

MPS NEWS

Volume 26, Number 11

Editor: Heidi Bunes

April 2013

In This Issue

ICD-10 News	p. 2
Medicare Sequestration	p. 2
March Council Highlights	p. 3
2013 Annual Dinner	p. 4
March B.O.T. Highlights	p. 5
Help With Parity	p. 5
DSM-5	p. 6
APA Responds to CPT Issues	p. 7
Stop CPT Coding Abuse	p. 7
CPT Code Problems	p. 8
Risk Management CME	p. 11
In Every Issue	
Classifieds	p. 8-9

Deadline for submitting articles to *MPS News* is the 15th of the month preceding publication. Please email to heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

President's Column

Spectacular Journey

It has been an amazing year. A very eventful year, filled with challenges, opportunities, and excitement. It started with the major undertaking of the Behavioral Health Integration for the State, a transformative initiative of the Department of Health and Mental Hygiene, and is culminating in the implementation of the most radical change in the billing codes for psychiatric services in over 20 years. This in turn, will soon be followed by another major change for Psychiatry - the new DSM-5. In between, several legislative initiatives have sparked passionate debates amongst our members and with our communities. From "medical marijuana" to "gun control legislation" to new "civil commitment laws," all matters with direct implications for Psychiatry that required a great deal of time and engagement from our Legislative Committee and other MPS members. Furthermore, unfortunate and tragic events of random shootings, rare as they are, have propelled "mental illness" into the spot light with endless media coverage and a double-edge sword effect. While it may have improved awareness and opportunities for additional funding for "mental health," recent reports suggest that such coverage has once more, worsened the stigma.

Over the past year, I have learned a lot about all that the MPS has to deal with daily as an organization; but more impor-

tantly, I feel enlightened and enriched by the opportunity to work closely with many of you and to observe and participate in the process and the dynamics within the MPS and between the MPS and the many communities in its circle. I witnessed the value of affirmation and assertiveness over criticism and cynicism, the importance of belief and commitment over skepticism, the need to be proactive

rather than reactive, the merit of flexibility over rigidity, and the joyful embrace of reconciliation and harmony over conflict.

The MPS has been a great ship since its founding, and it has been my distinct privilege to be on board with you. We are so fortunate to have such a reliable and dependable engine in our staff,

Mr. Kery Hummel, Mrs. Heidi Bunes, and Mrs. Meagan Floyd, who have repeatedly gone beyond and above the call of duty this year. Kery, Heidi, Meagan – THANK YOU. The MPS gets its energy from you, the members, committee members, and committee chairs. The organization runs on YOU! I thank you for your continued support and all your help this year. I also thank all our Council members whose tireless commitment, institutional memory, and wisdom ensure our stability, especially in rough seas. Finally, it has been such a pleasure and so humbling to be at the helm with such nice and capable colleagues on the Executive Committee who bring experience, dedication, and a great sense of humor. Drs. Angelino, Aaronson, and Waddington – Thank you for your collegiality and for making it so much fun.

(Continued on next page)



The MPS Council will meet next on Tuesday April 9 at 8:00PM in the MPS Office. All are welcome.

A year ago, in my first column, I thanked you for your trust and for the honor to serve you as MPS President. Today, and in my last writing as President, I thank you for a spectacular journey.

I look forward to seeing you all at the annual dinner on April 25th.

Elias K. Shaya, M.D.

ICD-10 News

CMS has released updated ICD-10 Implementation Guides for [small and medium practices](#), [large practices](#), small hospitals, and payers. The ICD-10 Implementation Guides provide a complete overview of the importance of ICD-10 and how to prepare. The transition process is broken down into phases: planning, communication and awareness, assessment, implementation, testing, and transition. The guides give the information and tools you need to be prepared for ICD-10 before the October 1, 2014 deadline, regardless of where you are now in the transition process. The CMS website also includes other materials for [providers](#), recent [ICD-10 email update messages](#), and free [ICD-10 continuing medical education modules](#).

Edgar Wiggins Honored

On Our Own has chosen Mr. Edgar Wiggins for its *2013 Visionary Award*, which is presented to someone “who has contributed in a significant manner to reducing the stigma so often associated with mental illness.” The award recognizes Mr. Wiggins as “one of the original members of the Anti-Stigma project, one of its most prolific and gifted facilitators, a driving force in the development of competent and effective crisis services and an influential voice for change in Maryland.” Past award recipients have included: Tipper Gore, Dr. David Satcher, A. Kathryn Power, Frances Glendening, Rebecca Hoffberger, and Laura Cain. Among other endeavors, Mr. Wiggins serves on the Board of Directors of the Maryland Foundation for Psychiatry.

