

Behavioral Health Safety Net of Tennessee (BHSN of TN)

Revised January 28, 2015

Reference Manual for Community Network Providers



**Tennessee Department of Mental Health and Substance Abuse Services
Division of Mental Health Services, BHSN of TN Eligibility Unit
5th Floor, Andrew Jackson Building
500 Deaderick Street
Nashville, TN 37243**

Table of Contents

- Introduction..... 3
- Provider Responsibilities 5
- Eligibility Determination 6
 - Eligibility Criteria..... 6
 - Information Verification..... 7
- Eligibility Paperwork 10
 - Intake Process 10
 - Required Minimum Paperwork 10
 - Frequently Asked Questions..... 12
 - Annual Review 14
 - Termination of Assistance 15
- Covered Services 16
 - Service Rate Sheet 17
- Pharmacy Assistance Coordinator..... 21
 - CoverRx..... 22
 - Patient Assistance Programs..... 24
- Payments and Billing..... 25
- BHSN of TN Electronic System (BHSNT) 27
- BHSNT User Accounts..... 30
- Appendix I Definitions 31
- Appendix II Forms..... 33
 - Form 1: Enrollment Request Form (Intake/Application)..... 34
 - Form 2: Eligibility - Scheduled Review 35
 - Form 3: Change of Service Recipient Information Request..... 36
 - Form 4: BHSNT New User ID Request 37
 - Form 5: CoverRx Application 38
- Appendix III BHSN of TN ICD9 Eligibility Diagnosis Codes 41
- Appendix IV List of BHSN of TN Providers and TDMHSAS BHSN of TN Staff Contacts..... 45

NOTE: The BHSN of TN Reference Manual is a guide to implementing program parameters for a currently evolving state funded program. If you note any discrepancies, please don't hesitate to contact us.



STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
Division of Mental Health Services
BEHAVIORAL HEALTH SAFETY NET OF TENNESSEE (BHSN of TN)
5th Floor, Andrew Jackson Building
500 Deaderick Street
Nashville, Tennessee 37243

Introduction

Program Background and Overview

In response to Tennessee Public Chapter No. 474 and Section 59 of the Tennessee Appropriations Act of 2005, the then Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD), now the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), created the **Mental Health Safety Net** (MHSN) to provide essential mental health services to the 21,000 individuals identified as severely and /or persistently mentally ill (SPMI/SMI) of the 191,000 individuals who were dis-enrolled from the TennCare Program due to TennCare Reform. In **July 2005**, \$11.5 million was appropriated to fund the MHSN, also referred to as Clinical Therapeutics and Recovery (CTR). The MHSN covered vital core mental health services for individuals identified as SPMI, helping them lead more functional and productive lives in their communities. The MHSN would not have been possible without the successful partnership between the TDMHSAS and the twenty (20) mental health agencies that agreed to be providers of services through the MHSN.

Individuals who were registered into the MHSN were eligible to receive mental health services such as assessment, evaluation, diagnostic and therapeutic sessions; case management, psychiatric medication management, lab services related to medication management; and pharmacy assistance and coordination. In addition to these services, funds were allocated to the Tennessee Department of Finance and Administration to provide prescription assistance through CoverRx (a state prescription assistance program). CoverRx provided discounts on generic and brand name drugs plus one atypical antipsychotic drug per month with a \$5 co-pay. On March 1, 2010, due to fiscal mandates, CoverRx removed the brand name atypical antipsychotic drugs from the formulary but still provides access to some generic versions, if available. Currently, CoverRx offers over 250 generic and brand name drugs with a \$3 or \$5 co-pay. Each Provider also has a Pharmacy Assistance Coordinator(s) who assists service recipients in applying for CoverRx and accessing brand drugs through Pharmaceutical Manufacturer's Patient Assistance Programs.

On January 1, 2009, the TDMHSAS assumed full responsibility for the State Only program, the out-patient portion of the TennCare Partners initiative, which at the time was covering the provision of services to approximately 12,000 very low income Tennesseans diagnosed with SPMI. TDMHSAS staff examined various alternatives for provision of core mental health services and determined that the services offered through the MHSN would be the most appropriate for this population. Therefore, the MHSN and State Only programs were merged into a single program. This combined program was named the **Behavioral Health Safety Net of Tennessee (BHSN of TN)** and served the State Only out-patient population, as well as the original MHSN population. At this time, the BHSN of TN became eligibility based, and opened enrollment to all Tennesseans who met the eligibility criteria. To facilitate the implementation of the BHSN of TN with its expanded enrollment base, an additional \$10 million was appropriated. There is no federal financial participation for BHSN of TN service recipients. The ability of TDMHSAS to cover services is dependent on annual appropriations by the legislature.

Beginning July 1, 2009, the TDMHSAS agreed to offer three (3) BHSN of TN services to Daniels Class Dis-enrollees with Medicare and original MHSN individuals with Medicare who meet all other eligibility criteria except the age limit. The three (3) services offered were: Case Management; Medication Training and Support; and Clinically Related Group (CRG) Assessment, which were not covered by Medicare. These exception populations do **NOT** have access to CoverRx. **Effective February 1, 2011**, the CRG assessment was no longer being covered due to no longer being a tool used to determine eligibility. As a result of this change, only two (2) services were being offered: Case Management; and Medication Training and Support.

During FY14, the BHSN of TN partnered with seventeen (15) Community Mental Health Agencies that provided vital behavioral health services to approximately 35,501 individuals across the state of Tennessee. The top three (3) services utilized were: Case Management, Office Visit for Evaluation and Management, and Individual Therapy.

Provider Responsibilities

Providers must be authorized and trained by the TDMHSAS before they may be a BHSN of TN provider and before they may render services to BHSN of TN service recipients. Providers must:

1. Maintain Tennessee medical licenses and/or certifications as required by his/her practice, or licensure by the TDMHSAS, if appropriate;
2. Not be under a U.S. Drug Enforcement Administration (DEA) restriction of his/her prescribing and/or dispensing certification for scheduled drugs;
3. Agree to maintain the confidentiality of service recipient records in accordance with all applicable federal and state laws, regulations, and rules;
4. Agree to maintain and provide access to the TDMHSAS and/or its designee all medical records for BHSN of TN service recipients for ten (10) years from the last date of service.
5. Agree to maintain and provide access to the TDMHSAS and/or its designee all supporting documentation verifying all eligibility requirements for BHSN of TN service recipients within one (1) month of registration with the BHSN of TN;
6. Provide medical assistance at or above recognized standards of practice;
7. Inform TDMHSAS BHSN of TN staff of changes to authorized Provider staff that access the BHSNT;
8. Provide the TDMHSAS BHSN of TN staff listed in **Appendix IV** with the most current contact information (e-mail addresses, phone numbers, and other contact information) for authorized Provider staff connected with the BHSN of TN;
9. Immediately notify the TDMHSAS BHSN of TN staff listed in **Appendix IV** of any address changes for all sites receiving BHSN of TN correspondence via U.S. Postal Service;
10. Participate in monthly Provider Teleconferences; typically held at 1:30pm Central Time (CT) on the Wednesday following each month's Payment Process;
11. Submit all billing in a timely manner;
12. Possess a strong working knowledge of the BHSNT. Please contact the TDMHSAS BHSN of TN staff listed in **Appendix IV** if additional training is needed;
13. Provide assistance and guidance to all BHSN of TN eligible individuals regarding access to and delivery of BHSN of TN covered services; and
14. Seek guidance and support from the TDMHSAS BHSN of TN staff listed in **Appendix IV** as needed regarding the BHSN of TN.

Eligibility Determination

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) shall be the lead state agency responsible for determining eligibility and contracting for services to be rendered to service recipients who qualify for assistance from the BHSN of TN. TDMHSAS contracts directly with Community Mental Health Agencies (CMHA) to deliver covered mental health services and pharmacy coordination assistance to applicants who qualify for BHSN of TN assistance.

Eligibility Criteria

There are technical and financial eligibility requirements that must be met by individuals before they can qualify for BHSN of TN assistance. Individuals who are eligible for the BHSN of TN must meet the following requirements:

1. Be determined ineligible for TennCare or have completed a TennCare application; and
2. Do not have private health insurance, or the private health insurance lacks mental health coverage or all mental health benefits under the private health insurance have been exhausted for the year as determined by the Provider in consultation with the service recipient; and
3. As of September 1, 2013, individuals who have Medicare Part B, and meet all other eligibility requirements for the BHSN of TN may be enrolled. Additionally, any BHSN of TN service recipient sixty five (65) years of age or older will be treated as having Medicare Part B, even if they are not receiving Medicare Part B. These two groups are eligible only for the four (4) approved services: Case Management; Medication Training and Support; Peer Support and Psychosocial Rehabilitation Services.

