

# MPS NEWS

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Editor: Heidi Bunes

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Deadline for submitting articles to <i>MPS News</i> is the 15th of the month preceding publication. Please email to <a href="mailto:heidi@mdpsych.org">heidi@mdpsych.org</a> .	
MPS News Design & Layout Meagan Floyd	

The next MPS Council meeting will be held  
Tuesday, **April 8**  
at 8PM  
in the MPS office.

## President's Column

# Lots of Thanks

As I watch the final weeks of my MPS presidential year roll by, I am daunted by how much our group relies on a few outstanding contributors to keep the organization rolling. As well, I notice how some of my predecessors move along, becoming less involved with MPS, and others remain as involved as during their time on the Executive Committee doing other tasks. Few of us could match the significant contributions over many decades by Bruce Hershfield, who tells me he has been coming to Council meetings for over 30 years, having served as president 22 years ago, and being awarded our Lifetime of Service Award in 2003. I feel blessed that Bruce will continue to be available to us as our authority on how Council meetings need to be run. He also serves as Parliamentarian for the APA.

Our soon to be retiring Council Chair, Elias Shaya, set the bar very high for former presidents by being our most utilized speaker for a myriad of MPS CME events on CPT coding and the DSM5. I lost count as to how many total programs Elias presented, but I know that it has been well in excess of a dozen. Elias refused to get paid for any of his programs. He remains a resource to all of us on the continued challenges of billing issues. Anyone who has had the great fortune to hear him speak would agree on his stunning command of these confusing topics. He may also be the single most gracious person I know. I am very lucky to have him as a friend.

Despite being a few years younger than me, Andy Angelino has been my surest guide in how to be a leader at MPS. Dis-

guising his deep commitment behind an air of insouciance, he provided me insights to how the organization works, how to evaluate political battles and where to focus my attention. I will do my best to pass on his expertise and keen sensibilities to future presidents. Andy came in second only to Elias in the number of CME programs done for our organization.

We gave Steve Daviss the Presidential Commendation last year. Despite that (or because of it), he has continued to be my best resource for all things related to behavioral health integration, health exchanges and the arcane world of Maryland politics. He was also the person who first suggested to me (or warned me) to think about becoming president of the MPS when I had just assumed the role of CME committee chair nine or so years ago.

Easily the most involved MPS assignment outside of the Executive Committee is the chair of the Legislative Committee. I have been so fortunate to have Jennifer Palmer in that role. For the past two years I have had the privilege of watching Jen in action during our Advocacy Days in Annapolis. Her understanding of not only the political process but personalities of the legislators and her persuasive style were a joy to behold. I hope that MPS will be able to rely upon her formidable skills for many years to come.

An enthusiastic newcomer to the MPS Council, Margo Lauterbach has already distinguished herself as a major contributor. Providing leadership to the MPS Maintenance of Certification initiative, along with Andy Angelino, she helped us get a sizable grant to help educate

(Continued on next page)

psychiatrists in Area 3 about how to negotiate the increasingly challenging task of keeping up with Board Certification. She is currently our Early Career Psychiatrist Council member and I can only imagine what things she will be able to bring to us over the next years.

I am confident in our next few years of leadership at MPS. Sally Waddington, our incoming president, offers a wry and good humored exterior, which is merely a cover for one of the most pragmatic, decisive and insightful individuals I have ever met. Sally was the driving force behind the complete revision of the investment policies for MPS. I will do my best to support Sally during her presidency. Behind Sally are Brian Zimnitzky, who brings a wealth of legislative acumen and experience, and Merle McCann, our newest addition to the Executive Committee, who brings his extensive administrative background along with a passionate dedication to our field and our patients.

Other MPS members I would like to recognize for their contributions over the past year are Jeff Janofsky, Anne Hanson, Harry Brandt, Bob Roca, Nancy Wahls, Susan Lehmann, Laura Gaffney, Kim Jones-Fearing, and Bruce Taylor. Our lobbyists, Harris Jones & Malone, and our chief contact there, Phil Cronin, have been extraordinary in providing wise counsel, representation and stunning availability over yet another challenging legislative year. They go above and beyond for us.

Finally, the MPS would be completely unable to function without the dedication of our staff—Kery Hummel, Heidi Bunes and Meagan Floyd. Sometimes I forget just how hard each of them works because they make it look so effortless. Meagan pulled off organizing a staggering number of CME programs. Heidi has managed to guide the precarious finances of MPS and was the person who implemented Sally's vision for our fiscal future. Kery seems to know everyone in Maryland and managed to keep me on track during this past year.

I hope more new and old members of MPS will step up to leadership roles and follow the examples of the wonderful folks I have mentioned. I thank you all for allowing me to serve as president for the past year. It has been an honor I will treasure always.

