

# MPS NEWS

Volume 26, Number 8

Editor: Heidi Bunes

February 2013

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Deadline for submitting articles to *MPS News* is the 15th of the month preceding publication. Please email to [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

*MPS News* Design & Layout  
Meagan Floyd

## President's Column

### A Great Example of Success in Advocacy

Hope everyone enjoyed a safe and peaceful Holiday Season and that we are all getting ready for a great showing by the Ravens in New Orleans. Go Ravens!

Starting the New Year off on a positive note, we were very pleased to receive confirmation with the Governor's budget announcement that, starting in July 2013, there will be a \$4 million increase in the pay rate for psychiatrists treating Medical Assistance patients. This will be matched with another \$4 million of federal funds for the fiscal year starting in July 2013. To make a long story short, just days before the Governor's budget was finalized we learned from Dr. Brian Hepburn that the CPT coding change requiring psychiatrists to use Evaluation and Management codes was not accommodated in the budget. The MPS immediately enlisted the support of MedChi and our respective lobbyists. With a few days of active pursuit and a well cultivated relationship with the Administration, the Governor's budget was adjusted with a total \$8 million per year increase in psychiatrists' compensation. [See page 6 for current rates.] The MPS will actively support this in the General Assembly's budget deliberations to be sure it is finally adopted. This is a great example of successful activism for our members and patients alike by incentivizing more psychiatrists to participate with Medical Assistance.

Another major development is the Governor's announcement of his "Public Safety Legislative Package." The MPS applauds

the Governor's balanced approach and focus on improvements in mental health services. It is also reassuring to see the Obama Administration's support for concluding the final rules for the mental health parity law in February. The Governor's proposal includes expanding crisis intervention teams, expanding crisis response services, as well as establishing a Center for Excellence on Early Intervention for Serious Mental Illness. The proposal also includes the establishment of a DHMH-led Task Force under the leadership of the new Deputy Secretary for Behavioral Health, and our MPS member, Dr. Gayle Jordan-Randolph. The main charge of the Task Force is to improve continuity of care for individuals in the Community Mental Health System. The MPS will work closely with the Administration and the Task Force to "review Maryland law and practice to identify ways to strengthen access and adherence to treatment to improve health outcomes and reduce the potential for violent behavior."

An important recognition in this discourse is the fact that, while the unfortunate and tragic events at Sandy Hook Elementary in Connecticut have catalyzed some of these developments, the fact remains that these random shooting incidents are exceedingly rare, and patients with "mental illness" are far more likely to be the victims of violent crimes than the perpetrators. It is rather unfortunate that the media embraces a sensational reporting style with endless coverage of these tragic events, while numerous real public health problems, whose coverage could benefit our society greatly through raised awareness and prevention, are rarely mentioned. I have pon-

(Continued on next page)

The MPS Council will meet next on Tuesday February 12 at 8:00PM in the MPS Office. All are welcome.

dered the question, if the tragic deaths of 20 children had occurred as a result of a driver of a big tractor-trailer having a heart attack at the wheel and accidentally driving into the first grade class, would the media have spent as much time on elaborate reporting for weeks with various supposed experts addressing all the different conceivable facets? What is the real difference between these two scenarios with the same outcome? Is it not simply that in this hypothetical scenario the malfunctioning organ is the heart, whereas in the actual event the malfunctioning organ was the brain? Let's keep things in perspective; statistically speaking, a person is more likely to be struck by lightning than to be randomly shot by a person with "mental illness." We support raising awareness and improvements for mental health treatments, and we will work diligently with the Administration to preserve patient confidentiality, prevent stigmatization, and minimize barriers to care.

Finally, I find myself compelled once more to thank the MPS staff for keeping up with an extraordinarily active agenda of successive activities over the past few weeks.

*Elias K Shaya, M.D.*

## Membership

*The following individuals have applied for membership with the MPS. Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication*

Mawuena Agbonyitor, M.D.  
 Andrea N. Murray, M.D.  
 Robert J. Schloesser, M.D.  
 Nicholas Tamoria, M.D.

### *Transfers*

Rebecca A. Begtrup, D.O., MPH  
 Emily Bomasang-Layno, M.D.  
 Arkady Korotinsky, M.D.  
 Richard M. Lewis, M.D.  
 Anthony G. Massey, M.D.  
 Jenifer L. Mettlen, M.D.  
 Jonathan M. Nehrer, M.D.

### *Reinstatement*

Joshua J. Chiappelli, M.D.