MEDICARE UPDATES

Important Medicare Sequestration Q&A

Question: Does the 2% payment reduction under [sequestration](#) apply to the payment rates reflected in Medicare fee-for-service fee schedules or does it only apply to the final payment amounts?

Answer: Only the final payment amount for dates of service April 1 or later is reduced. Payment adjustments will be applied to the current Medicare fee schedule for coinsurance, any applicable deductible, and any applicable Medicare secondary payment adjustments. (All fee schedules, allowed charges, Pricers, etc., are unchanged by sequestration.) and the 2% cut will apply to the balance. The 2% cut will not impact beneficiary payments for coinsurance and deductibles, but it will apply to reimbursement to beneficiaries for unassigned claims.

Novitas has posted [more FAQ](#) on sequestration. See the AMA's [Medicare Participation Kit](#) for examples of how the sequester cut will affect physician payments and Medicare beneficiary reimbursement.

Medicaid Updates

IMD Demo

Medicaid is the single-largest payer for mental health services in the U.S. The Medicaid Emergency Psychiatric Demonstration, or IMD demo, is testing whether the care of acutely mentally ill patients would improve by paying hospitals that have been excluded from receiving Medicaid dollars to treat them. The “institutions for mental disease” (IMD) exclusion bars Medicaid from paying certain psychiatric facilities for nonelderly adults' care. At least \$75 million in federal matching funds were made available to 28 private psychiatric hospitals in 11 states and the District of Columbia for a three-year demo that began last year. The demo placed a specific focus on private facilities because they are required to provide around-the-clock emergency care but also are subject to the IMD exclusion. The states' role in the project is to evaluate whether these special payments to the psychiatric hospitals help lower Medicaid costs while improving care for patients. The ACA directs the HHS secretary to report to Congress at the completion of the demonstration and recommend whether the project should be expanded nationally.

From [March 4 amednews](#)

March 12 Council Highlights

Council observed a moment of silence in memory of Dr. Gerald Klee who died March 5, 2013. He was the 1962-63 MPS President, the 2004 Lifetime of Service Award winner, and an active member of the Editorial Advisory Board.

Executive Committee Report

In Dr. Shaya's absence, Dr. Aaronson discussed the APA release of DSM 5 in May. Implementation was also discussed, along with MPS holding seminars/trainings. Mandatory implementation will be October 2014, but DSM 5 may be used prior to that. Although further implementation of Behavioral Health Integration has slowed over the past few weeks, the MPS has been assured that it will have a role in the process. Anyone interested in serving on the implementation task force should contact the MPS office. So far, no legislation has been introduced that would reverse the decision to proceed with the selected Model for integration. Dr. Angelino has continued to work on the MOC process; an article will appear in *The Maryland Psychiatrist* in addition to the one that ran in the mid-March issue of *MPS News*. The semi-annual MPS/SMPS meeting will be held after the General Assembly adjourns.

Executive Director's Report

Ballots are being tallied for the MPS election. The March 23 MPS symposium on psychopharmacology is now at break-even. Invitations to the April 25 annual dinner at the Padonia Park Club will be forthcoming. Staff will attend the APA annual meeting in San Francisco, May 18-23.

Committee and Representatives' Reports

Legislative Committee Report and MedChi Report on Legislation

Dr. Palmer began the report with [HB 1258 - Mental Hygiene-Reform of Laws and Delivery of Services](#), which adds the category of "gravely disabled" to the involuntary treatment statute and makes explicit that peril to life or safety because of severe disability due to mental illness. The bill changes the phrasing concerning presenting dangerousness at the moment, as long as symptoms of the illness give rise to a reasonable expectation of dangerousness. Other language about the Clinical Review Panel criteria for involuntary patients and the definition of "mental disorder" has created enough concern with forensic psychiatry to warrant MPS opposition to the bill. The MPS is currently working with NAMI and interested psychiatrists to re-examine the language and create amendments if possible.

Medical Marijuana legislation has been introduced this session as [HB180](#), [HB302](#), [HB 1100](#), [HB 1101](#), [HB 1453](#) and [SB394](#). The MPS Legislative Committee has significant

concerns about the bills that may list specific psychiatric diagnoses, include psychiatric conditions, legalize MMJ, allow access to a controlled substance and the cultivation of the substance. One bill in particular has received considerable attention, [HB1101](#) sponsored by Delegate Morhaim, which creates a research opportunity with academic health centers involved in developing the program for use of the MMJ. Psychiatry will be involved in implementing the legislation should it pass.