*Scott T. Aaronson, M.D.*

## Have You Paid Your 2013-2014 Membership Dues?

A list of members with unpaid MPS dues will be presented to Council this month, with a final vote on MPS dues drops in June. Invoices will be mailed again in early April. If you are unsure whether your July 1, 2013 to June 30, 2014 MPS dues are paid, please call 410-625-0232 or email [mps@mdpsych.org](mailto:mps@mdpsych.org).

# CONGRATULATIONS



After receiving member input, the MPS Council voted on March 11th to award

## Paul McClelland, M.D.

the 2014 MPS Lifetime of Service Award. Thank you Dr. McClelland for your invaluable service over these many years! Please join us at our annual dinner on April 24th to honor Dr. McClelland for this achievement.

## MPS Members Out & About

Mark Komrad, M.D. is scheduled to appear on the Dan Rodricks Midday show Thursday March 27 at noon on WYPR 88.1 FM. The topic will be "mental health parity," as the ACA deadline for signing up for health insurance approaches.

**Help us spotlight MPS members who are out and about in the community by sending info to [mps@mdpsych.org](mailto:mps@mdpsych.org).**

## A Likely First for the MPS

For at least the last 25 years, there has never been an MPS member running for elected office. It won't surprise members who have followed MPS advocacy over the years when they learn who is blazing a new trail. **Steve Daviss, M.D.** is running for state political office in the Primary Election on June 24. He is running for Central Committee in Baltimore City's 45th Legislative District. This is the first rung of the political ladder. Central Committee is responsible for helping with party elections, campaigning, nominating people to the governor for appointments to the Board of Elections, and selecting mid-term replacements for vacancies in the House and Senate, often filled by a Central Committee member.

Steve is planning a winning campaign, which includes knocking on 7,000 doors and targeting \$20,000 in donations to rise above the other 20 candidates (there are seven Central Committee slots). His plan to run for House of Delegates in 2018 is contingent on winning in 2014. For more information, visit his [campaign website](#) or email [drstevedaviss@gmail.com](mailto:drstevedaviss@gmail.com).

## March 11 Council Highlights

Executive Committee Report

Dr. Aaronson reported that the MPS has signed on to two letters sent by the APA: 1) for the repeal of the SGR [see [page 4](#)] and 2) to oppose the planned CMS restrictions on antidepressant and antipsychotic medications [see [page 9](#)]. Since then, CMS announced that it would not pursue restrictions for these drug classifications without first obtaining stakeholder input. He mentioned that the Area 3 Council approved an additional Innovative MOC grant of up to \$17K. All 5 District Branches (DBs) within Area 3 are participating in the grant. He recognized Dr. Lauterbach and Dr. Angelino for their contributions to this project.

Executive Director's Report

Mr. Hummel mentioned that the collaboration among the Area 3 DBs on the MOC grant has given insight into the differences and similarities of other DBs. He distributed brochures for the CME event and the Annual Dinner to Council and requested feedback regarding CME events so that staff can shape events around member needs. Council suggested that members be polled.

Legislative Committee Report

Dr. Palmer provided an overview of the bills being followed by the MPS Legislative Committee. Lynette's Law prohibiting sexual contact etc. with a patient and a counselor or therapist has received a Favorable vote from the House HGO Committee and passed out of the House. Our lobbyists are still monitoring in the Senate in case any amendment is added including psychiatrists. The legislation surrounding court-ordered Emergency Evaluations for Mental Disorders as part of domestic violence proceedings has not moved out of committee and is unlikely to pass. Legislation for Telemedicine should pass. The Continuity of Care Advisory Panel bills have received Favorable votes in their respective House and Senate committees. A conference committee will have to resolve any differences. The bill has been reduced to simply authorize the Continuity of Care Advisory Panel to reconvene and make further recommendations regarding an Assertive Community Treatment program for outpatient services. The Assisted Outpatient Treatment legislation was withdrawn in the House and has not received a vote in the Senate. It is still being monitored but it is not expected to pass. This issue will be addressed by the Continuity of Care Advisory Panel. The bill that sought to modify standards for emergency evaluations and involuntary admissions was withdrawn from both the House and Senate committees. This issue will be addressed by the Continuity of Care Advisory Panel. Legislation for the administration of medications by a Clinical Review Panel was approved with amendments drafted by DHMH with MPS input. Gayle Jordan-Randolph reviewed the amendments during the Council meeting. The bill as amended would change the dangerousness standard for all committed patients in a way that solves the Kelly decision problem but also makes it vulnerable to Constitutional challenges by the Maryland Disability Law Center and crimi-

