



Attention Name
Recipient Name
Recipient Address

RE: BHRS Psychological Evaluations/Unit Definition Change

Dear Provider:

Magellan Behavioral Health of Pennsylvania, Inc. has enclosed an amendment to your Behavioral Health Rehabilitative Services (BHRS) contract, effective December 1, 2011. The Psychological Evaluation code unit definition will change from a 30-minute unit definition to a per occurrence or per evaluation definition.

We have outlined our expectations below, as well as included a copy of the "Life Domain Format Guidelines." Providers will be expected to have documentation that supports adherence to the following requirements:

- Minimum face-to-face for initial evaluation is 1.5 hours. Begin and end time of the face-to-face interview is included on the evaluation, as well as on the signed encounter form.
- Minimum face-to-face for re-evaluations is 1 hour. Begin and end time of the face-to-face interview is included on the evaluation, as well as on the signed encounter form.
- Collaboration with the current clinical team (behavior specialist consultant and/or outpatient therapist) in writing, via phone or in person for all evaluations.
- Collaboration with the treating physician regarding treatment and progress/lack of progress for any member prescribed psychotropic medication.
- Review and summary of any available assessment and/or evaluation reports (e.g., IEPs, CANS, assessment tools, etc.) and their relation to current symptoms and recommendations.
- A summary of the interventions being implemented by the treatment team, their effectiveness and/or ineffectiveness, and recommendations for adjustments based upon a review of a segment of the treatment team progress notes.
- The *Recommendations* section will include suggested treatment plan changes based upon the above collaborations and review.
- The *Recommendations* section will indicate if the evaluator agrees with the current treatment plan and offer information regarding the interventions which are most appropriate for the member's diagnosis and symptoms.
- Recommendations will indicate if the treatment interventions are consistent with the clinical practice guidelines (CPG) or best practices for the diagnosis.
- Evaluations should not contain "ruleout" (R/O) diagnoses for more than one re-evaluation. If a R/O diagnosis is given, the evaluation will indicate steps needed to determine the validity and applicability of that diagnosis to the member.
- If the member is identified as having a developmental delay, the IQ range should be provided and factored into treatment recommendations and expectations.
- Efforts should be made to document the symptoms and signs that support the diagnoses. Providers are expected to conduct the evaluation that is necessary to rule in or rule out diagnoses and to minimize the reporting of rule out diagnoses. Improvement in diagnostic clarity leads to better targeted treatment planning.

If you have any questions regarding this information, please feel free to contact me at 1-610-814-8040.

Sincerely,

Scott Donald
Filed Network Director
Magellan Behavioral Health of Pennsylvania, Inc.