There are three parity bills this year: [SB581/](#)HB1216, [SB582/](#)HB1252, and [SB585/](#)HB1001. The MPS is supporting all three bills as they would enforce the federal parity law in Maryland. Together, these three bills would codify a requirement that carriers submit an annual report to the Insurance Commissioner with their rate filing that outlines how their insurance policy complies with the Federal law. Carriers would also provide the necessary policy documents including medical necessity criteria, policies and procedures, to determine compliance; and provide consumer education and notice of procedures for filing a complaint if the insured is unable to secure an appointment in a reasonable amount of time. Needless to say, insurance organizations oppose the bills.

MedChi's [Step Therapy or Fail-First legislation HB 1015/](#)SB746 seeks to limit the duration of a step therapy protocol imposed by insurers and to provide a process to override the step therapy protocol. The MPS is supporting this legislation and working closely with MedChi to secure passage.

Child abuse legislation is also before the Assembly. [HB876](#) would have imposed a civil penalty of \$100,000 for failure to report child abuse. It received an **unfavorable report** from the Judiciary Committee. [HB631](#), which would criminalize failure to report child abuse, is opposed by the MPS; however, no further action has occurred with this legislation outside of the hearing in February.

Gun legislation continues to dominate much of the MPS legislative agenda this year. Dr. Brian Zimnitzky, especially as lead, and other members of the MPS legislative committee have testified before legislative committees, had private meetings with both House and Senate leadership and worked closely with Secretary Sharfstein and our lobbyists to assure that mental health issues are included appropriately in any gun control legislation that is passed. There are new developments almost daily. For the latest information, please email [Kery Hummel](#).

All MPS actions and positions on legislation are available through the [MPS LAC Board](#). To read the individual bills listed, click [here](#) and type in the bill number including HB or SB at the beginning. If you have

(continued next page)

any difficulty accessing these sites, please email [Kery Hummel](mailto:Kery.Hummel).

APA Assembly Representatives' Report

Assembly Representatives Drs. Roca and Daviss presented two Action Papers that would be discussed at the Area 3 meeting on March 16 and asked Council to endorse them. APA Representation in the HL7 Standards Organization is an international standards development organization that establishes health information technology (HIT) standards that govern how electronic health records and health information exchanges should interface. Council endorsed this Action Paper. The second paper, Governance of District Branch Electronic Communications, seeks to have autonomy from APA regarding the use of electronic communications that are developed by an individual District Branch. After much pro and con discussion, it was decided that MPS representatives would discuss this issue at the Area 3 meeting before moving forward.

Payer Relations Committee Report

Representatives from Magellan and Blue Cross Blue Shield have been invited to attend the March 25 MPS Payer Relations Committee meeting to discuss CPT code reimbursements and find better ways to communicate concerns and resolve conflicting information that patients and doctors are receiving. Physician practice managers are also invited. A meeting with the Maryland Insurance Administration is to be scheduled to discuss more effective mechanisms for filing complaints regarding ERISA and public insurer claims.

Old Business

Lifetime of Service Award

Steven Sharfstein, M.D. was selected to receive the 2013 Maryland Psychiatric Society Lifetime of Service Award. Council then discussed additional eligibility requirements for nominees for the Lifetime of Service Award, and decided that candidates must have Life status with the APA. Council also voted unanimously to have the Executive Committee consider additional MPS awards for worthy members.

New Business

MPS Investment Policy

Dr. Waddington had distributed and reviewed the proposed policy at the February Council meeting. Council was asked to respond in the intervening time to staff with any comments or concerns, but no comments were received. Dr. Waddington's request for approval of the policy as proposed for inclusion in the MPS Operations Manual passed unanimously.

Revised CME Policy

Dr. Aaronson introduced a revision to the MPS Operations and Policy Manual section 7, A. Continuing Medical Education: "Staff is to develop and maintain an itemized budget for each CME activity, including a break even analysis, and present this to the Secretary/Treasurer for approval." Council voted unanimously to approve the revision.

Maryland Psychiatric Society 2013 Annual Dinner

Thursday, April 25, 2013

Padonia Park Club

Cockeysville, MD

6:00 PM ~ 10:00 PM

Join us as we welcome

**Scott T. Aaronson, M.D. as
2013-2014 MPS President**

Presentation by Carlos Zarate, M.D.
Head of Experimental Therapeutics at NIMH

Celebrate with us as we present the
2013 Lifetime of Service Award to
Steven S. Sharfstein, M.D.