nally-committed individuals. Disclosure and reporting of a mental illness for purposes of obtaining a driver's license remains in committee without a vote. MPS opposes this legislation and it is unlikely to pass. Failure to report child abuse has received an Unfavorable report from the respective House and Senate Committees. It is unlikely to pass. The Naturopath bill passed with amendments in the House HGO Committee. Naturopaths will be under the Board of Physicians and must have a collaborative agreement with a licensed physician. Naturopaths provided assurances that they do not intend to engage in mental health counseling. Medical Marijuana has passed the House. The Senate version is expected to move out of committee this week with an amendment that would allow Board-certified psychiatrists, but not other physicians, to recommend MMJ for mental illnesses. Step Therapy or Fail-First Protocol legislation is likely to pass.

Old Business

Dr. Aaronson distributed ballots for the MPS Lifetime of Service Award. All nominees have attained Life status with both APA and MPS. Dr. Paul A. McClelland was elected as the 2014 recipient.

Dr. Hershfield announced the passing of Dr. Lino Covi and Dr. Robert Gibson. He mentioned that Dr. Covi had served many years as Editor and on the Editorial Board and that Dr. Gibson was Past President of the APA and the MPS. Dr. Gibson had also been CEO of Sheppard Pratt. A moment of silence was observed in memory of both men and their contributions to psychiatry.

Prior to adjournment, Dr. Shaya, Council Chair recognized Dr. Hershfield for his abilities as a parliamentarian during MPS Council meetings. Dr. Hershfield currently serves as the APA Assembly Parliamentarian. Dr. Shaya appointed Dr. Hershfield to continue to advise the MPS Council on parliamentary procedures.

## Become an APA Fellow— It's Now Easier to Apply!

Are you ready to take the next step in your professional career? Members who pursue fellow status perceive it as one of the first steps to enhancement of their professional credentials. Members who apply and are approved this year for fellow status will be invited to participate in the Convocation of Distinguished Fellows during APA's 2015 annual meeting in Toronto. **The deadline is September 1.** Visit the [APA website](#) for more details and a link to the application.

## April 24 - Text, Talk, Act to Improve Mental Health

[Text, Talk, Act to Improve Mental Health](#) is an hour-long event that uses text messaging to get people talking about mental health and encourage them to take action. Through this event, young people can have a conversation with their peers and give voice to an issue that can otherwise be difficult for them to speak about. This event is geared toward young people, but people of all ages can participate. It's simple: at any time on April 24th, gather three to four friends, family, classmates, students, and/or colleagues; text "start" to 89800; and receive polling and discussion questions via text messaging while having a face-to-face dialogue with the group.

## Update on SGR Repeal Efforts

Although the U.S. House of Representatives has passed H.R. 4015, legislation that permanently repeals and reforms the SGR, they have unfortunately chosen to attach policy that would delay the ACA's individual mandate for five years, which would cover the cost of the repeal. This is not a bipartisan offset, and the vote is not viewed as progress by APA and the greater medical community. The APA is urging Congress to return to the negotiating table to discuss bipartisan solutions that send SGR reform to the President's desk and avoid the cycle of disruptive temporary patches. **The current SGR patch expires at the end of the month and a 24% cut is scheduled to go into effect on April 1st.**

Votes on SGR repeal are likely in the Senate during the week of March 23rd. Finance Committee Chairman Ron Wyden (D-OR) has indicated that SGR repeal in the Senate will not include an offset, which is an approach that has been rejected by House leadership. It is highly likely that physicians are looking at votes on another temporary SGR patch the week of March 23rd. It is unknown how long a period the patch would cover or what offsets would be used for a bipartisan patch.

*APA Department of Government Relations*

## April is National Minority Health Month

During April, the HHS Office of Minority Health marks National Minority Health Month by raising awareness about the health disparities that continue to affect racial and ethnic minorities. This year's theme, [Prevention is Power: Taking Action for Health Equity](#) emphasizes the critical role of prevention in reducing health disparities.

## New FAQ on HIPAA Allowable Disclosures to Families

The HHS Office of Civil Rights (OCR) has issued [new Frequently Asked Questions](#) that discuss when it is permitted under HIPAA to disclose protected health information (PHI) to families of individuals with mental illness. Notably, the FAQ clears up a grey area as to whether psychiatric incapacity is included in the definition of incapacity for purposes of disclosure of PHI to family members of potentially non-consenting adults. Up to now it had been unclear as to whether covered entities can discuss treatment information with families of non-consenting adults if there is not a "serious and imminent threat" of harm to self or others. In defining psychiatric incapacity under HIPAA, the FAQ states that providers may exercise their professional judgment to determine if a patient does not have the capacity to meaningfully agree or object to the sharing of PHI. The full details this category of permissible disclosures can be found in the fourth question in the FAQ linked above. APA maintains a [HIPAA landing page](#) with access to this and other resources, including HIPAA practice and procedure manuals that are a member only benefit.

