

# PROVIDER NOTICE

Provider Relations Department: 888-895-4998 (Option 4)

## 2024 Behavioral Health Services Requirements and Audit Process for USFHP Providers

**Health Plan(s) Affected:** US Family Health Plan (USFHP)

**Type of Change:** Behavioral Health Services Process

### Explanation of Change:

Beginning in 2024, US Family Health Plan is implementing requirements for behavioral health assessments as well as a process for auditing network behavioral health/mental health providers' documentation of standardized measures in compliance with [TOM Chapter 7, Section 6, Para 8. \(CDRL A090\)\\*](#).

### Behavioral Health Assessments

Specified assessments must be completed for all behavioral health settings and/or discharge from:

- Outpatient Mental Health and Substance Use Disorder (SUD) programs
- Opioid Treatment Programs (OTP)
- Intensive Outpatient Programs (IOPs)
- Partial Hospitalization Programs (PHPs)
- Psychiatric Residential Treatment Centers (RTCs)
- Inpatient/Residential Substance Use Rehab facilities

The specified assessment must be conducted at least every sixty (60) days throughout the Episode of Care for each individual (Covered Person) diagnosed with one of the three below conditions:

- Depressive Disorders (assessment using the PHQ-9)
- Anxiety Disorders (assessment using the GAD-7)
- Post-Traumatic Stress Disorder (assessment using the PCL-5)

### Provider Billing

- Provider will use CPT® code 96127 or other agreed on CPT code(s) that indicates an assessment was performed for claims filing so data may be generated and utilized to reflect response to treatment.
- CPT 96127 does not indicate which assessment was completed only that an assessment was performed.
- Provider to provide diagnosis data to identify which specific assessment was completed.

### Behavioral Health Audit

USFHP is to conduct a twice-a-year statistically valid sample audit of behavioral health/mental health (BH/MH) providers and facilities to evaluate provider documentation of the completion of the appropriate standardized assessments upon diagnosis, and every 60 days through discharge.

- Depressive Disorders: Administer the [PHQ-9\\*](#); for adolescents, [PHQ-A\\*](#)

- Anxiety Disorders: Administer the [GAD-7\\*](#); for [adolescents\\*](#)
- Post-traumatic stress disorder: Administer the [PCL-5\\*](#)

Administration of standardized measures will be validated for the age of the patient. The most current edition of the standardized measures shall be used. The provider may use clinical discretion to administer additional instruments as clinically indicated.

### **Key Points about the Audit**

- All BH/MH settings are included in the audit.
- Audit required to report on total score for the relevant standardized assessment baseline, 60 days through discharge from care.
- The goal is to identify improvement in assessment score between assessments.

### **Audit Requirements**

- Population will be determined based on diagnoses for depressive disorders, anxiety disorder, and post-traumatic stress disorder, submitted via claims from qualified MH/BH providers.
- Using the Qualtrics calculator (95/5), USFHP will identify a statistically significant sample, or fifty (50) records, whichever is greater for the audit.
- USFHP will review records in the sample to evaluate documentation of completion of the appropriate assessments for each condition upon diagnosis, and every 60 days thereafter through discharge from care. The documentation must include the total assessment score results.

Specific details about the audit process are forthcoming.

**For more information about the Behavioral Health requirements and resources for USFHP providers, please visit our [dedicated webpage](#) on the Johns Hopkins Health Plans provider website.**

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