NYC 9/11 Benefit Program for Mental Health and Substance Use Services

Provider Manual

The NYC 9/11 Benefit Program reimburses out-of-pocket costs for outpatient mental health and substance use treatment for NYC residents affected by 9/11.

1. Who is Covered?

There are two groups that are covered:

Group A	Group B
☐ Lost a family member, were physically injured, or lived below Canal Street **OR** ☐ Worked in the WTC area or at the Pentagon – whether or not they were at work that day. Or, were evacuated from the WTC area or the Pentagon **OR** ☐ Attended a school near the WTC, or are the parent of a child who attended nearby **OR** ☐ Were a rescue, recovery, or reconstruction worker assigned to a "restricted site" **OR** ☐ Were an emergency dispatcher on 9/11 or worked in the morgues serving the attacks sites **OR** ☐ Worked south of Canal Street or at Ronald Reagan Airport, and before January 11, 2002 lost their job or earned less than 70% of their pre-9/11 income **OR** ☐ Have a family member, or shared a home with someone, who meets the criteria above **AND** ☐ Reside in NYC	☐ New York City residents with symptoms of psychological distress related to 9/11. A screening will be used to determine eligibility.

2. Covered Services

The NYC 9/11 Benefit Program reserves the right to modify covered services at any time. Covered services include:

- Outpatient mental health and substance-use services: The benefit program covers out-of-pocket costs associated with outpatient treatment. There is no dollar cap on reimbursement for members of Group A. For members of Group B, reimbursement is limited to $3,000 over the lifetime of the benefit.

- Medication and laboratory work related to mental health and substance-use treatment: Additionally, the benefit covers reimbursement for medication and/or laboratory work up to $1,500 over the lifetime of the benefit.

- Psychological evaluations and testing: The benefit covers up to eight hours of evaluation and testing for children age 21 and under.

The benefit program does *not* cover the following:

- Inpatient services
- Emergency-room visits and related services
- Acupuncture
- Art therapy and other expressive therapies
- Missed appointments
- Medications not related to mental health or substance use
- Services provided outside New York State

Important Dates:

- April 21, 2008: Enrollment begins
- January 2, 2007: Coverage begins (retroactively)
- July 7, 2010: Enrollment ends
- January 7, 2011: Coverage ends
- March 31, 2011: Last day to submit claims

Note: Terms are subject to modification based on available resources and the success of the program. For more information, visit www.nyc.gov/9-11mentalhealth.org This program is funded and overseen by the New York City Department of Health and Mental Hygiene, with benefit access coordinated by the Mental Health Association of NYC.

3. Billing Information

If your patient has insurance that covers mental health and substance use treatment, you must first bill the patient's insurance and then submit expenses not covered by insurance to the NYC 9/11 Benefit Program.

Enclosed is a list of covered services and the maximum fee schedule for each service. The fee schedule is the maximum amount covered for each service (including payments received by your patient's insurance). If your usual and customary fee is different from the rate listed on the fee schedule, you should bill at the lesser rate.

There is no actual or implied contract between treatment providers and the NYC 9/11 Benefit Program. Reconciliation of payment for treatment is between you and your patient.

By accepting payment from the NYC 9/11 Benefit Program, you are indicating that the mental health/substance abuse condition for which you are treating your patient is related to 9/11.

4. License Requirements

The Program provides assistance with the cost of services delivered by providers who are:

- Licensed or certified for independent clinical practice in New York, or
- Work under the supervision of a colleague in the same field of practice.

The following licensed or certified professionals are covered under the NYC 9/11 Benefit Program:

- Physicians
- Psychologists
- Social workers
- Nurse practitioners
- Certified alcoholism and substance abuse counselors
- Mental health counselors
- Marriage and family counselors
- Licensed psychoanalysts (must be NYS licensed; national certification not sufficient)

Proof of license, such as a copy of your active license, is required before payment can be made.