Additionally, if an individual is enrolled in Medicare Part B and has chosen a Medicare Advantage Plan, they may also be enrolled in the BHSN of TN if they meet all other eligibility requirements of the BHSN of TN, provided the Advantage Plan doesn't cover the four (4) approved services above or the benefits have been exhausted for the year; and

4. Do not have behavioral health benefits through the Veteran's Administration; and
5. Be a US Citizen, or qualified alien; (see definition of qualified alien in **Appendix I**); and
6. Be a resident of Tennessee; and
7. Be diagnosed with a qualifying mental health diagnosis (please refer to BHSN of TN ICD9 Eligibility Diagnosis Codes document in **Appendix III**); and
8. Have a household income at or below 100% of the Federal Poverty Level (FPL); and
9. Be nineteen years of age or older; and
10. Not be in an in-patient facility, such as an inpatient psychiatric (sub-acute) hospital or nursing home; and
11. Not be an inmate or not be incarcerated.

Information Verification

By applying for BHSN of TN assistance, the service recipient grants permission and authorizes release of information to the TDMHSAS, or its designee, and to the Provider, or its designee, to investigate any and all information provided, or any information not provided if it could affect eligibility, to determine BHSN of TN assistance eligibility.

Information may be verified through, but not limited to, the following sources:

1. **Proof of annual household income:**

- a. Federal income tax records for current or previous year;
- b. Statement of unemployment insurance from the Tennessee Department of Labor and Workforce Development;
- c. Credit bureau report;
- d. State income tax records, where applicable, for any state where income is earned;
- e. Records from the Tennessee Department of Labor and Workforce Development and other employment security offices within any state where the applicant may have received wages or been employed;
- f. Insurance companies; or
- g. Any other governmental agency or public or private source of information where such information may impact an applicant's eligibility for BHSN of TN assistance.
- h. Information to keep in mind about annual household income:
 - (1) **Earned Income:** Earned income is money derived from an individual's work efforts including, but not limited to wages, salaries, commissions, or as profits from a self-employment enterprise, including farming, carried on either alone or jointly. It also includes pay received from jury duty, bonuses, vacation pay, maternity leave pay, and sick pay received by an individual while still employed. Garnished or diverted wages also are considered to be earned income. If a service recipient is employed, their income would need to be verified by one (1) month's pay stubs; a copy of the first page of the previous year's tax return, showing the total income for the household; or a dated and signed statement from the employer, stating the average number of hours worked each month and the hourly wage. If the service recipient is paid on a cash basis, then a written, signed, and dated statement from the employer will suffice.
 - (2) **Unearned Income:** Unearned income is defined as income not directly realized from work. This includes but is not limited to Social Security income, unemployment benefits, Family First (TANF) grants, child support, or cash gifts from family and/or friend. In the case of a Social Security payment, unemployment payment, or similar benefit payments permissible verifications include a copy of the check itself; a copy of a bank statement, if benefit is direct deposited; a copy of the benefit letter or change of benefit letter; or a print-out from the issuing agency (i.e. a print out from SSA in the case of Social Security or TDHS in the case of a Family First grant). In the case of cash gifts, a written, signed and dated statement from the giver will suffice for documentation.
NOTE: Food Stamps are **not** considered to be a type of unearned income.

(3) No income: If an applicant reports that he or she lacks income of any type, then a completed copy of the BHSN of TN Income Verification and Homeless Declaration form should be filed and supporting documentation should be noted in the record. For example, a case management note regarding assistance with unemployment, vocational services, or application for other aid is adequate.

(4) Whose income to consider:

Applicant's own income: Any income realized by the BHSN of TN applicant himself or herself **is** counted.

If Applicant is married: If the BHSN of TN applicant is married, then the spouse's income **is** also considered in determining the applicant's BHSN of TN eligibility.

If Applicant has a minor child with income: Income realized by a minor child, such as Supplemental Security Income (SSI) or Social Security survivors' benefits, **is** considered as a part of the overall household income, as it is under the control of the parent or legal/custodial guardian. Therefore, it **is** countable in determining the parent's or legal/custodial guardian's BHSN of TN eligibility.

If Applicant is an adult non-dependent child living with his/her parent(s): In the case of **adult** non-dependent children living with their parents, the parents' income is **not** countable in determining the adult child's BHSN of TN eligibility.

If Applicant is a parent living with his/her adult child(children): In the case of parent(s) living with their adult children, the adult child's income is **not** counted in determining the parent(s) BHSN of TN of TN eligibility.

If Applicant lives with adult siblings: In the case of adult siblings living together, income of one of the siblings **does not** count against the BHSN of TN eligibility of the other sibling.

If Applicant is living with other non-related adults, such as roommates: In the case of non-related adults living together (i.e. roommates), the income of one roommate **does not** count against the BHSN of TN eligibility of the other roommate.

2. **Proof of current legal residency in Tennessee:**

- a. Permissible forms of verification are rent receipt in the applicant's name, utility bill in the applicant's name, voter registration card, Tennessee driver's license, Tennessee state-issued picture identification card, or in the absence of the above, a signed and dated statement from a collateral contact, a person familiar with the applicant's circumstances (i.e. family member, friend, case manager, and other such person).
- b. If an applicant claims to be homeless, then a completed copy of the BHSN of TN Income Verification and Homeless Declaration Form should be included, and the community mental health agency's (Provider's) address, or the address of a shelter or other such place, should be used on all BHSN of TN forms.

3. **Proof of United States citizenship or qualified alien status:**
 - a. For United States citizenship, the permissible forms of documentation are: birth certificate, hospital birth record, voter registration card, certificate of citizenship or naturalization provided by the United States Bureau of Citizenship and Immigration Service (BCIS), United States passport, religious record (i.e. record of birth kept in a family Bible or a baptismal record), a social security card and a state-issued driver's license or state-issued picture identification card. **NOTE:** A Social Security card alone is not sufficient.
 - b. For qualified alien status, some of the permissible forms of documentation are: Permanent Resident Card (Green Card), Temporary Resident Card (Form I-687), Arrival/Departure Record (Form I-94), Employment Authorization Document (Form I-766), visas or other documents. For more information visit: <http://www.uscis.gov/portal/site/uscis>
 - c. If/When it is needed, verification of United States citizenship will only need to be supplied once. After the documentation is on file, it will not need to be sent a subsequent time.
 - d. Verification of qualified alien status will be needed once yearly.
4. **Proof of private health insurance when such insurance does not include behavioral health coverage. A letter stating that Behavioral Health Services are not covered or all mental/behavioral health benefits have been exhausted.**
5. **Evidence of being denied TennCare, such as a copy of the denial letter; the print-out from the TennCare Online Eligibility website; or documentation in a progress note.**

Eligibility Paperwork

Intake Process

A CMHA staff member or a Regional Mental Health Institute (RMHI) staff member determines if an individual is a potential candidate for BHSN of TN assistance, and then gathers the following paperwork. **An RMHI must have a valid CMHA referral in place prior to submitting a BHSN of TN enrollment form.**

Required Minimum Paperwork

The required minimum paperwork to establish BHSN of TN assistance consists of the items listed below. Some of these items are submitted to the TDMHSAS BHSN of TN Eligibility Unit, while others are kept on file with the BHSN of TN Provider in the service recipient record. Any completed CoverRx applications are to be sent directly to Magellan Health Services as noted on the next page.

Item to be submitted to the TDMHSAS BHSN of TN Eligibility Unit:

A completed BHSN of TN Enrollment Request Form (Intake/Application) with the original signature of the provider's Chief Executive Officer (CEO) or the designee of the CEO and the original signature of the individual.

Items to be kept on file with the Provider (For discussion of these items, please see Pages 7-9):

1. Proof of current household income;
2. Proof of current legal residency in Tennessee;
3. Proof of United States citizenship or qualified alien status;
4. Proof of private health insurance when such insurance does not include behavioral health coverage or all mental/behavioral health benefits have been exhausted.
5. Evidence of being denied TennCare, such as a copy of the denial letter; the print-out from the TennCare Online Eligibility website; or documentation in a progress note.

NOTE: An Enrollment Request Form may be submitted without proof of income, Tennessee residency, and United States citizenship, however, these items must be in the service recipient's file within thirty (30) calendar days of the begin date of the current registration or (60) calendar days of the begin date of the current registration for service recipients being discharged from an RMHI or a TDMHSAS contracted private psychiatric inpatient provider in East, TN. Any service recipient receiving mental health services paid for by the BHSN of TN shall be held financially responsible for all mental health services provided to the service recipient, if during receipt of any mental health services the person did not meet the BHSN of TN eligibility criteria. **Copies of the various forms used in the BHSN of TN eligibility process are located on the BHSN of TN electronic system (BHSNT) log-on page at: <https://mhddapps.state.tn.us/Uninsured/Default.aspx>.**

Item to be sent to Magellan Health Services:

A completed CoverRx application for pharmacy assistance.