**Special Resident/Fellow
Complimentary Pre-Event
Reception from 5:15-6:00PM**

**The MPS Diversity Committee will
hold a complimentary LGBT
Reception from 5:15-6:00PM**

RSVP by April 20, 2013. Please make check
payable to MPS, 1101 Saint Paul Street,
Suite 305, Baltimore, Maryland 21202

**\$65.00 per person for members
& guests**

**\$25.00 per person for residents
& guests**

**Click [here](#) for more information or
call the MPS office at 410.625.0232.**

See you there!

News & Information From The APA

Help With Parity!

As the Obama Administration implements Medicaid expansion and essential health benefits as part of health plans sold on state insurance exchanges, as well as within non-grandfathered individual and small group market plans, it's incredibly important that the Administration hears about what is not working with current enforcement of the federal parity law, the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

The U.S. Department of Labor (DOL), which is tasked with enforcing mental health parity in ERISA-governed health plans, has told the APA that there are few to no parity complaints being filed on the DOL website. However, the APA receives numerous complaints from members on a weekly basis.

APA strongly urges members to file a complaint against an ERISA plan at <http://www.dol.gov/ebsa/aboutebsa/main.html> under "Consumer Complaints."

With 60-70 million additional Americans likely to soon be enrolled in plans that are required to comply with MHPAEA, it's of paramount concern that HHS and DOL be apprised of what is currently not working. In light of the calendar for ACA implementation necessitating exchange health plans be certified and operable by October 2013, the APA expects final regulations on parity, as well as sub-regulatory (a letter or notice) or regulatory guidance (formal rule-making) on how MHPAEA specifically applies to Medicaid plans in the next few months.

Please help by going to DOL's website and sharing alleged federal parity law violations in your own words. It would be most helpful if you would make a formal *email* complaint whenever there is an insurer who has denied mental health and/or substance use services for a patient who has a planned governed by ERISA and MHPAEA. The APA would like to be cc'd on your complaint email at APAMemberparityviolations@psych.org.

Below, are some items you may want to include in your complaint. The APA encourages all of these factors; however, they also realize the importance of just having a great volume of complaints filed with DOL. **It's okay to be concise in informing DOL of how your patients' insurers discriminated against your patients, so as to likely violate MHPAEA.**

- Patient's diagnosis
- Recommended treatment
- Insurance company name
- Employer through which the coverage is provided (if known)
- Insurance company's reason for denial if one is provided. You can substitute a copy of the denial letter with the patient's name and identifying information redacted if that is easier.
- If no reason is given for the denial, please indicate that as well.

- Whether the company puts numeric caps on the number of visits permitted, pulls a file for review after a given number of sessions is reached, or has refused to pay psychiatrists for the psychotherapy add on in the new CPT codes.

*Julie A. Clements, J.D., M.P.P., Deputy Director
APA Regulatory Affairs*

March APA Board of Trustees Meeting Highlights

The APA Board of Trustees (BOT) took very forceful action to stop violations of the Parity Act by insurance carriers that are clearly misusing the new CPT codes and underpaying claims for psychiatric services. "The BOT voted to use all reasonable resources, including litigation, and approved the budget presented by the APA's attorney, to end the practice of some insurance companies of violating the Mental Health Parity and Addiction Equity Act (2008) by using strategies such as CPT code changes as a means of discriminating against psychiatric patients and their psychiatrists and denying patients access to care for which they and their employers have paid." (Watch APA emails and Psychiatric News Alerts for implementation and requests for input from members.)

Some informational items:

- Pre-meeting registrations suggest a large attendance for the May 17-22 annual meeting in San Francisco.
- DSM-5 pre-sales are high.
- Membership has gained about 400 members, getting us close to 34,000 total.
- Last year the APA lost about \$2 million, reflecting an adjustment in how pensions are funded, publication sales being down, and decreased revenue from the annual meeting.
- Reserves are now more than \$80M.
- We should soon see a position paper on gun violence.

In another action item, the BOT interviewed three candidates for CEO/Medical Director and the process is moving forward.

Roger Peele and Brian Crowley combined their unofficial meeting notes for this report. Roger's term as APA Secretary ends in May (which will be his 74th Board meeting). Brian will continue to write Area 3 Trustee notes for each BOT meeting.

Brian Crowley, MD, DLFAPA and Roger Peele, MD,
DLFAPA

News & Information From The APA

DSM-5: What You Need to Know

The new DSM-5 is available for [preorder](#), with shipping to begin on May 22. It will also be on sale at the APA annual meeting. The APA has published [highlights of the changes](#) in DSM designations. For more information, including fact-sheets and videos, visit the [DSM-5 website](#).