5. Claims Information

If the patient has insurance:

You or the patient must first bill the insurance plan and then submit the following documents to QualCare:

- ✓ A copy of the Explanation of Benefits (EOB) from the insurance company.
- ✓ A completed Claim Payment Request Form. The Claim Payment Request Form must be signed by you, the provider.

Claims submitted for all treatment services require a completed Claim Payment Request Form and an EOB. Claims will not be processed without a Claim Payment Request Form and an EOB.

If the patient doesn't have insurance or their insurance doesn't cover the cost of treatment:

You or the patient must submit the following documents to QualCare:

- ✓ A completed Claim Payment Request Form, which must be signed by you.
- ✓ A receipt from your office <u>for the payment for which you are seeking reimbursement</u>.

<u>Forms</u> should be mailed to:

QualCare, Inc.
P.O. Box 1269
Piscataway, NJ, 08855-1269.

NYC 9/11 Benefit Program Claim Form

QualCare, Inc.
P.O. Box 1269
Piscataway, NJ 08855 - 1269
1-866-885-2895

PLEASE COPY THIS FORM AS NEEDED FOR ADDITIONAL REQUESTS
NOTE: PLEASE ATTACH BENEFICIARY'S INSURANCE E.O.B. (Explanation of Benefits) TO THIS FORM

BENEFICIARY INFORMATION

1. BENEFICIARY'S ID NUMBER

2. BENEFICIARY'S NAME (Last Name) (First Name) (Middle Initial)

3. BENEFICIARY'S BIRTH DATE MM / DD / YY ____ /____ /_____.

3a. SEX ❑ M ❑ F

4. BENEFICIARY'S ADDRESS (No. Street) CITY

STATE ZIP CODE TELEPHONE (Include Area Code)

5. BENEFICIARY'S HEALTH INSURANCE – NAME OF PLAN

READ BACK OF FORM BEFORE COMPLETING and SIGNING THIS FORM

6. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

7. **INSURED'S OR AUTHORIZED PERSON'S SIGNATURE**
I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

FRAUD STATEMENT
NOTICE: any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

8.	A DATE(S) OF SERVICE FROM MM	DD	YY	TO MM	DD	YY	B PLACE OF SERVICE	C PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	D DIAGNOSIS CODE	E DAYS OR UNITS	F $$ CHARGES	G $$ AMOUNT INSURANCE PAID	H BENEFICIARY'S OUT-OF-POCKET $$ AMOUNT
1														
2														
3														
4														
5														

9. NAME OF THE HOSPITAL, FACILITY OR PROVIDER'S OFFICE (PLEASE PRINT)

10. TOTAL CHARGES $ _____

11. TOTAL INSURANCE $ _____

12. TOTAL BENEFICIARY $ _____

13. FEDERAL TAX I.D. NUMBER SSN ❑ EIN ❑

14. PATIENT'S ACCOUNT NO.

15. LICENSE TYPE

16. LICENSE I.D.

17. STATE ISSUING LICENSE

18. LICENSE EXPIRATION DATE

19. SIGNATURE OF PHYSICIAN OR PROVIDER INCLUDING DEGREES OR CREDENTIALS

SIGNED _____ DATE _____

20. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than billing address)
Name: _____
Address: _____
_____

21. PHYSICIAN'S OR PROVIDER'S BILLING NAME, ADDRESS, ZIP CODE and PHONE #.

22. SUPERVISING PROFESSIONAL INFORMATION – FOR PROVIDERS WORKING UNDER A LICENSED AGENCY OR SUPERVISOR

_____ **NAME** (Please print)
_____ **LICENSE TYPE**
_____ **LICENSE I.D.**
_____ **TAX I.D. OR SS#**

_____
SIGNATURE

Instructions on How to Complete the NYC 9/11 Benefit Program Claim Form for Mental Health/Substance Use Services

Please submit claim invoices to: QualCare, Inc., P.O. Box 1269, Piscataway, NJ 08855-1269.