The completed CoverRx application can be submitted via fax or via U.S. Postal Service. For expediency, it is recommended the application be faxed to Magellan Health Services. Questions regarding CoverRx enrollment can be made to 1-800-424-5815. Additional information can be found by going to www.CoverTN.gov and selecting the CoverRx link. See Appendix III, Form 5 for more information.

CoverRx applications submitted via fax should be sent one at a time without a fax coversheet, per instructions from Magellan Health Services.

The Fax Number for CoverRx applications from Tennessee is:

1-800-424-5766

Magellan Health Services mailing address:

Tennessee CoverRx
Magellan Health Services
P.O. Box 1808
Maryland Heights, MO 63043

Frequently Asked Questions

1. Where are completed Behavioral Health Safety Net of TN Enrollment Request Forms sent?

The BHSN of TN Enrollment Request Forms should be submitted to the TDMHSAS BHSN of TN Eligibility Unit within the Division of Mental Health Services, a division of the Tennessee Department of Mental Health and Substance Abuse Services. BHSN of TN Enrollment Request Forms may be submitted to the Eligibility Unit via fax or email.

The BHSN of TN Eligibility Unit fax number is:

615-253-3187

The BHSN of TN Eligibility Unit email address is:

BHSNTAPP.Fax@tn.gov

2. What happens once an Enrollment Request Form is received by the TDMHSAS?

Once the TDMHSAS BHSN of TN Eligibility Unit receives a BHSN of TN Enrollment Request Form, it is screened for completeness. If the application is complete, the individual is screened for eligibility, based upon the information on the Enrollment Request Form. If the individual is eligible, an active registration is created in the BHSNT.

The process outlined above usually takes from two to five (2-5) business days to complete from the date of receipt of the Enrollment Request Form, depending on the volume of the requests.

Correspondences from the TDMHSAS BHSN of TN Eligibility Unit to Providers:

1. **Returns:** The reason for returns can be accessed in the comment field through the 'Inquiry' tab under the 'Patient' tab from the menu bar of the BHSNT. Safety net enrollment forms and review forms with errors will no longer be physically returned to providers.
2. **Approvals:** Approvals can be accessed through either the 'Inquiry' tab or the 'Active Registrations' tab under the 'Patient' tab from the menu bar of the BHSNT.
3. **Reviews:** Annual Scheduled Review Forms are sent to Providers within ninety (90) days prior to the expiration date of the Eligibility Assessment currently on record in the BHSNT.
4. **Denials:** Information on a denied enrollment request can be accessed through the 'Inquiry' tab under the 'Patient' tab from the menu bar of the BHSNT.

Correspondence from the TDMHSAS BHSN of TN Eligibility Unit to Applicants:

1. **Denial Letters:** A denial letter is mailed directly to an applicant if an application fails to meet eligibility criteria for BHSN of TN.

3. What is considered the ‘Effective Begin Date of BHSN of TN Assistance’?

For BHSN of TN applicants, the effective begin date of the BHSN of TN assistance depends upon the timely receipt of an appropriately completed Enrollment Request Form from a Provider with all eligibility criteria in place. If a completed enrollment request is received within thirty (30) calendar days from the initial service date, the initial service date will be the effective date of eligibility.

If a completed Enrollment Request Form is received more than thirty (30) calendar days from the initial date of service, the effective date of eligibility will be the date the completed enrollment request is received by the TDMHSAS BHSN of TN Eligibility Unit. It is important to note that if an incomplete enrollment request is received within thirty (30) calendar days from initial date of service and is not rectified within this time period, the effective date of eligibility will be the date the completed application is received. Therefore, it is in the service recipient's and Provider's best interest to submit enrollment requests as soon as possible after an individual presents for services to prevent non-payment of reimbursable services.

NOTE: If two (2) or more enrollment requests for BHSN of TN are submitted by different CMHAs within at least two weeks of each other for the same individual or if in the case of a provider change, the secondary BHSN of TN application is received within two weeks of a service billing by the current provider of record, we will request that the CMHAs involved investigate the situation, including contacting the service recipient to ascertain which agency they choose for BHSN of TN services.

4. How does a Provider report changes in service recipient circumstances?

Any changes in a service recipient's circumstances that could possibly impact BHSN of TN eligibility should be reported immediately. Such circumstances include, but are not limited to the following: changes in household income or household number, residential address, acquisition of other behavioral health insurance, Tennessee residency, and incarceration status. Changes in circumstances should be reported on the Change of Service Recipient Information Request Form, which can be downloaded from the BHSN of TN electronic system (BHSNT) log-on page. The completed form should be faxed to the TDMHSAS BHSN of TN Eligibility Unit at (615) 253-3187 or scanned and emailed to BHSNTAPP.Fax@tn.gov.

Annual Review

TDMHSAS shall be responsible for the re-verification of BHSN of TN enrollment. This re-verification process shall be completed at a minimum of **every twelve (12) months** for BHSN of TN service recipients and is aligned with the expiration date of the service recipient's Eligibility Assessment. The primary purpose of re-verification is to ensure that those who continue to access behavioral health services through the BHSN of TN still meet the criteria for eligibility.

Ninety (90) days prior to the annual review date, a **BHSN of TN Scheduled Review Form** will be sent to the Provider. The review form will address and capture updated data on all BHSN of TN eligibility criteria, including the individual's most recent date of service and date of Eligibility Assessment. **The BHSN of TN Eligibility Scheduled Review Form must be completed, signed, and dated by the service recipient and the agency preparer. The Scheduled Review Form must be returned to the Eligibility Unit no later than the eligibility assessment expiration date printed on the top portion of the review form, or the service recipient may lose their BHSN of TN assistance.**

If the service recipient continues to meet the BHSN of TN eligibility criteria, the Eligibility Assessment information is updated in the BHSNT and program eligibility continues.

If the determination is made that the service recipient no longer meets the criteria for BHSN of TN eligibility, the registration will be closed. The service recipient will be issued a termination letter, explaining the reason for termination.

NOTE: The Scheduled Review Form preparer should ensure that all services have been submitted to the BHSNT before indicating a closed registration on the Scheduled Review Form.

1. Where are completed Behavioral Health Safety Net of TN Scheduled Review Forms sent?

The BHSN of TN Enrollment Scheduled Review Forms should be submitted to the TDMHSAS BHSN of TN Eligibility Unit within the Division of Mental Health Services, a division of the Tennessee Department of Mental Health and Substance Abuse Services. BHSN of TN Scheduled Review Forms should be submitted to the Eligibility Unit via fax or email.

**The BHSN of TN Eligibility Unit fax number for Reviews is:
615-741-5807**

**The BHSN of TN Eligibility Unit email address for Reviews is:
BHSNTREV.Fax@tn.gov**

Item to be submitted to the TDMHSAS BHSN of TN Eligibility Unit:

A completed and signed BHSN of TN Eligibility Scheduled Review Form. A copy should be maintained in the service recipient's file.

Items to be kept on file with the Provider (For discussion of these items, please see Pages 7-9):

1. Proof of current household income; and
2. Proof of current legal residency in Tennessee; and
3. Proof of U.S. citizenship or qualified alien status; and
4. Proof of private health insurance, when such insurance does not cover behavioral health issues; and
5. A copy of the TennCare denial letter, the print-out from the TennCare Online Eligibility website; or documentation in a progress note.

In addition to the paperwork listed above, a CoverRx application for pharmacy assistance should be completed and sent to Magellan Health Services. Contact information Magellan Health Services is given on Page 11 of this manual.

NOTE: An annual Scheduled Review Form may be submitted without proof of income, Tennessee residence and United States citizenship. However, these items must be in the service recipient's file. Any service recipient receiving mental health services paid for by the BHSN of TN shall be held financially responsible for all mental health services provided to the service recipient, if during receipt of any mental health services the person did not meet the BHSN of TN eligibility.

2. What can a service recipient do if they are deemed ineligible for BHSN of TN?

The BHSN of TN is **NOT** an entitlement program. Therefore, service recipients who have been denied enrollment or had enrollment terminated based upon the annual review process do not have appeal rights. Denied or terminated service recipients can file a new BHSN of TN Enrollment Request Form, if there has been a change in circumstances.