From March 3 *APA Advocacy Update*

## Windows XP May No Longer Be HIPAA Compliant

Psychiatrists who use Windows XP in their practices, may soon become noncompliant with the Health Insurance Portability and Accountability Act (HIPAA). Microsoft is discontinuing support for the operating system April 8, placing patient information within this system at risk. [Read more.](#)

From [March 24 MedChi News](#)

## Membership

**APA Members Transferring to Maryland**  
Jagdeep Kaur, M.D. *General Member from VA*

## 2014-15 MPS Committees Forming

Your energy and ideas can help the MPS effectively focus on issues that are important to you. **Please volunteer for MPS committees!** Return the signup form included in the ballot mailing, call the MPS office at (410) 625-0232, or email [mps@mdpsych.org](mailto:mps@mdpsych.org).

## PRESCRIPTION DRUG MONITORING PROGRAMS: WHAT YOU NEED TO KNOW IN 2014

### Introduction

A Prescription Drug Monitoring Program (PMP) is a state-run electronic database that stores and analyzes information on the prescribing and dispensing of specific controlled substances. The general purpose of a PMP is two-fold: 1) to reduce misuse and diversion of controlled substances and 2) to improve patient safety.

These programs, found in the majority of states, specify the following:

- the scheduled substances to be monitored, typically Schedule II, III, and IV drugs (drugs of concern or non-scheduled drugs may also be included), and
- those who are authorized to access and use PMP data (authorized users typically include prescribers and dispensers; law enforcement agencies; representatives of professional or occupational boards, directors of state commissions or agencies; and individuals whose prescription history has been captured by the database).

### Legal and Clinical Implications

What are the legal and clinical ramifications of PMPs for physicians prescribing controlled substances? Legally, physicians must know what state law requires of them, in particular, whether physicians are required to access the data. New York became the first state to create a duty for practitioners to review PMP data prior to prescribing Schedule II, III, and IV controlled substances. Some states, such as Kentucky, set forth certain circumstances under which a prescriber must check the database, while most states currently allow the practitioner to determine when the data is needed. However, more states may begin to require PMP review following New York's lead. Even if review of PMP data is not required by law, the fact that the capability to do so exists may impact the standard of care.

Physicians should also know that their prescription histories will be tracked, as over-prescribers are targets of increased scrutiny. Two other legal issues to be aware of are that some states permit physicians to delegate authority to access PMP data to another person under their direct supervision and, at the present time, PMP laws do not require physicians to notify law enforcement of suspicious behavior on the part of the patient.

Clinically, a patient's prescription history may be valuable information to have when prescribing. For example, a new patient wants a prescription for stimulants. Upon reviewing the PMP data, you note that the patient just filled such a prescription three days prior to her first visit with you. Given this information, you decide not to prescribe at that visit and

to clinically address the issue with the patient. States are beginning to share PMP data, which should prove clinically useful to psychiatrists with patients who cross state lines to obtain prescriptions. States are also striving to move to real-time reporting so that practitioners can get the most current information on their patients.

### Risk Management Advice

**Legal and Professional Obligations:** Familiarize yourself with the PMP in your state and its requirements, if any, for prescribers. Licensing boards and professional organizations are good resources for this information. [[Maryland's Prescription Drug Monitoring Program](#) is online. See page 6 of the [March MPS News](#) for help signing up.]

**Inform your patients:** Some states, such as Virginia, require that prescribers provide notice to their patients that they will access PMP data. You may want to do this even if not required to by the state as part of educating and informing your patients. Remember, however, that you do not need patient authorization to access the PMP. Moreover, you should not seek patient authorization to access the PMP as doing so may lead patients to believe they can prevent you from reviewing it when they cannot.

**Proper Prescribing and Monitoring of Medications:** Consider whether applying for access to and using the data might assist you in making decisions on prescribing controlled substances. Incorporating review of the data into your practice may be particularly useful when seeing new patients who request prescriptions for controlled substances. Having the data may also make it easier to initiate a conversation with your patients on proper use of controlled substances, the risks of abuse and diversion, and the availability of substance abuse programs. We know that allegations of improper prescribing and monitoring of medications form the basis for a significant majority of lawsuits filed against our insured psychiatrists. Use of PMP data may minimize the risks of those allegations being made against you with regard to controlled substances and may indicate when a treatment relationship needs to be terminated.