NOTE: This form should only be used to file claims for Mental Health and Substance Use Services. For reimbursement for prescription medication or laboratory work, please submit the following documents directly to QualCare: Receipts from your pharmacy, mail order supplier or medical lab. The pharmacy receipt must include the medication name and your out-of-pocket expenses for the medication, such as your co-payment or deductible. Pharmacy printouts that provide date, type of prescriptions and your expenses are also acceptable. Laboratory receipts must include the name of the lab, date of service, procedure code, charges, and diagnosis.

We want to process your claims as promptly as possible. To help us accomplish this on your behalf, please use this checklist as a guide to all the required information prior to submitting claims.

Top Three Reasons for Claims Processing Delays:

#1 Missing Explanation of Benefit (EOB)
#2 Missing provider signature
#3 Missing diagnosis or CPT code (procedure code)

INSTRUCTIONS FOR COMPLETING THE FORM:
The following is a brief description for each item and its applicability to requirements under the NYC 9/11 Mental Health and Substance Use Benefit Program. For additional information or inquiries please contact QualCare at 1866-885-2895.

Item 1. Enter the beneficiary's I.D.
Item 2. Enter the beneficiary's last name, first name, middle initial.
Item 3. Enter the beneficiary's date of birth (MM/DD/YYYY).
Item 3a. Check appropriate box for beneficiary's sex.
Item 4. Enter the beneficiary's address (street address, city, state, ZIP code, (telephone number optional).
Item 5. Enter beneficiary's Health Insurance and be sure to attach other Insurance Explanation of Benefit Statement to this Claim Form if the beneficiary has insurance.
Item 6. The signature of the beneficiary or authorized representative authorizes release of the medical information necessary to process the claim, and requests payment. Signature is required; mark (X) must be co-signed by witness and relationship to beneficiary indicated.
Item 7. Signature indicates authorization for payment of benefits directly to the provider. Acceptance of this assignment is considered to be a contractual arrangement. The "authorizing person" may be the beneficiary (patient) eligible under the program billed, a person with a power of attorney, or a statement that the beneficiary's signature is on file with the billing provider.
Item 8. Column A: enter month, day and year (MM/DD/YYYY) for each service/consultation provided. If the "from" and "to" dates represent a series of identical services, enter the number of services provided in Column G.
Column B: enter the correct CMS/OWCP standard "place of service" (POS) code (see below).
Column C: enter the proper five-digit CPT (current edition) code and modifier(s), the HCPCS, or the OWCP generic procedure code.
Column D: enter the diagnostic reference number to relate to the date of service and the procedure(s) performed to the appropriate ICD code (DSM IV code), or enter the appropriate ICD code (DSM IV code).
Column E: enter the number of days or units provided for each period in column A.
Column F: enter the total charge(s) for each listed service(s).
Column G: enter the insurance amount paid for each provided services, if applicable.
Column H: enter the beneficiary's total out-of-pocket costs.
Item 9. Enter name of the hospital facility or provider's office.
Item 10. Enter the total charge for the listed services in Column F.
Item 11. If any payment has been made, enter the amount here.
Item 12. Enter the balance now due.
Item 13. Enter the Federal Tax I.D.
Item 14. Provider may enter a patient account number that will appear on the remittance voucher.
Item 15. Enter provider's License Type.
Item 16. Enter provider's License I.D.
Item 17. Enter name of state issuing the license.
Item 18. Enter provider's license expiration date.
Item 19. Provider signature is required here.
Item 20. Enter complete name of hospital, facility or provider's office where services were rendered.
Item 21. Enter the provider's billing name and address.
Item 22. Enter supervising professional information: name, license type, license I.D., tax I.D. or SS#.