Termination of Assistance

Through the review process, the TDMHSAS will determine if service recipients still meet the criteria to continue their BHSN of TN assistance. When service recipients are determined to no longer meet the eligibility criteria to continue assistance, they will be mailed a termination notice.

1. When will a service recipient be terminated from the BHSN of TN?

1. If the service recipient no longer meets any of the BHSN of TN eligibility criteria, such as income above 100% FPL, no longer a resident of Tennessee, or the diagnosis rendered by the Eligibility Assessment is not a qualifying diagnosis; or
2. If it is found that the applicant falsified information provided in the BHSN of TN application and approval was based on the false information; or
3. If the service recipient is found to be eligible for TennCare or other insurance coverage through state audits or other program monitoring activities; or
4. If the service recipient's most recent Eligibility Assessment expires due to a non-response from the CMHA of record to the annual Scheduled Review Form; or
5. If the service recipient requests to be dis-enrolled from BHSN of TN; or
6. If the Provider requests closure of a service recipient's registration; or (Provider should ensure that all services have been submitted to the BHSNT before indicating a closed registration on the Scheduled Review Form or Change of Information Form)
7. If the service recipient is incarcerated; or
8. If the service recipient is in an inpatient facility, such as an inpatient psychiatric (sub-acute) hospital or nursing home; or
9. If the service recipient dies.

Covered Services

Covered services for eligible service recipients enrolled in the BHSN of TN, with the exception of enrollees with Medicare Part B, may include:

1. Clinical Therapeutic and Support Services;
2. Psychiatric Medication Management; and
3. Labs related to Pharmacological Management.

Please refer to the Service Rate sheet on the following pages for a more detailed description of services and the rates at which they are reimbursed.

NOTE: Medicare Part B recipients eligible for BHSN of TN may only receive Case Management, Medication Training and Support, Peer Support and Psychosocial Rehabilitation services. Beginning October 1, 2013, some services may be provided via telemedicine. (See Service Rate Sheet, page 17).

Lab Services through the Department of Health:

For the BHSN of TN, TDMHSAS has a contract with the Tennessee Department of Health (TDOH) to provide lab services in rural areas where LabCorp services are unavailable. Under this contract, the TDOH provides laboratory blood draw services for BHSN of TN service recipients residing in counties where coverage is not available through the most current agency for the statewide contract determined by the Tennessee Department of General Services, currently LabCorp Corporation of America. The counties providing these services are limited to: Anderson, Bedford, Benton, Bradley, Campbell, Carroll, Coffee, Cumberland, Franklin, Gibson, Giles, Henry, Hickman, Humphreys, Lincoln, Macon, Marion, McMinn, Morgan, Obion, Overton, Rhea, Robertson and Scott. Additional information on the contract between the TDMHSAS and the TDOH can be obtained by contacting the TDMHSAS BHSN of TN staff listed in **Appendix IV**.

Tennessee Department of Mental Health and Substance Abuse Services
Behavioral Health Safety Net of Tennessee
(BHSN of TN)
Service Rate Sheet
Fiscal Year 2015
July 1, 2014- June 30, 2015

Clinical Therapeutic and Support Services	Service Codes	Rates
Assessment, Evaluation, Diagnostic, and Therapeutic Activities		
Behavioral Health Assessment – Procedures used to diagnose mental illness conditions and determine treatment plans including obtaining relevant social situation information. (per assessment)		
Psychiatric diagnostic evaluation (with no medical services)	90791	\$61.50
Psychiatric diagnostic evaluation (with medical services)	90792	\$71.75
Psychological Evaluation – An evaluation of cognitive processes, emotions and problems of adjustment through components such as interpretations of tests of mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics. May include neuropsychological and psychosocial assessments. (per evaluation regardless of time involved)		
Psychological testing	96101	\$61.50
Intervention/Therapy/Therapeutic sessions or related counseling provided to an individual or in a group setting through interview, supportive psychotherapy, relationship therapy, insight therapy or other forms of intervention. (per session)		
Individual face to face session: 60 minutes	90837	\$61.50
Individual session via Telemedicine: 60 minutes	90837GT	\$61.50
Individual face to face session: 45 minutes	90834	\$61.50
Individual session via Telemedicine: 45 minutes	90834GT	\$61.50
Individual face to face session: 30 minutes	90832	\$30.75
Individual session via Telemedicine: 30 minutes	90832GT	\$30.75
Group session (other than multi-family group) We allow a maximum of two (2) units per person to be billed within a single date of service.	90853	\$30.75
Case Management - Case management is defined as care coordination for the purpose of linking safety net individuals to clinically indicated services or to benefits that would provide an alternative payer source for these services. Case management may be delivered through face-to-face encounters or may consist of telephone contacts, mail or email contacts necessary to ensure that the service recipient is served in agency office, in the community setting or through methods outlined in the Centers for Medicaid and Medicare Services' (CMS') guidance on case management, including but not limited to assessment activities; completing related documentation to identify the needs of the individual; and monitoring and follow-up activities which may include making necessary adjustments in the care plan and service arrangements with providers. Case management is tied to access to services related to follow-up activities such as individual/group therapy, psychiatric medication management, pharmacy assistance and coordination and labs related to medication management; services that promote community tenure. Case management is offered to safety net individuals with a current assessment of severe and persistent mental illness and other clinical considerations. It is reimbursed at \$23 per unit, which Federal law defines as a 15 minute session. We allow a maximum of twelve (12) units to be billed within a single date of service.	T1016	\$23.00

Psychosocial Rehabilitation services utilize a comprehensive approach (mind, body, and spirit) to work with the whole person for the purposes of improving an individual's functioning, promoting management of illness, and facilitating recovery.		
Individual face to face session: 15 minutes. We allow a maximum of four (4) units per person to be billed within a single date of service.	H2017	\$11.00
Group face to face session: 15 minutes. We allow a maximum of twenty four (24) units per person to be billed within a single date of service.	H2017HQ	\$11.00
Peer Support is specific services that are provided by persons who are or have been consumers of the behavioral health system who have received specialized training and earned their certification as a Certified Peer Specialist (CPS). The CPS has unique skills, knowledge, experience, and training necessary to assist the individual in determining and achieving his or her own recovery goals. CPS's role as a peer educator is to provide information and model skills on monitoring symptoms and medication, illness management and recovery, active participation in a person-directed plan of care, attaining and maintaining employment and housing, and navigation of the behavioral healthcare system.		
Individual face to face session: 15 minutes. We allow a maximum of four (4) units per person to be billed within a single date of service.	H0038	\$10.00
Group face to face session: 15 minutes. We allow a maximum of twenty four (24) units per person to be billed within a single date of service.	H0038HQ	\$10.00
Psychiatric Medication Management		
Office visit for the evaluation and management of an established patient. Use service codes with GT modifier if service is provided via Telemedicine.	99211/99211GT 99212/99212GT 99213/99213GT 99214/99214GT 99215/99215GT	\$13.91 \$29.47 \$61.50 \$72.11 \$96.88
Brief office visit – Limited to monitoring or changing psychotropic medication. Use service code with GT modifier if service is provided via Telemedicine.	M0064 or M0064GT	\$41.00
Medication training and support	H0034	\$25.63
Administration of long-acting injectable medications – subcutaneous or intramuscular (90782; 90772 Inactive)	96372	\$5.13
Labs Related to Medication Management		
Laboratory services related to psychiatric treatment such as processing and reporting on blood samples or specimens to assure the safe and effective use of psychiatric medications. (per lab service)		
Amylase, Serum	82150	\$13.00
Free Thyroxine	84439	\$29.00
Nortriptyline, Serum	80182	\$45.40
Lithium Assay (LC #007708)	80178	\$10.00
Valproic Acid Assay (LC #007260)	80164	\$10.00
Carbamazepine, Tegretol Assay (LC #007419)	80156	\$10.00
Urine Drug Screen Kit covering the following nine (10) classes of drugs: (Amphetamine, Barbiturate, Phencyclidine, Cannabinoid Conf, Cocaine, Opiate, Methadone, Methaqualone, Benzodiazepines, Propoxyphene) (TC #789119) (per kit)	80101	\$15.00