**Documentation:** We suggest reviewing your practice state's PMP laws and regulations, as well as those relevant to prescribing controlled substances, for any documentation requirements. For example, in New York, the law only requires noting that a review of the PMP registry was done or that it was not done along with the applicable exception. Not only does this approach align with the law, it respects the highly confidential nature of the information and the potential legal consequences attached to it. So our general advice is for your documentation to reflect that the PMP data was

*(Continued on next page)*

reviewed. Due to the highly protected nature of PMP data and the stiff penalties for improper disclosure, unless required by state law, we advise against including a copy of the PMP report in the medical record. If the PMP reports are printed for review, a policy and procedure for secure shredding of the documents after review should be in place and followed.

### Conclusion

As PMP laws and regulations continue to evolve, our risk management advice will as well. In states where physicians are required to access and use PMP data, the standard of care will also require that they do. In states without such a mandate, the issue is not as clear. Understanding the general purpose of PMPs and your state's specific requirements, will ensure that you are in compliance with the applicable legal and professional standards. Incorporating the review of PMP data into your practice may serve to inform prescribing practices, enhance patient safety, and minimize your professional liability risk.

*Written by Professional Risk Management Services, Inc.  
(PRMS)*

1. US Dept. Justice Office of Diversion Control, State Prescription Drug Monitoring Programs. Accessed online at [rx\\_monitor.htm#1](http://www.fda.gov/oc/ohrt/rx_monitor.htm#1).
2. Id.
3. N.Y. Pub. Health Law § 3343-a(2)(2013).
4. KASPER (Kentucky All Schedule Prescription Electronic Reporting. Accessed online at <http://www.chfs.ky.gov/os/oig/KASPER.htm>.
5. 18 Va. Admin. Code 76-20-70 (2014).

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## Maryland News

### Utilization Review of Treatment for Autism and Autism Spectrum Disorders

The Maryland Insurance Administration has [issued](#) new regulations ([COMAR 31.10.39](#)) regarding the utilization review of treatment for autism and autism spectrum disorders with an effective date of March 17, 2014. The new regulations establish how carriers and private review agents can apply utilization review criteria and impose documentation requirements regarding the treatment of children diagnosed with autism or autism spectrum disorders, when covered under a habilitative services benefit under a health plan issued or delivered in Maryland. Such utilization review plans, including the medical criteria, must be amended to conform to the new regulations. A copy of the specific criteria to be used in conducting utilization review for the treatment of autism and autism spectrum disorders is required to be submitted to the Maryland Insurance Administration by April 16, 2014.

### Maryland Health Care Work Force Study

Two reports have been released as part of a [study of Maryland's health care work force](#). The demand for health care services is expected to increase with the expansion of the insured population as health reforms are implemented. This study is a step in ensuring that patients will have access to health care providers.

The first report examines the capabilities of current health occupation licensure data systems for use in estimating future health care work force needs in the state. The Maryland Board of Physicians' data system was found to contain most information necessary to estimate future work force needs.

The second study estimates the adequacy of primary care and mental health services using a model that takes into account the existing work force (supply) and population characteristics, insurance coverage status, and health risk factors (demand) that drive the use of health care services. The analysis on the adequacy of the mental health work force yielded mixed results. Most Maryland jurisdictions were judged to have an adequate absolute supply of psychiatrists. However, the absolute number of psychologists was below estimated demand. The report noted that clinical social workers, licensed nurse psychotherapists, and marriage and family counselors might reduce some of the psychologist deficit. **The study warns that mental health professionals' unwillingness to participate in insurance carriers' networks means that the actual supply of mental health providers available to consumers is much lower than the absolute supply level.**

### Credentialing Reminder

Maryland requires that a carrier or its credentialing intermediary accept the uniform credentialing form ([CAQH](#) form) as the **sole** application for a health care provider to become credentialed or recredentialed for a provider panel. Additional information cannot be required. The Maryland Insurance Administration [recently fined](#) Magellan for violating this requirement.

# Maryland Psychiatric Society

## 2014 Annual Dinner

Thursday, April 24, 2014  
Oriole Park at Camden Yards  
6:00 PM

Join us as we welcome 2014-2015 MPS President  
Sally Waddington, M.D.

Celebrate with us as we present the 2014 Lifetime of Service Award to  
Paul A. McClelland, M.D.

You'll kick off the evening with a **cocktail reception with open bar** at the Roof Top Bar, overlooking beautiful Camden Yards and then you'll move into the Designated Hitters Lounge to enjoy the remainder of your night. **Dinner** will consist of multiple stations overflowing with endless, delicious choices.

To give the evening a more casual, social feel there will be no formal speaker presentation at this year's dinner. We'll say goodbye to the outgoing officers and hello to the new — help us start off this new year. Come with a guest or come by yourself — all are welcome! See you there!