## Help the MFP Identify and Publicize Worthy Mental Health Programs

The Maryland Foundation for Psychiatry requests nominations for the 2013 Maryland Foundation for Psychiatry Outstanding Merit Award for a worthy endeavor in Maryland that accomplishes one or more of the following:

- Increases public awareness and understanding of mental illness
- Enhances the quality of care for psychiatric illness
- Reduces the stigma of mental illness

MPS members are asked to nominate outstanding programs in our state that fulfill these criteria. The winner will receive public recognition plus \$1000. A short [nomination form](#) must be submitted with a cover letter by **March 1, 2013**. These should be sent to the Maryland Foundation for Psychiatry, 1101 St. Paul Street, Suite 305, Baltimore, MD 21202. Nominations can also be sent by email to [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

## MEDICARE UPDATES

### 2013 Medicare Rates and Participation

The December 2012 *MPS News* included a link to the 2013 Medicare Physician Fee Schedule along with a cautionary note that the Congress may still act before the end of 2012 to avert the SGR cut to fees. As we know, the January 2 fiscal cliff deal postponed the SGR cuts for another year, but it only postponed the 2% sequestration cuts for two months. CMS gave Medicare contractors until January 23 to update the payment rates on their websites. [CMS is extending the 2013 annual participation enrollment period through February 15.](#) The effective date for any participation status changes during the extension remains January 1.

To look up the current Medicare payment for a particular code, visit <https://www.novitas-solutions.com/partb/reimbursement/feecalc.html>. Please keep in mind that Congress only deferred the 2% sequestration cut for two months, so you may need to visit this site again in March to obtain the updated rates, depending on what happens in Congress. By law, Medicare is required to pay physicians *the lesser of* the submitted charge or the Medicare approved amount.

The updated CMS "[Telehealth Services](#)" Fact Sheet covers services furnished to eligible Medicare beneficiaries via a telecommunications system, including information about originating sites, distant site practitioners, telehealth services, and billing and payment.

The "[Medicare Fee-For-Service \(FFS\) Physicians and Non-Physician Practitioners: Protecting Your Privacy - Protecting Your Medicare Enrollment Record](#)" Fact Sheet explains how to ensure Medicare enrollment records are up-to-date and secure.

## January 8 Council Highlights

### Executive Committee Report

Dr. Shaya began his report with an overview of the five CPT trainings conducted by the MPS. These trainings were held across the state for both members and non-members and offered CME credits. Feedback at these trainings have resulted in three more trainings focused on Evaluation and Management coding for outpatient practice on January 22, 23, and 24, 2013 at three locations across the state. Council discussed the impact that the CPT changes have engendered, the APA actions, Dr. Shaya's attempts to have implementation postponed for 6 months, insurance compliance with reimbursement for the new codes, and whether our Assembly Representatives should attempt additional communications with APA about CPT problems. The MPS has started a separate listserv to assist members with CPT coding issues.

Moving on to other topics, Dr. Angelino discussed Medicaid rates for psychiatry and that the FY14 Governor's budget is to reflect an increase to the Medicare rate. This will not take effect until July, 2013. A meeting has been scheduled with Secretary Sharfstein for January 10, 2013 to discuss Behavioral Health Integration and the Governor's gun control task force report. A blast email was sent about the [Intimate Partner Violence Assessment Protocol](#). Psychiatrists are asked to comment on the protocol. The APA Elections Committee has notified the MPS that the MPS member listserv is not to be used for APA election campaigning. The MPS is pursuing initiatives to assist members with Maintenance of Certification, which are being discussed with APA staff. The initiatives will appear as articles in the *MPS News* and as trainings for members to access. Council agreed that a letter should be written to Delegate Michael Smigiel thanking him for his concerns about mental illness services and gun control.

### Executive Director's Report

Mr. Hummel stated that MPS Advocacy Days are being organized for January 30 and 31, 2013. Members who participate attend meetings with General Assembly Committee Chairs and key legislators as arranged by our lobbyists. Council members are encouraged to attend.

### Committee and Representatives' Reports

#### *Legislative Committee Report*

Dr. Palmer gave specifics about the MPS Advocacy Days on January 30 and 31. Our lobbyist at Harris Jones & Malone will schedule meetings from 9 to 4 both days with key General Assembly members who review important MPS legislation. MPS members can attend all day or half day. Since there will be no legislative reception for psychiatrists this year, Advocacy Days are our best opportunity to meet with these key Senators and Delegates. Dr. Palmer

requested that members interested in attending contact MPS staff at 410-625-0232. MPS Legislative Bill Screeners will meet by conference call on Wednesday, January 23 at 7:00 PM. Members who are interested in becoming a Bill Screener should also contact MPS staff at 410-625-0232.

#### *APA Assembly Representatives' Report*

The next meeting for Area 3 will be March 16, 2013 in Philadelphia. Assembly Representatives will seek comments from MPS members on any Action Papers that are developed. Area 3 has some additional financial resources for special projects in the Area. DBs should contact Assembly Representatives regarding any special projects.

#### *Program and CME Committee Report*

Dr. Aaronson reported for Dr. Sandson that the five CPT seminars in December and January were attended by 210 individuals. The E and M coding seminars will be January 22, 23 and 24 in three locations: Towson, Frederick and Annapolis. A brochure promoting these new seminars has been mailed. The Spring Symposium will be Saturday, March 23, 2013 at Sheppard Pratt Conference Center. The subject is *Psychopharmacology: What's New and What's Coming*. Registration information will be sent in early February.