Routine Urinalysis w/Microscopic Exam on Positives (LC #003038)	81003	\$2.00
Basic Metabolic Panel (LC #322758)	80048	\$2.30
Comprehensive Metabolic Panel (LC #322000)	80053	\$2.90
Thyroid Panel, Comprehensive (T3, T4, & Free T4 index (T7)) (LC #001156 and LC#001149)	84479 84436	\$1.50 \$1.50
Thyroid Stimulating Hormone (TSH) (LC #004259)	84443	\$4.00
Hepatic Function Panel (LC #322755)	80076	\$2.20
Gama Glutamyltransferase (GGT) (LC #001958)	82977	\$1.60
Quantitative Glucose (LC #001032)	82947	\$1.60
Complete Blood Count (CBC) with differential (LC #005009)	85025	\$2.50
Hemoglobin A1c Quantitation (LC #001453)	83036	\$5.00
Lipid Panel (LC #235010)	80061	\$4.50
Pregnancy Test, Urine (LC#004036)	81025	\$6.75
Serum Clozapine (Protocol Required) (LC #706440)	80299	\$102.75
Serum Haloperidol (Protocol Required) (LC #070482)	80173	\$51.90
Venipuncture, Health Department (provider must enter service to verify reimbursements to the Health Departments)	36415	\$24.00
Venipuncture (LC #998085)	36415	\$4.50
Other lab services not listed above may be ordered in accordance with Statewide Contract number 532 for Clinical Laboratory Services through Labcorp. Billing rate and service shall be determined by the rates listed in that Contract. To be eligible for reimbursement, labs not listed above are required to have prior approval from TDMHSAS before they are ordered.	Not Applicable	As listed in the statewide Clinical Laboratory Services Contract (No. 532)
Pharmacy Assistance and Coordination		
Pharmacy Assistance and Coordination: Services provided directly to those eligible for the BHSN of TN to individually assist in securing medications at a reduced price, or no cost, through a manufacturer sponsored program or other pharmacy assistance program. Also includes coordination with service recipient, prescriber, manufacturer and Pharmacy Benefit Manager (PBM) for initial pharmacy assistance applications, emergency and periodic medication changes and monitoring and submission of data necessary for monitoring and reporting. (per month)	Not Applicable	As established by the State based on total number of persons expected to be served during State Fiscal Year 2015

Unallowable Service Code Combinations

The services in Column A cannot be billed with the corresponding service in Column B on the same date and for the same service recipient. This list may be subject to change depending on CMS guidelines.

Column A	Column B
80048 Basic Metabolic Panel	80053 Comprehensive Metabolic Panel
80048 Basic Metabolic Panel	82947 Glucose, quant. (except reagent strip)
80053 Comprehensive Metabolic Panel	82947 Glucose, quant. (except reagent strip)
85025 CBC with Diff, automated	85048 WBC, automated
90832 Psychotherapy, individual 30 minutes	90834 Psychotherapy, individual 45 minutes
90832 Psychotherapy, individual 30 minutes	90837 Psychotherapy, individual 60 minutes
90834 Psychotherapy, individual 45 minutes	90837 Psychotherapy, individual 60 minutes
90791 Psy diagnostic eval with no medical services	90792 Psy diagnostic eval with medical services
90792 Psy diagnostic eval with medical services	99211 Office visit, established
90792 Psy diagnostic eval with medical services	99212 Office visit, established
90792 Psy diagnostic eval with medical services	99213 Office visit, established
90792 Psy diagnostic eval with medical services	99214 Office visit, established
90792 Psy diagnostic eval with medical services	99215 Office visit, established
90792 Psy diagnostic eval with medical services	M0064 Brief Office Visit for Med Monitoring
M0064 Brief Office Visit for Med Monitoring	99211 Office visit, established
M0064 Brief Office Visit for Med Monitoring	99212 Office visit, established
M0064 Brief Office Visit for Med Monitoring	99213 Office visit, established
M0064 Brief Office Visit for Med Monitoring	99214 Office visit, established
M0064 Brief Office Visit for Med Monitoring	99215 Office visit, established
M0064 Brief Office Visit for Med Monitoring	H0034 Medication Training and Support
H0034 Medication Training and Support	99211 Office visit, established
H0034 Medication Training and Support	99212 Office visit, established
H0034 Medication Training and Support	99213 Office visit, established
H0034 Medication Training and Support	99214 Office visit, established
H0034 Medication Training and Support	99215 Office visit, established

Use service codes with GT modifier if service is provided via Telemedicine.

Pharmacy Assistance

Coordinator Guidance

The Pharmacy Assistance Coordinator (PAC) assists the service recipient in applying for:

1. **CoverRx;**
and
2. **Pharmaceutical Drug Manufacturer's Patient Assistance Programs.**

Key Functions of the PAC:

1. To provide assistance to service recipients in applying for free or discounted medication programs;
2. To gather pertinent information that helps with application submissions to Patient Assistance Programs and CoverRx;
3. To be the contact person for the brand drug utilization information; and
4. To keep track of each service recipient's status as it relates to receiving medication through Patient Assistance Programs.

CoverRx The

BHSN of TN offers Patient Assistance with pharmaceutical drugs through CoverRx. CoverRx is a pharmacy assistance program for individuals with no prescription drug coverage who meet the eligibility criteria listed on the application in **Appendix II, Form 5**. CoverRx offers a predominantly generic drug list of over 250 medications. A complete covered drug list is available on the BHSNT log-on page:

<https://mhddapps.state.tn.us/Uninsured/Default.aspx>. Complete details about the CoverRx Program can be found at www.CoverTN.gov

How to complete the CoverRx application for BHSN of TN service recipients:

1. Use the correct version of the CoverRx application. The most recently updated application is posted to the BHSNT log-on page.
2. **Mandatory Fields** - The following fields **must** be completed and **cannot be left blank**:
 - a. Last Name
 - b. First Name and Middle Initial
 - c. Gender
 - d. Date of Birth
 - e. Social Security Number
 - f. What is the Number of People in Household?
 - g. What is your Yearly Household Income?
 - h. Home Address*: Street, City, State and ZIP code
* An address must be submitted. If the service recipient is homeless, the agency's address in care of the BHSN of TN or PAC contact may be used if no other address is available.
 - i. Mailing Address, if it is different from home address
 - j. Are you a U.S. citizen or qualified legal alien?
 - k. Have you lived in TN for at least the last six (6) months?
 - l. Do you have health insurance (including TennCare)?
 - m. Do you have any prescription coverage other than CoverRx?
 - n. Do you have Medicare (Any part including A, B, C, or D)?

Please use the above items as a check list for completing CoverRx applications. Please print legibly and do not forget the signature and date. If any items are left blank or are illegible, the application approval process will be significantly delayed.

Where to send a completed CoverRx application:

A completed and signed CoverRx application **must** be submitted **directly** to CoverRx by fax or U.S. Postal Service:

CoverRx applications submitted via fax should be sent one at a time without a fax coversheet, per instructions from Magellan Health Services.

Tennessee CoverRx
Magellan Health Services
P.O. Box 1808
Maryland Heights, MO 63043

Fax Cover Rx Applications to: 1-800-424-5766

For individuals enrolling in Cover Rx or for individuals needing to report changes in Patient demographics, to check Cover Rx status, or to report that an enrollee no longer qualifies for Cover Rx (such as due to a change to income or gaining insurance that covers medications including TennCare

**Call TN Cover Rx/Magellan Call center toll-free:
1-800-424-5815**

Patient Assistance Programs

The Pharmacy Assistance Coordinator in conjunction with the service recipient is responsible for completing and submitting applications to **Patient Assistance Programs**. **Patient Assistance Programs** bring together America's pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and community groups to help qualifying patients without prescription drug coverage get free or low-cost medicines through the public or private program that is best suited to meet pharmaceutical needs.

Points to remember when applying for a Pharmaceutical Drug Manufacturer's Patient Assistance Program:

1. BHSN of TN is **NOT** an insurance program; and
2. CoverRx is **NOT** a pharmacy coverage program.

For additional information on how to access a Pharmaceutical Drug Manufacturer's Patient Assistance Program, please contact the TDMHSAS BHSN of TN staff listed in **Appendix IV**.

Payments and Billing

Maximum Liability

Each participating BHSN of TN Provider has a maximum liability for each state fiscal year it is being funded. Net payments to Providers cannot exceed the quarterly cap; if a payment derived exceeds the quarterly cap, then a debit balance forward is created for the BHSN of TN Provider.

How does a Provider receive reimbursement for eligible services?

The BHSN of TN program will reimburse contracted BHSN of TN Providers up to the amount of the annual contract maximum liability for all eligible Fee-for-Service activities as delineated in the BHSN of TN Service Rate Sheet on **pages 17-19**. All claims for eligible services should be entered into the BHSNT or sent in electronic file format (837p file) on a monthly basis. Payment processing for BHSN of TN Providers will occur once a month on the fourth (4th) business day of the month, at 9 a.m. Central Time (CT). All eligible services must be received by 9 a.m. CT on the fourth (4th) business day of the month in order to receive reimbursement within seven to ten (7-10) business days from the date of the Payment Process.