There is no deadline for the change from DSM-IV to DSM-5. DSM-5 can be used immediately, after the book is available in May, but it will take a few months for it to be fully integrated for PRITE and Board exams. The APA does not yet know when various insurance companies or regulatory agencies will require DSM-5 for claims and indications for treatment. There is no federal legal requirement as to a date when payers must start using the new DSM designations.

Although the ICD-9-CM will be fully compatible with DSM-5 as soon as it is published, there will not be time for the various Medicare and Medicaid intermediary companies to fully implement the new criteria sets and drop the previous reliance on the multi-axial recording of diagnoses and impairment levels. The APA will meet with CMS and the major insurance companies to discuss the change in orientation to the DSM-5 shortly after publication.

ICD-10 will be adopted as the official coding system used in the US on October 1, 2014. DSM-5 will provide codes compatible with both ICD-9 and ICD-10-CM for each diagnosis. Everything needed for coding in 2013 AND after ICD-10-CM is adopted will be included in the manual. No cross-walk or additional documents will be needed to make a valid diagnosis under either system.

Members can submit questions about the DSM-5 to the APA at dsm5@psych.org

Psychiatric News has a series that focuses on changes involved in the criteria for:

- [Continuity and Changes in DSM-5](#)
- [Neurodevelopmental Disorders](#)
- [Psychosis and Bipolar Disorder](#) (interview with MPS member William Carpenter, M.D.)
- [Depressive, Anxiety and OCD](#)
- [Trauma and Stressor Related Disorder](#)
- [Eating and Sleep Disorders](#)

New DSM-5 Self-Exam

Psychiatric News has a new column titled "[DSM-5 Self-Exam](#)" that will provide a series of questions on each of the categories of psychiatric disorders contained within DSM-5. The questions, authored by Philip Muskin, M.D. and others, were developed to focus on areas that they felt were important in the understanding of the new diagnostic criteria.

MPS to Provide DSM-5 Workshops

After Drs. Elias Shaya and Andy Angelino complete a comprehensive DSM-5 Train-the-Trainers session at the May APA annual meeting, they will present workshops in Maryland during the months following release. These trainings will be based on the final DSM-5 criteria, which have changed since the draft criteria were posted online. **Watch your inbox for opportunities to attend these in-depth workshops.**

Free Webinar

On the second Tuesday of each month at noon, the APA offers FREE webinars for physicians who have waivers to treat Opioid dependence in office-based settings and other interested clinicians. The next session, *Management of Buprenorphine Side Effects*, presented by Alan A. Wartenberg, MD, FACP, FASAM will take place **noon - 1 p.m. Tuesday, April 9**. Participants must [register](#). This presentation will cover the mild, moderate and severe potential adverse drug reactions with buprenorphine, as well as drug-drug interactions. Recordings of previous PCSS-B webinars can be accessed at www.pcspb.org and at www.psychiatry.org/pcspbwebinars.

APA Makes Recommendations on Network Adequacy

On March 15, the APA sent comments to HHS regarding Qualified Health Plans, which will eventually be sold on state insurance exchanges under the ACA. The APA made several recommendations as to how CMS can better ensure improved network adequacy within the mental health and substance use disorder services benefits category. To see the APA's comments, [click on this link](#).

Donate Time to Support Military, Veterans, and Families

The APA is an active partner of [Give an Hour](#), a national network of mental health professionals who volunteer their services to better support military personnel and their families. Doctors can donate an hour of their time each week to provide direct services in person, by phone, or in consultation with schools and local organizations that help the military community. An expanded volunteer network will enhance treatment available for PTSD, TBI, drug abuse, anxiety, and depression. Click for a [discussion](#) of veteran needs on the Diane Rehm show.

CPT Corner

APA Responds to CPT Coding Issues

Payers continue to be all over the place in their responses to the new CPT coding changes that went into effect on January 1. The APA met with the major payers before January 1 in an effort to ensure that they would be able to make the transition smoothly, and several of them have accomplished this feat reasonably well. We continue to work with the many payers who have apparently been unable to adjust their systems to maintain appropriate reimbursements under the new coding format.