### Old Business

#### *The Maryland Psychiatrist*

Dr. Angelino, at the direction of the Executive Committee, discussed the future production of *The Maryland Psychiatrist* (TMP) with Dr. Gandhi, Editor. Dr. Gandhi will establish a timetable for the production of three TMP issues annually, which will allow staff to seek advertisements. The publication will be focused around a core set of subjects that include ethics, pharmacology, research, and current issues of interest for Maryland psychiatry. There will be continuing discussions with the TMP Editorial Board. Council concurred with these recommendations.

#### *Nominations and Elections Committee Final Report*

Dr. Roca announced the slate of candidates for the March MPS election, which appears on the [next page](#). Council voted unanimously to approve the slate of candidates.

### New Business

#### *Lifetime of Service Award - call for Nominations*

Mr. Hummel distributed a list of possible nominees for the MPS Lifetime of Service Award. Council members were asked to forward names of additional members who should be considered for this award to MPS staff. Voting will occur at the March Council meeting.

(continued next page)

*MPS Peer Review Committee*

Dr. Angelino introduced a motion to dissolve the MPS Peer Review Committee. The MPS no longer has a contract with the State of Maryland Board of Physicians to perform peer review, and all previously assigned cases have been completed. The motion included a provision to reconstitute the Peer Review Committee in the future should a contract be established with the State. Council approved the motion unanimously.

**Slate for 2013 MPS Election**

MPS Nominations and Elections Committee Chair Robert Roca, M.D. presented the 2013-2014 slate of officers, which was approved by Council.

**President-Elect**  
**(1 year term)**

Sally A. Waddington, M.D.

**Secretary-Treasurer**  
**(1-year term)**

Brian Zimnitzky, M.D.

**Council****(2-year term, five vacancies)**

Devang Gandhi, M.D.

Arman Taghizadeh, M.D.

Merle McCann, M.D.

Laszlo Traskovich, M.D.

Jennifer Palmer, M.D.

Susan Wait, M.D.

Patrick Triplett, M.D.

**Early Career Psychiatrist Councilor**  
**(2-year term)**

Margo Lauterbach, M.D.

**Nominations & Elections Committee**  
**(3-year term, two vacancies)**

Anita Everett, M.D.

William Prescott, M.D.

Robert Roca, M.D.

Bruce Taylor, M.D.

**MedChi Delegate**

Steven R. Daviss, M.D.

**THANK YOU!!!**

As of January 31st, the following Life Members and Distinguished Life Fellows had generously made a voluntary dues payment. Although most of them are dues exempt and in many cases no longer practicing, they continue to support the MPS.

Joseph S. Bierman, M.D.

Ghislaine D. Godenne, M.D.

Leon A. Levin, M.D.

Daniel J. Safer, M.D.

Basri A. Sila, M.D.

Lex B. Smith, M.D.

**Congratulations!**

With MPS recommendation, the APA has advanced the membership status of the following MPS members.

**New APA Distinguished Fellows**

*This status reflects exceptional abilities, talents and contributions to the psychiatric profession.*

Ann Hackman, M.D.

David Mallott, M.D.

Merle McCann, M.D.

Gerald Nestadt, M.D.

**New APA Fellows**

Anthony Chico, M.D.

Jamal Fawaz, M.D.

Bernard Fischer, M.D.

Robert Kolodner, M.D.

M. Waqar Mohmand, M.D.

Davis Shingleton, M.D.

Stephen Siebert, M.D.

Nancy Wahls, M.D.

**MPS Meetings & Events****2013 MPS Annual Dinner**

Join us as we welcome  
Scott T. Aaronson, MD as MPS President!

Thursday April 25, 2013

6:00PM

Padonia Park Club - Lutherville

**Guest Speaker: Carlos Zarate, M.D.***Head of experimental therapeutics at NIMH***Risk Management Seminar**

Thursday May 9, 2013 - 6:30PM-9:00PM  
The Conference Center at Sheppard Pratt

Topics to Include:

- Risk Management and Legal Basics
- Emerging Medical Professional Liability Risks in Psychiatry
- What Would You Do? - Case Studies & Audience Participation

## Maryland News & Information

### Maryland System of Care Initiative: LIFT

Maryland has received one of 16 grants given by SAMHSA for System of Care (SOC) expansion. The Maryland Behavioral Health Collaborative has been working to develop a statewide SOC that meets the co-occurring substance use and mental health needs of Maryland's children, youth and their families.