The 13th Payment Process: BHSN of TN Providers will be offered a 13th Payment Process for the end of prior state fiscal year billable services. The billing period for each state fiscal year officially ends on June 30th and it is expected that the bulk of the BHSN of TN Provider's billable services will be entered by the Payment Process in July of each year. For BHSN of TN Providers who are unable to enter all billable services for the state fiscal year by the July Payment Process, the 13th Payment Process will be scheduled in the first quarter of the following program year/state fiscal year. After the July Payment Process in each state fiscal year, BHSN of TN Providers will be asked to provide an accrual amount for the 13th payment as well as a readiness date in order to schedule the 13th Payment Process.

Whenever a BHSN of TN service recipient is determined eligible for the TennCare Program, they are automatically dis-enrolled from the BHSN of TN. When this occurs, the provider of the BHSN of TN services will have 120 days from the date of the final eligibility determination by the Bureau of TennCare (date added to MCC) to bill for any services rendered from the start of TennCare coverage. It is the responsibility of the provider of BHSN of TN services to bill TennCare for services rendered on or after the start date of TennCare. After the TennCare Bureau reimburses the provider for services rendered, the provider will credit back to the BHSNT of TN program any services that were also paid for by the BHSN of TN. Guidelines for retro billing services to the TennCare Bureau can be found on the BHSNT log-in page under the file name **TennCare Retro Billing Guidelines**.

NOTE: BHSN of TN Providers can only bill for services delivered within a registration period where the BHSN of TN Provider is identified as the BHSN of TN Provider of record. For example, if a service recipient is registered for the BHSN of TN with a CMHA effective 01/15/2011, then the BHSN of TN Provider will only be able to bill for services delivered on 01/15/2011 or later. As an additional example, if a service recipient is registered for the BHSN of TN assistance with a CMHA from 01/15/2011 through 02/28/2011, then the BHSN of TN Provider will only be able to bill for services on or between these dates.

In order to submit billable services by 837p file, contact the TDMHSAS BHSN of TN staff listed in **Appendix IV** to receive documentation on the file protocol and instructions for submitting a test file prior to sending an actual billing file. A test file must be accomplished prior to all BHSN of TN Providers submitting billable services via an 837p file.

The BHSN of TN Electronic System (BHSNT) _____

BHSNT Log-on Page:

<https://mhddapps.state.tn.us/Uninsured/Default.aspx>

BHSN of TN Provider functions:

1. Enter Services;
2. View/Update Services (with Credit Capability);
3. Remittance Advice access; and
4. Patient Inquiry.

1. Enter Services:

After logging on to the BHSNT, the cursor will blink in the SSN field of the Enter Services page. Enter the service recipient's Social Security Number (SSN) and use the Tab key to move to the next field. If a match is found for the SSN, the service recipient's name and date of birth will display. Confirm that this information is correct and proceed with the tab key to enter a Date of Service and select Service Code and specify Unit(s). Tab to enter and a service record will appear below with visual confirmation of the entered service. If there is an error noted, double click the record in the grid and make necessary corrections or delete (if the service has **NOT** been billed).

Possible Error Messages for Enter Services:

1. "Please Enter a Valid SSN for a patient registered with your Agency!" - Service recipient is not registered with the BHSN of TN Provider agency.
2. "Date of Service is not within a registration span for your Agency!" - Date of Service is prior to service recipient's Registration Begin Date.
3. "The Service Record you are attempting to enter already exists for this patient!" - The same Service Code is not allowed on the same date of service for a service recipient.
4. "The Service Record you are attempting to enter cannot be billed in combination with code XXXXX" - Specific combinations of Service Codes are not allowed on the same date of service for a service recipient. **See page 19.**
5. "Units Exceed Maximum CAP of 'x' "; ('x' will vary depending on the service being entered) - Units entered exceed the maximum defined for the Service Code. For example, maximum number of case management units allowed to be billed in one (1) single day is twelve (12).

2. View/Update Services (with Credit Capability):

All service records can be viewed, whether entered through online interface or processed via an 837p file.

- a. After logging on, select 'Services' on the Menu bar and then select 'View/Update'. From here, the user has the option to select from the list of service recipients with services or enter an SSN to find a specific service recipient.
- b. By default, the screen will list all service records with the most recent appearing at the top of the list.

The roll up date is the date that the BHSN of TN executed the billing process (this is usually accomplished on the fourth (4th) business day of the month).

- c. **Services Not Yet Paid:** if a service record displayed does not include the billing period identifier and roll-up date, then it has not been paid for and the user may click on the entry in order to modify the record.
- d. **Services Already Paid:** if the service record displayed includes the billing period identifier and roll-up date, then it has already been paid and **CANNOT** be modified.
 - (1) **HOWEVER-** the user may click on the entry in order to credit it. This will take the user to the credit services screen where the user must input a reason for the credit and click 'Credit' button to accomplish the credit to the record.
 - (2) Once a record has been credited, it will no longer display in View/Update services **UNLESS** the user specifies that he/she wants to list credited services (by clicking on the dot beside credited services before selecting 'Search').
 - (3) When a BHSN of TN consumer is determined to be eligible for TennCare it is the responsibility of the provider of BHSN of TN services to bill TennCare for services rendered on or after the TennCare effective date for those individuals. After TennCare reimburses the provider for services rendered, the provider will credit back to the BHSN of TN program any services that were paid for by the BHSN of TN. If TennCare does not reimburse the provider for retro services billed, the provider **does not** have to credit back that service to the BHSN of TN, but **must keep** the denial notification from TennCare in the consumer file. See TennCare Retro Credit Guidelines on the BHSNT log-in page.

3. On-Line Remittance Advice:

- a. After logging on, select 'Payment' on the Menu bar and then select 'Remittance Advice'. Payment entries by billing period will display with amounts for Pharmacy Assistance and Coordination, Fee-for-Service, Admin fee, any balance forward and net payment.
- b. Select a specific billing period to see detail for that payment.
 - (1) Click column header to change the sort order.
 - (2) The bottom right of the screen lists detail of the net payment including credits.
- c. To download the remittance advice to Excel, click on the 'Excel' button.

4. Patient Inquiry:

In the BHSNT, BHSN of TN Provider users have read-only access on service recipients registered with their agency. To search for a service recipient, select '*Active Registrations*' for a list of service recipients registered with your agency. For more detailed instructions on the Patient Inquiry Screen, please reference the Patient Inquiry Screen User's Guide on the BHSNT log-on page:

<https://mhddapps.state.tn.us/Uninsured/Default.aspx>

To look up a service recipient:

1. Log onto the BHSNT;
2. Select menu item '*Patient*';
3. Select '*Inquiry*' from drop down menu; and
4. Enter the SSN of the service recipient and click '*Enter*'. The following will be displayed:

MOT	Received From	Provider	Begin Date	End Date	Status	Reason	Received date

These fields are self-explanatory, for example, "Active" status means that the service recipient has a valid registration segment.

NOTE: The most recent activity will appear on the top row. This will not always be the active registration segment. The active registration segment will display "Active" in the Status column of the grid and End Date column of the grid. The End Date column will be blank.

To view an agency's active registrations:

1. Log onto the BHSNT;
2. Select menu item '*Patient*'; and
3. Select '*Active Registrations*' from the drop down menu - A list of service recipients will appear with the option to export to Excel.

BHSNT User Accounts

New Users

Any BHSN of TN Provider staff wishing to access the BHSNT must complete a BHSNT New User ID Request Form (**Appendix II, Form 4**) and submit it to the TDMHSAS BHSN of TN staff listed below for approval; the BHSNT New User ID Request Form must be signed by both the prospective new user and the submitting agency's Authorizing Representative. All new users will be provided a user ID and temporary password via separate emails. The new user should immediately change the temporary password to one of their choosing. It is the BHSN of TN Provider's responsibility to notify the TDMHSAS BHSN of TN staff listed below of all BHSN of TN Provider staff changes as they relate to BHSNT authorized users.

Passwords

BHSNT passwords are scheduled to expire every forty-five (**45**) days. It is the responsibility of the user to change their password prior to expiration. In the event a password expires, the request to re-set the password should be sent via email to the TDMHSAS BHSN of TN staff listed below. The request must include the user's BHSNT User ID number. Individuals are assigned a unique user ID and password in the BHSNT database for security purposes. Under no circumstances, should user ID's and passwords be shared among staff.

How to change user password:

1. Log onto the BHSNT;
2. Select menu item '*Passwords*';
3. Select '*Change Password*';
4. Enter new password - **must contain a minimum of eight (8) characters and must be a combination of alpha, numeric, and special characters**; and
5. Confirm new password.