Unfortunately, the apparent inability of many payers to at least maintain the reimbursement levels psychiatrists were receiving in 2012 has created a number of problems for APA members and their patients. The problems seem to differ from plan to plan and even from psychiatrist to psychiatrist within a plan's network. Some of the issues our department has heard about with some regularity are:

- Plans' inability to process the two codes now needed to represent psychotherapy with medical evaluation and management (E/M), previously coding using one code with minimal value given to the E/M, which is often a major part of psychiatric care. There are variations on this with some plans paying only for the E/M code, while others pay only for the psychotherapy code.
- Plans paying for the two codes, but at such reduced fees that psychiatrists are receiving less than they did for providing the same services in 2012 when they had no means of accurately representing the E/M work they performed.
- Plans charging patients two co-pays for a visit with a psychiatrist because two codes are used to record the visit—something that never occurs with visits to primary care physicians who often use several codes for a patient encounter.
- Plans requiring prior authorization for the use of E/M codes 99214 and 99215.
- Plans not paying anything at all because of computer problems with processing the claims.
- Plans refusing to recognize and/or pay for the psychotherapy add-on codes (90833, 90836, and 90838).

Serious problems have also been created for out-of-network psychiatrists whose patients, while continuing to pay the psychiatrist the same fees as in 2012, are running into the same payment problems mentioned above.

We have an ongoing program of liaison with payers regarding these issues and are launching a new focused effort aimed at amelioration. Where resolution is not forthcoming, the APA will commence an even more focused action with the problem payers and will consider all appropriate options as necessary.

We will report these developments to you on a regular basis. It is important that this be a two-way communication loop, and we continue to urge members to report on issues with payers as they occur. At a minimum we ask that you or the member provide the name of the payer, the nature of the problem and their contact information so we can follow-up with them for more details. This information should be sent to us at hsf@psych.org or by fax at 703-907-1089.

*Sam Muszynski, Director
APA Office of Healthcare Systems and Financing*

ValueOptions Update

ValueOptions informed psychiatrists on March 21 that after receiving complaints, it reviewed its transition to the new CPT codes and concluded that it needed further adjustment in the Evaluation and Management codes and the psychotherapy add-on codes, which would reimburse physicians for psychotherapy. ValueOptions promised to update its fee schedules and reprocess claims after January 1, 2013 to reflect corrected rates.

Stop CPT Coding Abuses - Achieve Mental Health Parity Now

CPT code changes were intended to more accurately reflect the work psychiatrists do and improve patient access to care, but instead have been used as an excuse by some payors to discriminate against psychiatric patients and their psychiatrists in violation of the 2008 Mental Health Parity and Addiction Equity Act. The issues differ from state to state and from carrier to carrier. The APA Board of Trustees has committed significant APA resources, both financial and staff, to understand the situation and use all reasonable means, including litigation, to correct the abuses taking place. APA staff and attorneys have already begun implementing a plan to combat this abuse. However, you, the psychiatrists who contract with the payers, have the specific information they need to cause a change. The situation cannot be improved unless every member helps. **Click [here](#) to help the APA help you and your patients** (you will need your APA login).

CPT Corner

Update on CPT Code Meeting

On March 25, the MPS Payer Relations Committee met with staff from Magellan Health Services and Blue Cross to discuss problems with reimbursement after the new CPT codes took effect January 1. Dr. Robert Ciaverelli, Medical Director, Tristate CMC at Magellan Health Services attended in person and other representatives participated by conference call. Co-Chairs Laura Gaffney, M.D. and Kim Jones-Fearing, M.D. and committee member William Hicks, M.D., along with MPS President Elias Shaya, M.D., asked questions about specific issues that MPS members and their patients had experienced since the coding changes. All parties agreed to continue working together over the coming months to resolve the billing/reimbursement issues.

Problems submitted by psychiatrists and responses from Magellan and CareFirst include:

1. Prior authorization - According to CareFirst, prior authorizations are not needed for E & M or therapy unless it is an ERISA plan or a plan from a company with fewer than 51 employees. This may change with the Affordable Care Act as some small groups will have to comply with mental health parity. (The insurance card does not say what kind of plan it is.)

2. Confusion about co-pays has been resolved, but if it is still happening, CareFirst needs specifics (i.e. which patient, which plan, etc).

3. Reimbursement for split codes (E & M and add-on therapy codes) – Please send the patient’s name and insurance ID number, what was paid, what was not paid by fax to Dr. Ciaverelli at (888) 656-1124. Please label the fax “CareFirst Complaints.”