### *2014 Annual Dinner Registration*

*RSVP by April 20, 2014. Please make check payable to MPS,  
1101 Saint Paul Street, Suite 305, Baltimore, Maryland 21202.*

*Click [HERE](#) to register and pay online*

*Cost: \$65.00 per person for members & guests,  
\$25.00 per person for residents & guests*

Name \_\_\_\_\_ Guest \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is my payment of \$ \_\_\_\_\_ for \_\_\_\_\_ ticket(s) for MPS' Annual Dinner

*\*Please indicate any special dietary needs or other special requirements.  
Reservations are non-refundable.*

## ICD-10

### ICD-10-CM and DSM-5

The DSM-5 Task Force states that because of the listing of the ICD-10-CM codes in the DSM-5, training that is focused solely on the ICD-10-CM is not necessary for clinicians to learn the appropriate codes for submitting insurance claims for DSM-5 mental disorder diagnoses. Similar to the way most mental health clinicians used the ICD-9-CM codes embedded in DSM-IV-TR for submitting claims without a separate ICD-9-CM book, it will also be possible to use the embedded ICD-10-CM codes in DSM-5 without the need for additional training. Please note that ICD-10-CM does not include diagnostic criteria, and the presence of documented DSM-5 diagnostic criteria in patient medical records is used by CMS and private insurance contractors for medical chart quality assessment, audit, and fraud/abuse determinations. However, clinicians may need ICD-10-CM training to better understand the coding of *other medical disorders*—particularly where general medical and mental health services are treated in an integrated setting. [Read more.](#)

### Road to 10: The Small Practice Route to ICD-10

CMS has released [Road to 10](#), a free online resource intended to help small medical practices build ICD-10 action plans tailored for their practice needs. The tool is designed for use in primary care, as well as all specialties. There are no scenarios for psychiatry. Visit the [ICD-10 website](#) for the latest information as the **October 1, 2014** compliance date draws nearer.

### ICD-10 Resources at eHealth University

CMS has launched [eHealth University](#) to help providers understand, implement, and successfully participate in CMS eHealth programs. It features education modules that are organized by level, from beginner to advanced, and simplify complex information in a variety of formats, including fact sheets, guides, videos, checklists, webinar recordings, etc. As part of eHealth University, CMS offers these resources for complying with the October 1 ICD-10 deadline:  
[Introduction to ICD-10](#) – key steps for switching.  
[Transition Checklist: Large Practices](#) and [Transition Checklist: Small and Medium Practices](#) – tasks and timeframes.  
[Basics for Small and Rural Practices](#) – beginner-level fact sheet with background, preparations, and resources.  
[Introduction to ICD-10 for Providers](#) - in-depth guide.

Those with an understanding of the basics of ICD-10 should check out the intermediate and advanced resources also available at [eHealth University](#).

## APA Information

### 2014 PCSSMAT Webinars

In conjunction with the APA, the Providers Clinical Support System for Medication Assistance Treatment (PCSSMAT) offers CME webinars free of charge. Sessions are scheduled from noon to 1 p.m. Upcoming offerings include:

#### April 8

##### **The Psychology of AA and Its Role in Clinical Care**

Marc Galanter, MD of NYU

[www2.gotomeeting.com/register/809088138](http://www2.gotomeeting.com/register/809088138)

#### May 13

##### **Managing Pain in Patients With An Addiction History**

Janice F. Kauffman RN, MPH, LADC, CAS of North Charles Foundation, Inc. and Harvard Medical School

[www2.gotomeeting.com/register/566690482](http://www2.gotomeeting.com/register/566690482)

#### June 10

##### **Assessment and Management of Opioid Use Disorders in the General Hospital Setting**

Joji Suzuki, MD of Harvard Medical School and Brigham and Women's Hospital

[www2.gotomeeting.com/register/432848618](http://www2.gotomeeting.com/register/432848618)

Archived webinars are available at [www.APAeducation.org](http://www.APAeducation.org) and [www.pcssmat.org](http://www.pcssmat.org).

### New APA Member Resources

#### **Handbook for Resident-Fellow Members**

The newly created "[APA Resident-Fellow Handbook](#)" has detailed information regarding APA leadership positions, fellowships, awards, competitions, and the process for creating APA policy. This resource should be helpful to both new and seasoned resident and fellow members.

#### **Information on International Crises and Relief Efforts**

The APA has been monitoring the ongoing crises and relief efforts in Syria, the Central African Republic (CAR), South Sudan, and the Philippines. To assist members who are interested in gaining a better understanding of these areas and becoming more involved, the APA has compiled resources, assessed opportunities for involvement, outlined safety considerations, and highlighted available resources for those traveling abroad. Visit the [International Affairs](#) section of the APA website for details.