All new user requests and password reset requests are to be sent to:

James Ladd

James.Ladd@tn.gov

615-741-1196 (phone)

615-253-3187 (fax)

Appendix I

Definitions

Behavioral Health Safety Net of Tennessee (BHSN of TN) – A Tennessee state-funded mental health outpatient treatment assistance program for uninsured Tennesseans who are diagnosed with a primary mental health diagnosis indicating a severe and/or persistent mental illness. Predetermined eligibility criteria must be met for service recipients to qualify for this assistance.

Eligible – A service recipient who has been determined to meet the eligibility criteria for the Behavioral Health Safety Net of Tennessee (BHSN of TN).

Federal Poverty Level (FPL) – A type of federal poverty measure used for administrative purposes such as determining financial eligibility for services. The current year’s FPL levels can be found at <http://aspe.hhs.gov/poverty>. The FPL levels are updated annually in the first quarter of each year.

Household – A household is a social unit comprised of varying numbers of individuals who live together in the same dwelling. Please see Pages 7-8 for details.

Income – Household income shall mean all monies from whatever source, earned or unearned. Please see Pages 7-8 for details.

Inmate – An individual confined in a local, state, or federal prison, jail, youth development center, or other penal or correctional facility, or on furlough from such facility.

International Statistical Classification of Diseases and Related Health Problems, 9th edition (ICD9) – A standardized classification of disease, injuries, and causes of death, by etiology and anatomic localization and codified into a six (6)-digit number, which allows clinicians, statisticians, politicians, health planners and others to speak a common language, both in the United States and internationally.

Mandatory Outpatient Treatment (MOT) – This designation allows for a less restrictive alternative to inpatient care for those service recipients with SPMI who have a legal obligation to participate in outpatient treatment.

Priority Service Recipients – Individuals seeking behavioral health services in the State of Tennessee who have a Primary Mental Health ICD9 Diagnosis indicating a severe and/or persistent mental illness. The BHSN of TN serves individuals who are nineteen years of age or older.

Provider – A TDMHSAS approved facility or agency, which accepts payment for providing services to a service recipient with BHSN of TN assistance.

Qualified Alien – Refers to a non-United States citizen residing in Tennessee who is a Permanent Resident of the United States, asylee, refugee or a non-United States citizen residing in Tennessee on a conditional visa as defined by state and federal laws.

Severely and/or Persistently Mentally Ill (SPMI) – Individuals with a Primary Mental Health Diagnosis determined to be severe and/or persistent in nature.

TennCare – The program administered by the Single State Agency as designated by the State and the Centers for Medicare and Medicaid Services pursuant to Title XIX of the Social Security Act and the Section 1115 Research and Demonstration waiver granted to the State of Tennessee.

Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) – The Single State Authority for mental health and substance use disorders. TDMHSAS is responsible for the provision of services to service recipients deemed eligible for the BHSN of TN.

Appendix II

Sample Forms

The following items are SAMPLES of the most commonly used BHSN of TN forms. Please **DO NOT PRINT** forms from this manual for actual use. The most recently updated forms, as well as, reference guides are available on the BHSNT Log-on page at:

<https://mhddapps.state.tn.us/Uninsured/Default.aspx>

You do not have to have a user ID and password to access the following items:

1. **Enrollment Request Form (Intake/Application);**
2. **Eligibility - Scheduled Review Form;**
3. **Change of Service Recipient Information Request Form;**
4. **BHSNT New User ID Request Form; and**
5. **CoverRx Application.**



BEHAVIORAL HEALTH SAFETY NET OF TENNESSEE ENROLLMENT REQUEST FORM

DO NOT COPY

Name: _____
(Print Clearly) First MI Last

Address: _____ Race: _____

City: _____ TN State Zip Code Gender: _____

SSN: _____ County Code: # _____

Security Social Number Date of Birth

Patient Phone Number: _____
Include Area code with Telephone Number

Referred to:	CMHA for Community Services - For RMHI & TDMHSAS Contracted Inpatient Psy Hospitals Use Only:
---------------------	--

Referred From:	Ridgeview Hospital	Peninsula Hospital	Woodridge Hospital
-----------------------	--------------------	--------------------	--------------------

Most Recent Date of Admission to Service: _____

1. The individual has a qualifying primary Mental Health ICD9 diagnosis. This diagnosis was made or reviewed by a Licensed Mental Health Professional.

Most Recent Date of Qualifying Diagnosis: _____
(Date must be within 90 day of today's Date) Qualifying Diagnosis Date Required

Primary ICD9 Diagnosis Code: _____ **Secondary ICD9 Diagnosis Code:** _____
ICD9 CODE Mental Health Type Diagnosis Required ICD9 CODE Type Diagnosis

2. The **Gross Annual Income** for the service recipient's Household/Family is \$ _____ and does not exceed the **2015 Federal poverty Income Guidelines**, as listed below. Income Amount must be Written in, even Zero Amount.

Please circle the Number in Household /Family below.

<u>Number in Family</u>	<u>Annual Income</u>	<u>Number in Family</u>	<u>Annual Income</u>	<u>Number in Family</u>	<u>Annual Income</u>
1	\$11,770	5	\$28,410	9	\$45,050
2	\$15,930	6	\$32,570	10	\$49,210
3	\$20,090	7	\$36,730	11	\$53,370
4	\$24,250	8	\$40,890	12	\$57,530

3 thru 9 must be checked Yes or No

- 3. Yes No Are you currently enrolled in the BHSN of TN?
- 4. Yes No If you answered yes to question 2, do you want to transfer to this provider?
- 5. Yes No Are you a Tennessee resident?
- 6. Yes No Are you a U.S. citizen or qualified alien?
- 7. Yes No Do you currently have behavioral health insurance (including TENNCARE or Veterans Administration Benefits?)
- 8. Yes No Do you currently have Medicare Part B?
- 9. Yes No Have you been determined Ineligible for TENNCARE, or have applied for TENNCARE?

I want to apply for the Behavioral Health Safety Net of TN. By signing below, I certify that the information contained herein is true and accurate, and I give my Ok for TDMHSAS to get facts about me from government agencies, employers and others. I understand any intentional act on my part to provide false information that will potentially result in a person obtaining benefits or coverage to which he or she is not eligible is considered an act of fraud, and could be prosecuted under the False Claims Act. I understand that I can only receive BHSN of TN services with this provider; however, I can transfer to another provider. If I choose to transfer to another provider, I give permission for the providers to share my information as needed. I understand that I can only receive services through one provider at a time.

Signature of prospective service recipient Date

I, the provider, have reviewed the information herein for accuracy and completeness and certify that the individual listed above meets criteria 1 and 2:

PROVIDER Name: _____
(Write out Agency Name)

Signature of CHIEF EXECUTIVE OFFICER or CLINICAL DESIGNEE Date

Fax Form to: BHSN of TN Eligibility Unit Fax Number: (615) 253 – 3187 (Enrollment E- mail BHSNTAPP.Fax@tn.gov)
TENNESSEE DEPARTMENT of MENTAL HEALTH and SUBSTANCE ABUSE SERVICES
Division of Mental Health Services, BHSNT, / Eligibility Unit
Andrew Jackson Building
500 Deaderick Street, 5th Floor
Nashville, Tennessee 37243



DO NOT COPY

BEHAVIORAL HEALTH SAFETY NET OF TENNESSEE ELIGIBILITY - SCHEDULED REVIEW

Agency Name:		Date Sent:	
Social Security Number:		Service Recipient:	
Current Address:			
<i>New Address:</i>			County Code:
Phone Number: ()		Effective Date:	