As the next step in bringing our System of Care (SOC) efforts to scale, Maryland submits **Launching Individual Futures Together (LIFT)** to infuse SOC practice and principles throughout the entire public behavioral health system for children and families. Building on progress made in developing a comprehensive behavioral health strategic plan for youth with co-occurring mental health and substance use needs and their families, *LIFT* will target youth, ages 13-17, with serious emotional disturbance and co-occurring substance abuse needs. *LIFT* will put into practice Maryland's implementation of the *Patient Care and Protection Affordable Care Act (ACA)*, which includes full merger of mental health and substance abuse authority and rollout of a new Medicaid financing and behavioral health integration model, at the local level while addressing a critical gap in the public behavioral health system service delivery.

Modeling SAMHSA's Theory of Change, Maryland will benefit from the strategic testing of innovation developed at the state-level with translation implementation at the local level in Baltimore County (selected due to high Medicaid penetration rates and below noted emergency department (ED) data), dissemination of lessons learned and expansion of the model to neighboring Baltimore City, and then wide-scale adoption to Maryland's remaining 22 jurisdictions. *LIFT* will allow Maryland's children, families and other SOC stakeholders to be strategic in *ACA* implementation and re-design of Maryland's behavioral health care system.

While Maryland's SOC efforts, to date, have been expanded statewide successfully with sustained funding for certain target populations at the upper end of our continuum of care, including group care and residential treatment center diversion, the impact of such service delivery reform has been limited to youth and families, who meet specified eligibility criteria. ED and hospitalization data in Baltimore County and City from state fiscal year (SFY) 2007 through 2011 demonstrates how reform efforts that target only a portion of a continuum, or "doors" to care, can cause increased pressure on other (and often more costly) "doors" to needed services. Despite progress made in our SOC evolution, there is a growing trend of Medicaid-enrolled youth who present at an ED for psychiatric care and are then admitted for inpatient hospitalization, with a significant and increasing number of these youth to be between the ages of 13 and 17. Further, of the total number of youth with at least one psychiatric inpatient

admission during SFY 2011, 62% were readmitted to inpatient care within 30 days.

*LIFT* will address this gap by infusing SOC values and Wraparound practice into publically funded targeted case management services for children, youth and families within Maryland's newly integrated public behavioral health system. *LIFT* is projected to serve 60 youth at a time for an average of 12 months with up to 240 youth to be enrolled throughout the project in Baltimore County, and additional youth projected to be served statewide through expansion efforts that will extend SOC reform throughout the State's entire new public behavioral health system for youth with co-occurring needs and their families.

Thomas Merrick (Ph 410.402.8305)  
Mental Hygiene Administration  
Office of Child and Adolescent Services

### Maryland Access to Care Program

The Maryland Department of Health and Mental Hygiene (DHMH), the [Maryland Health Benefit Exchange](#) (MHBE) and the [Community Health Resources Commission](#) (CHRC) launched Maryland's Access to Care program last month. The program is designed to foster collaboration between the state, health insurers and safety net providers as they plan for newly insured Marylanders who will start to access healthcare services in 2014. The Access to Care program is built on the requirement that network plans offered through [Maryland Health Connection](#) (MHC), the state-based health insurance marketplace, provide access to critical health services including primary, reproductive, HIV/AIDS and behavioral health care.

As many as 730,000 Marylanders will become eligible for health insurance through MHC. To prepare for the increase in newly insured patients, the state completed a survey of safety net providers – including Federally Qualified Health Centers, Local Health Departments, and Free Clinics – in January. The survey results will be used to continue overall planning efforts, further understand provider readiness and capacity for health reform implementation, and facilitate conversations among safety net providers and insurers around contracting opportunities. Data captured in the survey will also provide CHRC with information to develop future technical assistance and potential grant opportunities for safety net providers.

In 2013, the state will host a series of Access to Care program regional forums to connect safety net providers and health insurers, many of whom may have never worked with each other. MHC is also considering how [continuity of care](#) provisions can be implemented across markets.

## Maryland News & Information

### 2013 Maryland General Assembly

As with each General Assembly session, the MPS bill screeners will monitor every health care bill that is introduced to be sure psychiatrists and patients are protected. The MPS Legislative Committee held its first meeting on Wednesday, January 23. It will work in cooperation with its counterpart at MedChi in taking positions on legislation being considered by lawmakers.

Some of the key issues MedChi expects to address in 2013 are [Improving the Board of Physicians](#), [Physician Scope of Practice](#), [Strengthen Medical Liability Reform](#), and [Taxes on Physicians](#). (Issue briefs prepared by MedChi's lobbying team are available by clicking on each topic.) The complete 2013 MedChi Legislative agenda is available [online](#). [House Bills](#) and [Senate Bills](#) being reviewed by MedChi's Legislative Committee are on the MedChi site as well.

The MPS expects sex abuse reporting and issues surrounding gun control will be the most prominent issues for psychiatry this session. We plan to work with all mental health providers on any legislation that may involve implementation of Behavioral Health Integration or the Affordable Care Act, and will work to ensure that Medicaid expansion and the Health Benefit Exchange reflect "parity" for mental health services.