Place of Service (POS) Codes for Item 8:

11 Office
12 Patient Home
15 Mobile Unit
20 Urgent Care
22 Outpatient Hospital
23 Emergency Room – Hospital
24 Ambulatory Surgical Center
31 Skilled Nursing Facility
32 Nursing Facility
33 Custodial Care Facility
50 Federally Qualified Health Center
51 Inpatient Psychiatric Facility
52 Psychiatric Facility Partial Hospitalization
53 Community Mental Health Center (CMHC)
54 Intermediate Care Facility/Mentally Retarded
55 Residential Substance Abuse Treatment Ctr.
56 Psychiatric Residential Treatment Center
71 State or Local Public Health Clinic
72 Rural Health Clinic
81 Independent Laboratory
99 Other Place of Service

CPT CODE AND DESCRIPTION	MD	Psychologist and Psychoanalyst	Nurse Practitioner	Other Mental Health Licensed Providers	Facility
90801 Initial Evaluation	225	191	158	158	158
90802 Interactive Initial Evaluation	225	169	158	158	158
90804 Individual therapy 20 – 30 min	125	94	88	88	88
90805 Individual therapy with med mgt	130		91		91
90806 Individual therapy 45 – 50 min	150	113	105	105	105
90807 Individual therapy with med mgt	185		130		130
90808 Individual therapy 75 – 80 min	200	150	140	140	140
90809 Individual therapy with med mgt	250		175		175
90810 Interactive therapy 20 – 30 min	125	94	88	88	88
90811 Interactive therapy with med mgt	150		105		105
90812 Interactive therapy 45 – 50 min	175	131	123	123	123
90813 Interactive therapy with med mgt	175		123		123
90814 Interactive therapy 75 – 80 min	200	150	140	140	140
90815 Interactive therapy with med mgt	200		140		140
90846 Family therapy without patient	150	113	105	105	105
90847 Family therapy with patient	150	113	105	105	105
90849 Multiple Family Group	100	75	70	70	70
90853 Group Psychotherapy	100	75	70	70	70
90857 Interactive Group Psychotherapy	100	75	70	70	70
90862 Pharmacological Management, no more than minimal medical psychotherapy	100		70		70
90870 Electroconvulsive Therapy (ECT)	150				125
99201 99202, 99203. 99204, 99205 Initial Office Visit – Facility	158	158	158	158	158
99211, 99212, 99213, 99214, 99215 Office Visit Establish Patient – Facility	105	105	105	105	105
99241 Office consultation 15 min	60		45		45
99242 Office consultation 30 min	105		75		75
99243 Office consultation 40 min	125		90		90
99244 Office consultation 60min	175		125		125
99245 Office consultation 80 min	200		125		125
99354 Prolonged physician service in the office or other outpatient setting – 1st hour	150		105		105
99355 Prolonged physician service in office/other outpatient setting – additional 30 min	105		75		75
99361Medical Conference by a physician – 30 minutes	105		75		75
99362 Medical Conference by a physician – 60 minutes	150		105		105
99401 Preventive med counseling and/or risk factor reduction intervent.- individ; 15 min	105		75		75
99402 Preventive med counseling and/or risk factor reduction intervent.-individ.; 30 min	125		90		90
99403 Preventive med counseling and/or risk factor reduction intervent.-individ; 45 min	150		105		105
99404 Preventive med counseling and/or risk factor reduction intervent.-individ.; 60 min	175		125		125
99406 Smoking and tobacco counseling visit; intermed., > than 3mins, up to 10 mins	30				25
99407 Smoking and tobacco use cessation counseling visit; intensive, > 10 minutes	60				50
99408 Alcohol and/or substance (other than tobacco) abuse screening (15-30mins)	125				90
99409 Alcohol and/or substance (other than tobacco) abuse screening and brief Intervention (over 30 mins)	150				105
99411 Preventive med.counseling and/or risk factor reduction intervent.-group; 30 min	100		75	75	75
99412 Preventive med.counseling and/or risk factor reduction intervent.-group; 60 min	125		90	90	90
96101 Psychological Testing by Psychologist or Physician	150/hr	150/hr			140/hr
96102 Psychological Testing Administered by Technician		125/hr			125/hr
96103 Psychological testing Administered by Computer		125/hr			125/hr
96110 (Psychologist only) Developmental Testing		150/hr			140/hr
96111 (Psychologist only) Extended Developmental Testing		150/hr			140/hr
96116 Neurobehavioral Status Exam		150/hr			140/hr
96118 Neuropsychological Testing by Psychologist or Physician	150/hr	150/hr			140/hr
96119 Neuropsychological Testing Administered by Technician		125/hr			125/hr
96120 Neuropsychological Testing Administered by a Computer		125/hr			125/hr
90887 Interp. or explanation of results of psychiatric, other med exams and procedures	150/hr	150/hr	140/hr	140/hr	140/hr
88100 Urinalysis	Billed Charges				
80100 or 80101 Toxicology Screen	Billed Charges				
80164, 80156, 80178, 85022 or 85025 Lab Work	Billed Charges				

