



**BHA/MA/Beacon Health Options, Inc.  
Provider Quality Committee Agenda**

**Beacon Health Options  
1099 Winterson Road, Suite 200  
Linthicum, MD 21090  
Friday, September 8, 2017  
10:00 am to 11:30 am**

**In attendance:**

**Telephonically:**

**Topics & Discussion**

**Minutes**

**BHA Update**

**Medicaid Update**

**Beacon Health Options Update**

**Provider Questions**

1. It was mentioned that Provider Type 50's could not bill for Induction for MAT. What I am trying to understand is if there are specific codes we are not allow to bill for or if we are not allowed to do the inductions at all. We were under the impression that we could billed the codes series 99211-99215 and have been using 99215 to bill for the first evaluation with our doctor. It seemed an appropriate code as it was not a new patient appointment as the clients would have already been seen for an OP psychosocial assessment (H0001). I just want to make sure this is an appropriate was to bill
2. **Aligning Fee Schedule with CPT Codes.** Last month, Beacon agreed to review a coding update to align the fee schedule with CPT codes changes made in January. Those changes modified time components for Codes 90846 and 90847 (Family Therapy with and without client), instituting mid-point timeframes for



billing. The minimum time for 90846 and 90847 is 26 minutes (in other words, the mid-point threshold is passed). Per the new Beacon rate sheet, 90847-52 modifier shows an “abbreviated” session for a C&A client, 90847 is listed for 45-60 minutes (adult and C&A). Will Beacon align its fee schedule with the CPT revisions? If so, when?

3. **Clarifying Provider Alert: Drug Auth.** Last month, we submitted a question about a recent provider alert which indicated that all pre-authorizations are approved for physician’s services for 90 days, rather 60 days. Does this include the physician anti-psychotic drug pre-authorization requirement for all youth under 18?
4. **Modifiers for SUD 99211-99215.** A [Provider Alert issued on May 3](#) indicated that Provider Type 50s who employ a Data 2000 Waiver Provider may be reimbursed for medication assisted treatment (MAT) services through their Provider Type 50 program Medicaid provider number. [The SUD fee schedule released on the same date](#) has no code that allows Provider Type 50 to do an MAT intake (99201-99205) or MAT induction (H0016) outside of the PHP or detox settings. We have members with clinics and IOPs who are licensed as Provider Type 50s, and who are interested in expanding MAT capacity. In August, BHA agreed to review the coding and provide a response -- is there an update?
5. **270/271 Eligibility Verification File Exchange Capacity.** Several CBH members have the capacity to do 270/271 file exchange, which allows for eligibility verification for multiple consumers. In August’s Provider Council, staff indicated that regulations require providers to check EVS, the system of record. We have been unable to identify any regulatory requirements for an EVS check, simply sub regulatory guidance that could be updated. Could a Provider Alert be issued to update this requirement, allowing providers to redirect manpower toward direct care?
6. **Authorization Delays.** In March 2017, Beacon issued a Provider Alert indicating that the deadline for responding to non-urgent authorization requests would be expanded to 15 days. At the time, Beacon indicated that it didn’t intend to take longer to process routine authorization requests. With 10 members reporting authorization problems, our members report that their average PRP authorization is taking 8-12 days to process, with a significant number of outliers taking 13-15 days to process. The variability in the authorization response time is disruptive to workflow, and the delayed response is detrimental to engaging consumers in treatment. Multiple provider’s reports that, after waiting two weeks for an authorization decision, some consumers can no longer be engaged in ongoing treatment. Can you provide updated report on the number of PRP authorizations



processed in 3, 5, 10, and 15 days? What is the expectation for how long a routine PRP authorization request will take?