MPS Advocacy Days in Annapolis were January 30<sup>th</sup> and 31<sup>st</sup>. Members of the MPS Council, Legislative Committee and the Executive Committee traveled to Annapolis to meet with leadership in the Senate and House to express their concerns for psychiatric practice and mental health.

All MPS members are welcome to join in this essential work. Please contact Kery Hummel at [khummel@mdpsych.org](mailto:khummel@mdpsych.org) to learn more.

### Maryland Public Mental Health System Rates

The current Maryland Public Mental Health System Medicaid reimbursement schedule, including new CPT code information, is available online by clicking on "2013 CPT Corner" on the lower left side of the Maryland Value Options website at <http://maryland.valueoptions.com/>. The schedule is being updated to include the E/M New Patient codes, and a Provider Alert will be issued with this information in the near future. You can also check back on the Value Options site. The CPT Corner includes FAQs, or questions can be emailed to [Marylandproviderrealitions@valueoptions.com](mailto:Marylandproviderrealitions@valueoptions.com).

### Maryland Medicaid Preferred Drug List

Based on reviews at the November 2012 Pharmacy and Therapeutics Committee meeting, the Maryland Medicaid Pharmacy Program made changes to its Preferred Drug List that became effective on January 1, 2013. The changes, highlighted in yellow, include drugs in both the Central Nervous System and Neurologics categories. View the list by clicking [here](#).

### DHMH Seeks New P&T Committee Members

The Maryland Department of Health and Mental Hygiene (DHMH) is currently recruiting physicians, pharmacists and consumers to serve on the Medicaid Pharmacy Program's (MMPP) [Pharmacy and Therapeutics \(P&T\) Committee](#) beginning in May 2013. All applicants must be Maryland residents. Physicians and pharmacists who apply must be licensed in the state. The Committee meets twice a year to review classes of medications and recommends to DHMH which medications should be included on the Medicaid Preferred Drug List. MPS member Steve Daviss, M.D. has served recently on the committee, but will be stepping down.

For further information, please visit MMPP website <http://mmcp.dhmh.maryland.gov/pap/SitePages/paphome.aspx> and COMAR <http://www.dsd.state.md.us/comar/getfile.aspx?file=10.09.03.12.htm>

For application forms, or if you have questions related to the P&T and its functions, please contact Megan Shook, MMP Program Specialist at 410-767-6896 or email her at [megan.shook@maryland.gov](mailto:megan.shook@maryland.gov).

**The deadline for submitting completed applications is Monday, February 11, 2013.**

### Hadley is new Clinical Director, MHA/ADAA

MHA Executive Director Brian Hepburn, M.D. announced that MPS member Lisa Hadley, M.D., J.D. was appointed Clinical Director, Mental Hygiene Administration/Alcohol and Drug Abuse Administration effective January 9. Dr. Hadley can be reached at 410-402-8446 or [lisa.hadley@maryland.gov](mailto:lisa.hadley@maryland.gov).

## CPT Corner

### Report Payers Not Accepting 2013 CPT Codes

The AMA asserts that rejection of a valid CPT code is a violation of HIPAA. Included within the Healthcare Common Procedure Coding System (HCPCS) code set, CPT is one of the medical data code sets adopted under HIPAA. Additionally, HIPAA-covered entities—including payers—are required to use the current applicable medical data code set valid at the time the health care is furnished. The introduction of the CPT book provides instruction for use of the CPT codes and states that January 1 is the effective date for use of the updated CPT code set.

AMA suggests that physicians file complaints through the CMS [website](#) and/or through the online AMA Health Plan Complaint Form at [www.ama-assn.org/go/clickandcomplain](http://www.ama-assn.org/go/clickandcomplain). AMA members and their staff can visit [www.ama-assn.org/go/templateletters](http://www.ama-assn.org/go/templateletters) to download sample appeal letters and customize them for use in their practices.

In addition, according to the APA, refusing to pay for 9920x codes, which are New Patient Office Visit codes (9921x are Established Pt Office Visits), is likely considered a parity violation if the somatic payer does pay for these. If this cannot be resolved by bringing it to the payer's attention, members should complain to the APA's Parity Hotline (800.343.4671 or [hsf@psych.org](mailto:hsf@psych.org)).

From the APA's [ParityIsPersonal.org website](http://ParityIsPersonal.org), their FAQ written by the Patton & Boggs legal firm addresses this issue in Question b) on page 17 of this [document](#). (NQLT is non-quantitative treatment limitation)

Psychiatrists can also consider refusing to sign contracts that have unacceptable terms, while letting the payer know why they are not signing (eg, "The interim final regulations for the Mental Health Parity Act state that behavioral health services that have financial requirements that are more restrictive than those for primary care services are illegal. I cannot sign this contract due to the more burdensome restrictions of not paying for certain E&M codes and valuing them lower than those for PCPs. Please forward documentation that demonstrates these terms to be in compliance with the federal Mental Health Parity and Addiction Equity Act and then I will reconsider your contract. Thank you.") Better still, let payers know that if you don't hear from them within 30 days you forward your complaint to the state Insurance Commissioner.

