist to inform the prescriber should be balanced with such a requirement on the prescriber to inform the treating sources/causes of the symptoms, hence the need to no longer need medication for symptoms.	**NC**		The Coordination of Care is expected from both the psychologist and physician. We will develop an *FAQ around this comment
12/22/14	Within section 521.3.1 the statement regarding 4 supervisees is not indicated and only billing their own supervisee's was also omitted.	**C**	Policy language will state that a Licensed Psychologist may only supervise 4 Supervised Psychologist.	
1/15/15	First, since the 96101 and 90791 codes are available in the Clinic and Rehab manuals, which set of standards apply to psychologists practicing in LBHC's? There are differences between the new manual and the clinic and rehab manuals. We would like the three or four new codes to be available in the Clinic and Rehab manuals, those being the two neuropsych testing codes, 96118 and 96120, and the code that allows family to be seen without the patient present	**NC** **NC**		You must meet the standards in the manual you are billing. If you are a psychologist employed by an LBHC then you follow the Clinic and/or Rehabilitation. BMS will take these comments under advisement when the next update revision of Chapters 502 and 503 take place.

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	90846 and the Family therapy code 90847 (am I correct in thinking this isn't available in the clinic/rehab manuals?)			
	Also, we still have problems with inability to bill for the MMPI or PAI, for example, as they are being administered. These are very expensive tests, required by most agencies requesting psychological assessment of personality and psychiatric functioning. There are RBRVS codes that permit this, and we request that they be made available.	**NC**		BMS will take these comments under advisement when the next update revision of Chapters 502 and 503 take place.
	I understand that there are Board of Examiners problems with psychometricians, but they can be very valuable additions to clinical practices and would also save the Department money since they are less expensive per hour than licensed clinicians. We support inclusion of this billing code as well.	**NC**		BMS will take these comments under advisement when the next update revision of Chapters 502 and 503 take place.
				This is a WV Board of Examiners issue. They do not define nor license technicians or psychometricians. Without licensure rules and regulations concerning these 2 groups we are unable to recognize them as treating providers BMS is unable to recognize technicians or psychometrians due to the lack of definition and licensure in the state of WV

*FAQ's should be considered Policy Clarifications