**April 4 is the Advance Registration  
Deadline for the APA Annual Meeting  
May 3-7 in New York City**  
[Register online](#)



## Medicare News & Updates

### Avoid Claim Delays – Use the New CMS-1500 (02-12) Claim Form

As of April 1, 2014, Novitas will no longer accept the CMS-1500 (08-05) claim form. Use the new CMS-1500 (02-12) claim form to avoid delays. The form was modified so that it can be used with the *ICD-10* diagnosis coding that goes into effect October 1. [Details about the changes](#) are available. Instructions for completing the new claim form are found in the CMS [Claims Processing Manual, Publication 100-04, Chapter 26](#) and in [Chapter 9](#) of the Reference Manual.

### Medicare Part D Update

CMS has withdrawn its proposed new rule [reported on page 6 of the February issue] that would have removed the special class protection status for certain psychiatric drugs, limiting access to them under Medicare Part D prescription plans. CMS stated that they will engage in further stakeholder input before advancing changes in these areas in future years. [Advocacy by the APA](#), District Branches including the MPS, NAMI, and others, as well as questioning by Representative Murphy (R-PA) succeeded in reversing this initiative, thereby preserving access to antidepressants and antipsychotics used for the treatment of Medicare beneficiaries.

### Part B Psychiatry and Psychotherapy Services

Since the CPT code changes effective in 2013, the CMS Comprehensive Error Rate Testing (CERT) review of claims for Medicare Part B Psychiatry and Psychotherapy Services has identified many improper payments. The [MLN Matters® SE1407 Article](#) addressing this problem was re-issued on March 18. The main error identified is not clearly documenting the amount of time spent only on psychotherapy. The E&M code must be based on the elements of the history and exam and medical decision making required by the complexity/intensity of the patient's condition. The psychotherapy code is chosen on the basis of the time spent providing psychotherapy. **The medical record must document the time spent providing the psychotherapy service rather than one time period including the E&M service.** The article also summarizes how to bill correctly.

### Documentation for Diagnostic Testing

Novitas has posted important information about documentation requirements for physicians who order diagnostic tests. Review this [article](#) to determine whether you meet the treating (ordering) physician signature and documentation requirements.



## SPRING GROVE HOSPITAL CENTER PSYCHIATRISTS

**Spring Grove Hospital Center (SGHC)**, a Maryland State Facility, is recruiting staff psychiatrists in Catonsville, a suburb of Baltimore, (recently ranked by Money Magazine as one of the top American cities in which to live).

Our psychiatric patient population is an interesting forensic and civilly committed group housed in treatment units on our 200 acre campus. Our practice includes consultation with psychiatric experts on campus with the Maryland Psychiatric Research Center (MPRC).

Adjustable work schedules are negotiable. Continuing medical education (CME) is organized on site to meet Maryland's Category 1 requirements. First after hours on call is provided by medicine rather than psychiatry. Monthly salaries for board certified psychiatrists are up to \$16,500 and \$15,340 for board eligible psychiatrists.

**Benefits:** Healthcare includes medical, vision, dental, and prescription plans. Other benefits include guaranteed income retirement; malpractice indemnification; tax deferred contributions of up to \$35,000 per year; 12 paid holidays; generous sick leave; 6 paid personal days; paid vacation up to 5 weeks per year; and options for disability are available.

Interested candidates, please visit [www.dbm.maryland.gov](http://www.dbm.maryland.gov) for an electronic State application for Physician Clinical Specialist or Physician Clinical Staff position.

**Kelley Phillips MD MPH Clinical Director**  
**55 Wade Avenue - Catonsville, Maryland 21228**  
**410-402-7596 (phone)**  
**410-402-7038 (fax)**  
**EOE**

**CLASSIFIEDS**

**EMPLOYMENT OPPORTUNITIES**

General Psychiatrist FT needed for a General Adult Inpatient/Partial Hospitalization unit in a Towson, MD based medical facility. ECT experience preferred not required. Maryland MD license required. Competitive salary and benefits offered. Send C.V. and cover letter to Steven Crawford M.D at 6535 North Charles Street, Suite 300, Baltimore MD 21204. You may also fax your C.V. and cover letter to 410-938-5250 or email to [steven crawford@umm.edu](mailto:steven crawford@umm.edu).

Psychiatrist needed for Consultation Liaison in a Towson, MD community hospital. Maryland MD license required. Competitive salary and benefits offered. Send C.V. and cover letter to Steven Crawford M.D at 6535 North Charles Street, Suite 300, Baltimore MD 21204. You may also fax your C.V. and cover letter to 410-938-5250 or email to [steven crawford@umm.edu](mailto:steven crawford@umm.edu).