### CPT Coding Resources

Join the MPS CPT Coding listserv so you can quickly and easily ask questions about the new coding requirements and share information with other MPS psychiatrists. An email message sent to the listserv goes to all the members who have joined. This listserv focuses specifically on the coding changes. Our hope has been that CPT conversations on the general MPS listserv would shift to this new, dedicated forum to facilitate more effective exchanges and help establish a "community standard for some of the unanswered questions."

To join the MPS [CPT](#) listserv, please go to: <http://groups.google.com/group/mps-cpt>. Once you apply to join, you will be approved within 24 hours and notified by email. Feel free to invite your administrative staff to join the group.

To join the [general](#) MPS listserv, please go to: <http://groups.google.com/group/mpslist>. You will need to wait up to 24 hours for membership approval and will be notified by email.

**If you have any trouble, please email [khummel@mdpsych.org](mailto:khummel@mdpsych.org) and Kery will add you directly.**

The APA offers various resources on its website at <http://www.psychiatry.org/cptcodingchanges>, including FAQs, a CPT primer, E&M coding, contacts, etc. Members with specific concerns may want to participate in one of the APA Staff-Led Q&A sessions, which are found around the middle of the page under "CPT Coding Webinars/Training Options." The February sessions include *February 5, 7, 12, 14, 19, 21, 26, and 28*. [Click here to reserve your webinar seat for the staff-led sessions](#) [Member log in required] on Tuesdays (noon-1pm) or Thursdays (3-4pm). You can join in online or by phone (any materials shared online will be minimal or none and can be forwarded at the end of the session). Be sure to review the materials on [this page](#) prior to the call.

**\*NOTE:** Rates vary by insurance company and by plan even within the same insurance company. While [Medicare](#) and [Medicaid](#) publish their rates, private insurers consider their fee schedules to be proprietary and confidential, and each provider is under contract to keep it confidential because it is assumed to have been a private negotiation (which rarely happens). For that reason, it is advisable not to exchange information about fee schedules for private insurance companies.

The Maryland Psychiatric Society presents:

## Psychopharmacology: Updates, Advances & New Information

**Saturday, March 23, 2013 - The Conference Center at Sheppard Pratt**

### AGENDA

8:00AM-8:30AM

Breakfast and Registration

8:30AM-9:30AM

*Atypical Antipsychotics: What's New?* - Neil Sandson, M.D.

9:30AM-10:30AM

*Dementia Care 2013* - Constantine Lyketsos, M.D.

10:30AM-10:45AM

*BREAK*

10:45AM-11:45AM

*Challenges in Pediatric Antipsychotic Treatment*

Gloria Reeves, M.D.

11:45AM-1:00PM

*LUNCH*

1:00PM-2:00PM

*Optimizing Treatment for Depression & Bipolar Disorder*

Karen Swartz, M.D.

2:00PM-2:15PM

*BREAK*

2:15PM-3:15PM

*Mood Disorders 2013: Neuromodulation, Novel Targets, and Pharmacogenomics*

Scott T Aaronson, M.D.

Registration: \$130.00 for MPS Members,  
\$200.00 for Non-Members.

Registration fee includes breakfast, lunch, snacks,  
program material and 5.25 CME/CEU hours.

### REGISTER & PAY ONLINE:

<http://psychopharm2013.eventbrite.com>

Please send check or money order to:

The Maryland Psychiatric Society, 1101 St. Paul  
Street, Suite 305, Baltimore, Maryland 21202.

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

The Maryland Psychiatric Society is accredited by MedChi, The Maryland State Medical Society, to sponsor continuing medical education for physicians. The Maryland Psychiatric Society designates this continuing medical educational activity for a maximum of 5.25 *AMA PRA Category 1 credits*<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity is approved for a maximum of 5.25 hours of Category I Continuing Education for Social Workers by the Maryland Board of Social Workers.

This activity is approved for a maximum of 5.25 hours of Continuing Education for Psychologists by the Maryland Board of Examiners for Psychologists.

## HHS Releases HIPAA Update with Sept. 23 Deadline

Earlier this month, HHS released a long-anticipated update to the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules. The 563-page [omni-bus rule](#) covers changes required under a number of regulations established since HIPAA was first enacted, including the Health Information Technology for Economic and Clinical Health Act (HITECH), final regulations for breach notification requirements, and privacy protections required under the Genetic Information Nondiscrimination Act. According to a [news release](#), the new rule will help protect patient privacy and safeguard patients' health information in an ever-expanding digital age. **Physicians, other HIPAA covered entities and their business associates must comply with the new privacy and security requirements by September 23.** Please watch for more details in the coming months.

