



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

**Department of
Health and Social Services**

DIVISION OF BEHAVIORAL HEALTH
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January 18, 2013

RE: **Guidance Document:** Billing options and documentation requirements for recipients receiving only Pharmacologic management services from a Community Behavioral Health Services Provider.

Dear Community Behavioral Health Services Provider:

A number of Providers rely upon physicians who travel regularly, but infrequently, to their community and agency to deliver psychiatric services to recipients. Because the physician's time in community is limited and their caseload is often quite large, the Department recognizes Providers' need to efficiently manage the documentation requirements for those recipients receiving only Pharmacologic Management services (procedural code 90862). This letter serves to provide guidance and direction to Providers related to the billing options and documentation requirements for these recipients.

Providers may bill for services using the agency's Mental Health Medicaid billing number. This option obligates Providers to comply with all the clinical record and documentation requirements described in the Behavioral Health Services Integrated Regulations [7 AAC 70 and 7 AAC 135]. This option allows Providers to report this service information to the Dept. and receive 'credit' for recipient count, services delivered, etc.

Providers may also choose to arrange for qualified practitioners to bill for pharmacologic management services using the physician's independent Medicaid billing number. While this option obligates the medical professional to all the clinical record and documentation requirements described in 7 AAC 105.230, it also relieves the Provider of the obligation to maintain the recipient's clinical record according to the requirements found in the Behavioral Health Services Integrated Regulations. The independent medical practitioner may designate the Community Behavioral Health Services Provider as payee for billing purposes and to receive payment for all services rendered. The Physician may also arrange for the Provider to act as custodian of all related recipient records. Though Providers will not be entering the service information in the AKAIMS minimal data set, they still have the option to report the service information related to these recipients to the Department.

In addition to the two options above, qualified Tribal health organizations may arrange for these services to be provided through their Tribal Physician Clinic and billed to Medicaid utilizing the organization's CL#.

Community Behavioral Health Services Providers need to comply with the following documentation requirements if they choose to arrange for qualified medical professionals to provide pharmacologic management services only to recipients, and bill Medicaid for these services through the agency's Mental Health Medicaid billing number:

1. The AST and an initial CSR is required for all recipients
2. A Psychiatric Assessment [by regulation] may serve as the Behavioral Health Assessment as long as all requirements are met per 7 AAC 135.110(e).
3. A Psychiatric assessment may also serve as the Treatment Plan as long as all the criteria noted in 7 AAC 135.120 is included, AND that material stands alone from the rest of the information in the assessment.
4. The physician acts as the Directing Clinician for these recipients
5. The Provider may determine the best means for the recipient to sign the Treatment Plan (e.g. final page of assessment; signature form, etc.)
6. The 'med management' note is acceptable as a progress note as long as all the elements of a progress note are included as described in 7 AAC 135.130(a)(8)(A-F)
7. A client status review must be conducted every 90-135 days as established from the date of the initial CSR.
 - a. Any staff member may administer the CSR
 - b. The physician in collaboration with the recipient is obligated to measure treatment outcomes (in this case those issues listed in 7 AAC 135.140: Pharmacologic management services), make treatment decisions, and revise the plan of treatment accordingly.

If you have any questions regarding the information provided in this Guidance Document please contact Policy & Planning at 269-3600 for assistance.

Thank you for your continued service to Alaska and Alaskans in need.

Sincerely,



Melissa Witzler Stone
Director