4. Out of network providers should write the question down and send it to CareFirst.

5. Advance notice of changes in co-pay and/or policies is available.

a. CareFirst said changes happen based on what the employer wants to change. Changes usually happen on July or January 1.

b. Visit the [CareFirst website](#) and log in to find a fee schedule on CareFirst Direct; however, provider must be in-network to see it.

c. Out of network providers can call [provider services](#).

d. Check the insurance card in January and July.

e. Check patient’s benefits on the internet or phone.

f. If a provider is not participating, provider can call VRU

6. Specialist co-pay vs. mental health co-pay

7. Reimbursement for psychiatrists vs. other specialties - participating providers must sign up with Care Connect to get info on reimbursement amounts

8. For further information on CareFirst or Magellan, see [Blue Link](#) or try CareFirst [webinars](#).

Dr. Ciaverelli has agreed to contribute an article that will include information for members to resolve reimbursement and billing questions with Magellan and Blue Cross.

Members, please WATCH YOUR EOBs. Explanations of Benefits are the best evidence that we have of systems problems at the insurance company level. Ultimately, if the MPS Payer Relations Committee is able to influence changes in the system, they will need copies of those EOBs

MPS Members Out & About

Steven Sharfstein, M.D. published an opinion piece in the March 17 Baltimore Sun entitled, “[Mental illness and guns: the issue is suicide](#).”

Help us spotlight MPS members who are out and about in the community by sending info to mpps@mdpsych.org.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Established outpatient mental health clinic in Baltimore, Maryland is currently looking for board certified/eligible child/adolescent and/or adult psychiatrists to work in the Baltimore area. We are a Joint Commission accredited organization. In addition to a large out-patient clinic, mobile treatment services, substance abuse treatment and growing school-based programs, we also provide services to detained youth in Baltimore City. Both full and part time positions are available. Flexible hours including after hours and weekends. Excellent hourly pay. Experienced support team includes therapists, nurses, educators and a clinical psychologist. Visa assistance (J or H) is available. We are an HPSA designated site. Contact Monica Trish at 410-265-8737 or mtrish@hopehealthsystems.com

Continued on next page)

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

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 Paramjit Agrawal, M.D. Clinical Director, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call (410)970-7006 or e-mail paramjit.agrawal@maryland.gov. EOE

MD OMHC seeking a Board certified psychiatrist to provide 20 hours a week medication management and psychiatric evaluations with children and adults. Excellent salary/benefits. E-mail resume to STSmentalhealth@gmail.com

CHILD PSYCHIATRIST, BOARD CERTIFIED/ELIGIBLE –RICA Baltimore is seeking a psychiatrist to begin on or soon after July 1st, 2013, to lead a multi-disciplinary team treating 15 adolescent females. Our Joint Commission Accredited Residential Treatment Center, is located near Catonsville, MD. Benefits include paid leave, subsidized health insurance, free parking and a defined retirement benefit. Please contact David Horn, M.D., Medical Director at 410-368-7803 or e-mail David.Horn@maryland.gov. , 605 South Chapel Gate Lane, Baltimore, Maryland 21229.

Springfield Hospital Center - *Healing the Human Spirit* - **Clinical Psychologist** - Springfield Hospital Center, a psychiatric hospital located in Carroll County, Maryland, has half-time (20 hours per week) & full time (40 hrs per week) positions open for a Maryland licensed psychologist to work in our Acute Care Program. Duties include individual and group therapy, treatment team participation, psychological testing, supervision of students, and assessment. The State of Maryland provides excellent health and retirement benefits to its employees. If interested, please submit your CV and a recently completed de-identified psychological test report to: Robert Levin, Ph.D., Springfield Hospital Center, Sykesville, MD 21784. EOE

Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for a general psychiatrist to work 16 hours per week with adult outpatients. Six weeks paid time off, CME time off, 403B, flexible hours, experienced interdisciplinary colleagues, pleasant environment. Please fax CV to Stephen Pasko, Director at 443.777.2060 or call 443-777-7925 for details.

BOARD CERTIFIED CLINICAL DIRECTOR, ASSOCIATE CLINICAL DIRECTOR, FORENSIC PSYCHIATRIST & STAFF PSYCHIATRIST - Spring Grove Hospital Center, a progressive, publicly funded, freestanding psychiatric hospital is currently seeking to hire several full-time board certified Psychiatrists. Spring Grove Hospital Center is a 388 bed complex that provides a broad spectrum of inpatient psychiatric services to adults and adolescents. The center is owned and operated by the State of Maryland and is under the governance of the Mental Hygiene Administration of the Department of Health and Mental Hygiene. Spring Grove was founded in 1797 and is the second oldest continuously operating psychiatric hospital in the United States, fully accredited and certified. We have an ongoing commitment to providing psychiatric care and treatment of the highest quality. We also maintain a number of student teaching programs and serve as a popular training site for many professional schools including the University of Maryland. We are located on a scenic 200 acre campus in Catonsville just outside of Baltimore, Maryland and conveniently located along the I-95 corridor between Baltimore and Washington, D.C. We offer competitive salary and excellent State of Maryland benefits, including generous vacation and retirement packages. For further clarification of job duties of the position, contact Dr. Krishnan and provide a curriculum vitae (CV), license, and board certification. Interested candidates also need to complete an electronic State application (MS-100) downloaded at <http://www.dbm.maryland.gov> for Physician Clinical Specialist and include a valid State of Maryland license and board certification. Devika Krishnan, M.D., Clinical Director, Spring Grove Hospital Center, 55 Wade Avenue, Catonsville, Maryland 21228 . 410-402-7595 410-402-7038 (fax) EOE.