From January 30 *AMA Wire*

## MPS Seeks Nominations for Lifetime of Service Award

At the March Council meeting, nominees will be considered for the fourteenth Lifetime of Service Award to be given at the April 2013 MPS annual meeting. Council would appreciate member suggestions as to who should be selected.

The award is given annually to a senior MPS member who has shown a consistent, career-long pattern of unwavering dedication, commitment, and leadership to the organization. Other qualities to be considered include significant contributions to the mental health of our community through clinical work, teaching, administration, or research. View our past recipients [here](#).

Member nominations should be submitted no later than 5:00 p.m. March 1, 2013 for this year's award. Names and any supporting reasons you wish to include can be submitted by phone (410) 625-0232, email [mps@mdpsych.org](mailto:mps@mdpsych.org) or postal mail Maryland Psychiatric Society, 1101 St. Paul Street, Suite 305, Baltimore, Maryland 21202-6407.



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PSYCHIATRISTS'  
PROGRAM®

## Consultant Psychiatrist Part-Time • Rockville, MD

Kennedy Krieger Institute is an internationally recognized facility dedicated to improving the lives of children and adolescents with pediatric developmental disabilities through patient care, special education, research and professional training.

The Montgomery County campus of Kennedy Krieger School serves students with autism spectrum disorders in grades 3-8 who are working toward a high school diploma, and students aged 11-21 who are seeking a certificate of completion. The part-time Consultant Psychiatrist position will provide consultation and liaison services to the school mental health team.

The position is three hours per week and includes a weekly meeting with the school clinical team, liaison with community clinicians providing care to the students, and classroom observation. Hours are flexible but must be contiguous and during the school day.

BE/BC in Child and Adolescent Psychiatry.

Interested applicants should contact Scott Steppa, M.D.,  
Medical Director of the Kennedy Krieger School

Phone: 443-923-7840

Fax: 443-923-7850

E-mail: [Steppa@KennedyKrieger.org](mailto:Steppa@KennedyKrieger.org)

EOE



Kennedy Krieger Institute

[www.kennedykrieger.org](http://www.kennedykrieger.org)

## PSYCHIATRIST/ MEDICAL DIRECTOR

BE/BC Child/Adolescent Psychiatrist/Medical Director needed 20-40 hours a week for outpatient community mental health facility on Maryland's scenic Eastern Shore, one hour, 15 minutes from Baltimore-Washington area. The clinic is located in a Professional Shortage Area, is a National Health Service Corps site and is eligible for loan repayment.

Send resume/vitae with cover letter to Michael Campbell, LCSW-C, Director, Caroline Co. Mental Health Clinic, P.O. Box 10 Denton, Md. 21629, phone 410-479-3800, ext. 117, fax 410-479-0052 or e-mail

[mike.campbell@maryland.gov](mailto:mike.campbell@maryland.gov) – EOE

## Child and Adolescent Psychiatrist Part-Time Baltimore, MD

Kennedy Krieger Institute is an internationally recognized facility dedicated to improving the lives of children and adolescents with pediatric developmental disabilities through patient care, special education, research and professional training.

The Fairmount campus of Kennedy Krieger School serves students with disabilities in grades K-8. The part-time Psychiatrist position will provide direct patient care to a limited number of patients and collaborate with the school team.

The position is four hours per week and includes meeting with patients, communication with families and the school team, communicating with outside providers as necessary, and classroom observation. Hours are flexible but must be contiguous and during the school day.

BE/BC in Child and Adolescent Psychiatry.

Interested applicants should apply online at  
[www.kennedykrieger.org](http://www.kennedykrieger.org), Job ID 30435.

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Kennedy Krieger Institute

[www.kennedykrieger.org](http://www.kennedykrieger.org)

## CLASSIFIEDS

### AVAILABLE OFFICE SPACE

Private, unfurnished office available in suite with other psychiatrist. Available for full-time use in 24-hour access, six-story brick building near hospitals, private schools and courthouse-- right in the heart of **Towson**. Large windows, great view, handicapped-accessible building. Designed with all new HVAC, kitchenette, bathroom, and shared waiting room. Many extras include solid wood doors, brass fixtures and stunning balcony. Rent 750.00 month includes all utilities and Wifi. Willing to negotiate terms. Great opportunity for cross-referral. Email assistant [dasetler@gmail.com](mailto:dasetler@gmail.com) or call 410 813 4013 and leave message.

Bethesda--Professionally decorated, upscale psychiatry or psychotherapy office near Metro and parking. Suite includes kitchen, bathroom, and four windowed offices on an upper floor overlooking Chevy Chase and Rock Creek Park. Suite is available on a half-time basis for \$650/month. In-building as well as street parking are available. Call Dr. Robin Belamaric at (301) 907-0020 or email at [drrobin@belamaric.com](mailto:drrobin@belamaric.com).