Frederick County Behavioral Health Services is seeking a full time, benefitted adult psychiatrist for outpatient mental health clinic, to provide medication evaluation and management services. Flexible hours, full admin support, multidisciplinary team, no on call required. Must be board certified or board eligible and possess current Maryland license. Please go to <http://jobaps.com/MD/> to apply.

**PSYCHIATRIST** - full or half time, independent contractor position with well-established & growing multidisciplinary practice. Spectrum Behavioral Health is an Annapolis area private practice with three desirable locations, congenial colleagues and comprehensive administrative support. For more information about SBH, visit our website: [www.spectrum-behavioral.com](http://www.spectrum-behavioral.com). To discuss this opportunity, please call Barbara Usher, Operations Administrator, at 410-757-2077 x7121 or email [barbara.usher@spectrum-behavioral.com](mailto:barbara.usher@spectrum-behavioral.com).

Springfield Hospital Center in Sykesville, MD is accepting applications for a Forensic Psychiatrist. Eligible candidates must have board certification including added qualifications in forensic psychiatry (or equivalent). Duties include pretrial evaluations of competency to stand trial and criminal responsibility, competency restoration, and training of residents and students. Please forward a CV and inquiry to Erik Roskes, MD, Director, Forensic Services, Springfield Hospital Center, by fax (410.970.7105) or email [erik.roskes@maryland.gov](mailto:erik.roskes@maryland.gov).

**ADULT PSYCHIATRIST:** medication consultant for busy private practice in Severna Park, MD. Set your own hours and hourly rate regardless of collection. No overhead. Friendly staff, newly renovated office suite. Contact John Driscoll PhD at [bah1@verizon.net](mailto:bah1@verizon.net) or call 410-315-7864.

Springfield Hospital Center is seeking Board-certified or Board-eligible general psychiatrists for our 230-bed MHA adult inpatient facility. Salary is negotiable, within MHA guidelines. Our rural, tobacco-free campus is 22 miles west of Baltimore, convenient to the Chesapeake Bay, Washington, and a variety of cultural, historic, sports, and recreational venues. Benefits include 27 paid days off in the first year, subsidized health insurance, free parking, a generous retirement program, and a truly pleasant workplace. A Medical Services physician is always on campus to attend to patients' somatic needs. Staff psychiatrists are not expected to work after hours, but some choose to supplement their salary by providing evening and weekend/holiday coverage under contract. In addition, we offer after-hours coverage contracts to psychiatrists who are not full-time staff members. Please send CV to Kim Bright, M.D. Clinical Director, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call (410)970-7006 or e-mail [kim.bright@maryland.gov](mailto:kim.bright@maryland.gov). EOE

**PSYCHIATRIST NEEDED-** Full or Part Time. Private practice in Columbia and/or Towson without hassles. Full administrative support. Flexible hours. Plenty of patients. Contact Abdul Malik, M.D. at 410-823-6408 x13 or email to [Drmalik.baltimore@gmail.com](mailto:Drmalik.baltimore@gmail.com).

**STAFF PSYCHIATRISTS - LifeBridge Health**, Department of Psychiatry, is currently seeking **psychiatrists** to supplement our **weekend inpatient coverage pool** for Sinai Hospital of Baltimore and Northwest Hospital Center. Psychiatrist is responsible for Sat-Sun rounding on adult psychiatric inpatients and occasional ED or General Hospital consultation. No call responsibilities or nighttime coverage required. Very competitive compensation schedule based on actual services rendered. Contact Samuel E. Adler, M.D., Psychiatrist-in-Chief, LifeBridge Health, 2401 West Belvedere Avenue, Baltimore, MD 21215. Fax: (410) 601-4458.

**AVAILABLE OFFICE SPACE**

**TOWSON**—Charming office in two office suite with parking in downtown. Call Beth at 410-832-5767 or email [williamsplunkett@comcast.net](mailto:williamsplunkett@comcast.net).

Beautiful office in Towson/Lutherville - Prime location. Walls of windows, hardwood floors and large waiting room shared by two other psychiatrists. \$750 + utilities per month. Contact Dr. Sue Kim at 410-321-5502 or [suekim@comcast.net](mailto:suekim@comcast.net).

# Call me for a quote.

Medical professional liability policies can vary widely from one company to the next. It is important for psychiatrists to know the full – and accurate – story on a policy. Whether it is reviewing the difference between occurrence and claims-made policies or explaining how another policy might leave the doctor with an uninsured risk, I have done my job when I help psychiatrists evaluate their options to make the right choice.



**Richard Stagnato**  
Account Manager

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