Intensive Outpatient		Day Rate	Unbundled Claims	
			Facility	Pro Fees
Mental Health Intensive Outpatient		250	150	100
Substance Abuse Intensive Outpatient		250	150	100

NYC 9/11 Benefit Program for Mental Health and Substance Use

Internet Resources

Here are some useful web sites for mental health and substance use information and resources.

The NYC Department of Health and Mental Hygiene (DOHMH) regularly distributes a City Health Information bulletin; to receive this by email, please subscribe at: www.nyc.gov/html/doh/html/chi/chi.shtml. Included among these bulletins are **Clinical Guidelines for Adults Exposed to the World Trade Center Disaster**. They can be found at http://www.nyc.gov/html/doh/downloads/pdf/chi/chi25-7.pdf

DOHMH also maintains a website with the latest 9/11 health information and services, including a regularly updated, scientific bibliography of published mental health research at www.nyc.gov/9-11HealthInfo. You can subscribe to *NYC 9/11 Health Update*, a bimonthly e-newsletter, at the same website.

Treatment for 9/11 Health Issues:

Specialized testing and free treatment is available in the New York City area. Certain eligibility requirements may apply.

WTC Environmental Health Center at Bellevue Hospital Center, Gouverneur Healthcare Services and Elmhurst Hospital Center
http://www.nyc.gov/html/doh/wtc/html/treatment/centers.shtml#1
877-982-0107

The Fire Department of New York: WTC Medical Monitoring and Treatment Program
http://www.nyc.gov/html/fdny/html/units/bhs/wtcmm/index.shtml
718-999-1858

Mount Sinai Consortium: WTC Medical Monitoring and Treatment Program
http://www.nyc.gov/html/doh/wtc/html/treatment/centers.shtml#3
888-702-0630

Mental Health - General:

American Psychiatric Association
888-35-PSYCH
www.healthyminds.org

American Psychological Association
800-964-2000
www.apahelpcenter.org

National Mental Health Association
800-969-6642
http://www.nmha.org

9/11 Health Web Site
www.nyc.gov/9-11healthinfo

Depression:

University of Michigan Depression Center
www.med.umich.edu/depression

Intermountain Health Care: Management of Depression
https://kr.ihc.com/ext/dcmnt?ncid=51061767

PTSD and Anxiety Disorders:

National Center for PTSD
www.ncptsd.va.gov

National Institute of Mental Health – Anxiety Disorders
http://www.nimh.nih.gov/health/topics/anxiety-disorders

Substance Use:

National Institute on Drug Abuse
301-443-1124
http://www.nida.nih.gov

Substance Abuse and Mental Health Services Administration
800-662-4357
http://www.samhsa.gov

National Institute on Alcohol Abuse and Alcoholism
301-443-3860
www.niaaa.nih.gov

12-Step Groups:

Alcoholics Anonymous (AA) World Services, Inc
212-870-3400
www.aa.org

Narcotics Anonymous
212-929-6262
www.nycasc.org