**CLASSIFIEDS****EMPLOYMENT OPPORTUNITIES**

Forensic Psychiatrist: Looking for p/t psychiatrists to conduct court-ordered evaluations of both community-based and detained youth. This is an independent contractor position. Excellent pay. Eligible candidates must have experience with this population. Please forward a copy of CV, recent report, and valid MD license to Dr. Kim Sanschagrin at [Sanschagrin.jdphd@gmail.com](mailto:Sanschagrin.jdphd@gmail.com) or fax to 443-817-0949.

Clinician owned, Della Behavioral Health Services provides mental health services to Nsg Homes and ALFs in Maryland, looking for part-time psychiatrist to work in the Baltimore area (evaluations, medication management and second certs). The core clinical group is psychologists and psychiatric nurse practitioners. Send cover letter and resume to [info@dellabhs.com](mailto:info@dellabhs.com) attn Dr. Melinda Fitting.

Child Psychiatrist, BC or BE – 8 to 20 hours per week, with potential to expand hours. Daytime/evening hours; no weekends or on-call shifts. MD license and DEA cert. required. Outpatient only; collaborative treatment approach; pharmacotherapy emphasis. Positions available in Baltimore/Annapolis and Calvert/St. Mary's Counties. Please fax your resume to Dr. S. Larson, Medical Director at 410-496-5620 or email your resume to [slarson@boardofchildcare.org](mailto:slarson@boardofchildcare.org)

Baltimore City – Metro FACTS - OMHC - Family, Adult, Children Therapeutic Services – Seeking Board Certified Psychiatrist for **Medication Management** of Medicaid Patients, 8 hours, one day a week until mid March. (Monday through Friday) Salary is negotiable. Residents/Fellows welcome! Call Joseph Kenna at 310-459-7111.

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.

**Moonlighting: Consultant Opportunities** - Baltimore Crisis Response, Inc. has flexible evening and weekend consultant hours available. Positions are suitable for Residents and Fellows. For more information regarding our services, visit our website at [www.bcresponse.org](http://www.bcresponse.org) or email [Btaylor@bcresponse.org](mailto:Btaylor@bcresponse.org). It is our mission to provide timely and effective psychiatric services to persons in the most therapeutic and least restrictive environment possible.

**MEDICAL DIRECTOR, ADDICTIONS PROGRAM - LifeBridge Health**, Department of Psychiatry, is currently seeking a **P/T adult psychiatrist** for an exciting opportunity in our comprehensive system of care. **Substance Abuse/Psychiatry:** Half-time opening as Medical Director of the Sinai Hospital Addictions Recovery Program, beginning July 2013. Psychiatrist will provide medical direction and oversight to large ambulatory medication assisted treatment program with imbedded dual diagnosis track. Direct clinical services consist of initial and periodic evaluation and medication management. ASAM or ABAM certification required. No evening or weekend coverage responsibilities. Attractive benefit package. Contact Samuel E. Adler, M.D., Psychiatrist-in-Chief, Sinai Hospital of Baltimore, Inc., 2401 West Belvedere Avenue, Baltimore, MD 21215. Fax: (410) 601-4458.

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](mailto:mtrish@hopehealthsystems.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)).

MedStar Franklin Square Medical Center is expanding its Inpatient Psychiatric Unit and seeks to add full or part time general psychiatrists to work along with other psychiatrists and nurse practitioners in a 29 bed unit. Pleasant, collegial atmosphere, interesting patients, generous compensation and benefits including 6 weeks paid time off, 401K, etc. Please fax CV to Anis Merson, M.D. Chair of Psychiatry at 443-777-7134 or call 443-777-7144 for details.

## CLASSIFIEDS

### EMPLOYMENT OPPORTUNITIES

Growing OMHC in Baltimore County looking to partner with licensed psychiatrist for a Medical Director position. Flexible hours, supportive team environment. Located near I-95, 1/4 mile from Franklin Square Hospital. Respond to [aspirewellness@yahoo.com](mailto:aspirewellness@yahoo.com)

**BOARD CERTIFIED 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 338 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 [www.dbm.maryland.gov](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 or 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](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** 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](mailto:paramjit.agrawal@maryland.gov). EOE

The Renfrew Center of Bethesda, MD has an opening for a Psychiatrist. Responsibilities: Performing psychiatric evaluations; providing psychiatric leadership and direction; ongoing psychopharmacological management; conducting peer reviews with managed care companies; and working within a multidisciplinary treatment team. A current Maryland medical license, malpractice coverage, and Board Certified or Board Eligible are **required**. Certification in adolescent psychiatry is a plus. Previous experience working with patients with eating disorders is preferred. Must have the ability to communicate clearly and effectively. Flexibility to provide coverage is essential. Hours will be scheduled in advance to cover for time away from the office for current staff Psychiatrist. If interested, please complete our online application at: [www.renfrewcenter.com/careers](http://www.renfrewcenter.com/careers)