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. To discuss this opportunity, please call Barbara Usher, Operations Administrator, at 410-757-2077 x7121 or email barbara.usher@spectrum-behavioral.com.

More than just medical professional liability insurance...

How Much is Your Reputation Worth?

We have the comprehensive coverage you need to protect your reputation and practice setting.

Should you face an investigation from a state licensing board or governmental agency related to billing, participation on an insurance panel, a professional society inquiry or any other administrative defense issue, our policy provides \$50,000 administrative defense coverage at *no additional charge*.

There is no deductible and we assign you an attorney so you don't pay out-of-pocket expenses. Contact us today for your customized quote.

- **Remy Palumbo**
Senior Underwriter II

TheProgram@prms.com



- More than 20,000 psychiatric claims handled
- Over 40,000 issues responded to by the Risk Management Consultation Service (RMCS) since inception in 1997
- Accredited by the ACCME
- Administrative and governmental billing defense coverage
- Coverage for forensic and telemedicine psychiatric services
- ECT/EST included at no additional charge
- Premium discounts - and much more!

Contact us to learn about our full-service psychiatric-specific insurance program.

PRMS
PROFESSIONAL RISK
MANAGEMENT SERVICES, INC.

**PSYCHIATRISTS'
PROGRAM®**

www.PsychProgram.com | TheProgram@prms.com | (800) 245-3333 ext. 389 | [twitter @PsychProgram](https://twitter.com/PsychProgram)

From Novice to Risk Management Wonk: Legal Basics, Emerging Risks, & Real-life Scenarios

**Thursday May 9, 2013
6:30PM-9:00PM**

The Conference Center at Sheppard Pratt

This presentation will take participants from the very basics of professional liability risk management to considering complex, timely risk management situations. Participants will review the elements of a malpractice suit, consider the concept of the standard of care, learn why psychiatrists are sued, and discuss emerging risks in psychiatric practice. Participants will then tackle real-life scenarios in psychiatric practice based on actual calls to the Risk Management Consultation Service at PRMS, Inc. Scenarios that participants will tackle include:

- A patient has posted a terrible review about me online. What should I do?
- The FBI showed up in my waiting room with a search warrant for a patient's record. What should I do?
- The evening news just broadcast that my patient is the subject of a massive manhunt. Should I call the police?
- A pharmacist called to tell me that my patient appears to have altered a prescription. Should I call the police?

Agenda

6:30PM-7:00PM

Registration (Please note: Dinner will NOT be served)

7:00PM - 9:00PM

Presentation : *Charles D. Cash, JD, LLM, Assistant Vice President, Risk Management - PRMS, Inc.*

Educational Objectives:

After attending this live activity, you will be able to:

- Name the four elements of a medical malpractice lawsuit
- Explain the concept of the standard of care
- Conceptually describe the content of a treatment record
- Identify the two highest professional liability risks in psychiatric practice
- Identify three emerging risks in psychiatric practice
- Synthesize solutions to the most frequent types of risk management concerns of psychiatrists in private practice
- Incorporate into clinical practice two risk management strategies to increase patient safety and reduce professional liability risk

Professional Risk Management Services, Inc. (PRMS, Inc.) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Professional Risk Management Services, Inc. (PRMS, Inc.) designates this live activity for a maximum of **2.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Thursday, May 9, 2013
The Conference Center at SP
Towson, MD**

**Tickets are \$40.00 for
MPS Members
&
\$60.00 for Non-Members**

**Maryland Psychiatric Society
1101 St. Paul St., Ste. 305
Baltimore, MD 21202**

Call: (410)-625-0232

Name _____

Address (Please print clearly.)

Phone _____ E-Mail _____

Number of tickets requested _____ Amount enclosed \$ _____

**Please make checks payable to Maryland Psychiatric Society (MPS).
Tickets/Registration Fees are non-refundable.**

Please indicate if you have special dietary needs or require special accommodations.