<p style="text-align: center;">This Service Recipient is <u>ACTIVE</u></p> <p>Date of last kept Appointment: ____/____/____</p> <p>A. The individual has a qualifying primary mental health ICD9 diagnosis. This diagnosis was made or reviewed by a Licensed Mental Health Professional or Staff Designee that is under supervision of a Licensed Mental Health Professional.</p> <p>Date of Qualifying ICD9 Diagnosis: _____</p> <p>Primary ICD9 DX : _____</p> <p>Secondary ICD9 DX: _____</p> <p>** <u>KEEP ITEMS "B" AND "C" ON FILE**</u></p> <p>B. Proof of household income within the last 3 months and number of persons in household. The Gross Annual Income for the service recipient's Household/Family is:</p> <p>\$ _____ and does not exceed the Federal Poverty Guidelines below. Circle number in family.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="border-right: 1px solid black; text-align: center;">Number in Family</th> <th style="border-right: 1px solid black; text-align: center;">Annual Household Income</th> <th style="border-right: 1px solid black; text-align: center;">Number in Family</th> <th style="text-align: center;">Annual Household Income</th> </tr> </thead> <tbody> <tr> <td style="border-right: 1px solid black; text-align: center;">1</td> <td style="border-right: 1px solid black; text-align: center;">\$ 11,770</td> <td style="border-right: 1px solid black; text-align: center;">7</td> <td style="text-align: center;">\$ 36,730</td> </tr> <tr> <td style="border-right: 1px solid black; text-align: center;">2</td> <td style="border-right: 1px solid black; text-align: center;">\$ 15,930</td> <td style="border-right: 1px solid black; text-align: center;">8</td> <td style="text-align: center;">\$ 40,890</td> </tr> <tr> <td style="border-right: 1px solid black; text-align: center;">3</td> <td style="border-right: 1px solid black; text-align: center;">\$ 20,090</td> <td style="border-right: 1px solid black; text-align: center;">9</td> <td style="text-align: center;">\$ 45,050</td> </tr> <tr> <td style="border-right: 1px solid black; text-align: center;">4</td> <td style="border-right: 1px solid black; text-align: center;">\$ 24,250</td> <td style="border-right: 1px solid black; text-align: center;">10</td> <td style="text-align: center;">\$ 49,210</td> </tr> <tr> <td style="border-right: 1px solid black; text-align: center;">5</td> <td style="border-right: 1px solid black; text-align: center;">\$ 28,410</td> <td style="border-right: 1px solid black; text-align: center;">11</td> <td style="text-align: center;">\$ 53,370</td> </tr> <tr> <td style="border-right: 1px solid black; text-align: center;">6</td> <td style="border-right: 1px solid black; text-align: center;">\$ 32,570</td> <td style="border-right: 1px solid black; text-align: center;">12</td> <td style="text-align: center;">\$ 57,530</td> </tr> </tbody> </table> <p>C. Proof of current address within last 3 months.</p> <p>D. Completed and signed Cover RX application should be directly submitted to Magellan Health Services.</p> <ol style="list-style-type: none"> 1. [] YES [] NO: Are you a Tennessee resident? 2. [] YES [] NO: Are you a U.S. citizen or qualified alien? 3. [] YES [] NO: Do you currently have Medicare Part B? 4. [] YES [] NO: Have you been determined ineligible for TennCare, or if NOT, you have completed a TennCare application? 	Number in Family	Annual Household Income	Number in Family	Annual Household Income	1	\$ 11,770	7	\$ 36,730	2	\$ 15,930	8	\$ 40,890	3	\$ 20,090	9	\$ 45,050	4	\$ 24,250	10	\$ 49,210	5	\$ 28,410	11	\$ 53,370	6	\$ 32,570	12	\$ 57,530	<p style="text-align: center;">This Service Recipient is <u>INACTIVE</u></p> <p>• CHECK ONE OF THE FOLLOWING :</p> <p>_____ Did not show for appointment.</p> <p>_____ Inactive as of this date: _____</p> <p>_____ Failed to provide required documentation.</p> <p>_____ Incarcerated.</p> <p>_____ Deceased.</p> <p>_____ Moved out of state of Tennessee.</p> <p>_____ Has private behavioral health insurance or TennCare.</p> <p>_____ Has access to behavioral health services through Veteran's Administration.</p> <p>_____ Gross Annual Income exceeds Federal Poverty Guidelines for household / family size.</p> <p>Number in Family ____ Gross Annual Income _____</p> <hr/> <p>Return by date: _____</p> <div style="text-align: center; padding: 10px;"> <p>Fax to (615) 741 – 5807 Attn: Pat Manners</p> <p>or</p> <p>Email to: BHSNTREV.Fax@tn.gov</p> </div>
Number in Family	Annual Household Income	Number in Family	Annual Household Income																										
1	\$ 11,770	7	\$ 36,730																										
2	\$ 15,930	8	\$ 40,890																										
3	\$ 20,090	9	\$ 45,050																										
4	\$ 24,250	10	\$ 49,210																										
5	\$ 28,410	11	\$ 53,370																										
6	\$ 32,570	12	\$ 57,530																										

By signing below, I certify that the information contained herein is true and accurate. I understand any intentional act on my part to provide false information that will potentially result in a person obtaining benefits or coverage to which he or she is not eligible is considered an act of fraud, and could be prosecuted under the False Claims Act.

Signature of SERVICE RECIPIENT	Date	Signature of PREPARER OF REVIEW	Date
--------------------------------	------	---------------------------------	------



DO NOT COPY

BEHAVIORAL HEALTH SAFETY NET OF TENNESSEE BHSNT NEW USER ID REQUEST

Add New User

Re-activate User

Inactivate User

Provider Name:	Date:
-----------------------	--------------

User Information:

First Name:	MI:	Last Name:
Provider Location:		
Email Address:		
Phone:		

In accordance with the federal security and privacy laws and regulations (HIPAA) and Tennessee privacy and confidentiality laws and rules (Tenn. Code Annotated Title 33), I agree to fully comply with the requirements applicable to a "covered entity" and "business associate" as those terms are defined therein and shall not use or further disclose Protected Health Information (PHI) other than as permitted or required by the Behavioral Health Safety Net (formerly Mental Health Safety Net) Contract or as Required By Law.

Signature

Date

Signature of Agency's Authorizing Representative:

---Fax to James Ladd at 615-253-6822 or email to James.Ladd@tn.gov---

For Internal Use Only

User ID	Activated	De-activated



Tennessee CoverRx
 Magellan Health Services
 P.O. Box 1808
 Maryland Heights, MO 63043

DO NOT COPY



NEW APPLICATION

RE-ENROLLMENT APPLICATION

CHANGES TO EXISTING APPLICATION

Please note: All fields must be completed (unless noted as optional) or application will be returned.

LAST NAME				FIRST NAME				MI	
GENDER		DATE OF BIRTH				SOCIAL SECURITY NUMBER			
Male Female		- -							
# OF PEOPLE IN HOUSEHOLD		YEARLY HOUSEHOLD INCOME (PLEASE ENTER AN AMOUNT)				PHONE NUMBER (WRITE N/A IF YOU DO NOT HAVE A PHONE)			
HOUSE ADDRESS				CITY		STATE	ZIP		COUNTY
MAILING ADDRESS (IF DIFFERENT FROM ABOVE):				CITY		STATE	ZIP		COUNTY
RACE (FOR TITLE VI PURPOSES):						LANGUAGE SPOKEN (OPTIONAL)			
Black		American Indian or Alaskan				English			
White		Hispanic				Spanish			
Asian or Pacific Islander		Other: _____				Other: _____			
Yes	No	ARE YOU A U.S. CITIZEN OR QUALIFIED LEGAL ALIEN?							
Yes	No	HAVE YOU LIVED IN TENNESSEE FOR AT LEAST THE LAST SIX MONTHS?							
Yes	No	DO YOU HAVE HEALTH INSURANCE (INCLUDING TENNCARE)?							
Yes	No	DO YOU HAVE ANY PRESCRIPTION DRUG COVERAGE OTHER THAN COVERRX? THIS INCLUDES MEDICARE, TENNCARE OR DRUG COVERAGE PROVIDED BY YOUR EMPLOYER. (DISCOUNT DRUG PROGRAMS OR PATIENT ASSISTANCE PROGRAMS PROVIDING FREE OR LOW-COST MEDICATIONS DO NOT COUNT.)							
Yes	No	DO YOU HAVE MEDICARE (ANY PART INCLUDING A, B, C, OR D)?							
Yes	No	ARE YOU HOMELESS OR LIVING IN A SHELTER? (OPTIONAL)							
Yes	No	ARE YOU EMPLOYED (INCLUDING SELF-EMPLOYED)? (OPTIONAL)							
Yes	No	DO YOU WORK 20 HOURS OR MORE IN A SEVEN DAY WORK WEEK? (OPTIONAL)							

Terms and Conditions

While you are in CoverRx, you must follow the program rules. By signing the front of this form, you agree that:

You will pay your co-pay for each prescription filled.

You will notify CoverRx when:

- You move to a new address
- Your household income changes significantly
- The number of people in your household changes
- You have other prescription drug coverage

You will help with any investigations. CoverRx may ask you for proof of your household income. CoverRx may also ask you to provide proof that you live in Tennessee and/or that you are a U.S. citizen or qualified alien. You agree to provide this information to CoverRx. If you do not help, then you could lose your pharmacy assistance.

You allow CoverRx to get information about you. I understand that I have certain privacy rights with respect to my medical information under the Health Insurance Portability and Accountability Act (HIPAA), CFR Parts 160 and 164 ("Privacy Rule"). The Privacy Rule permits CoverRx to use and disclose my protected health information for purposes of treatment, payment and health care operations, including determining my eligibility for benefits.

You can report fraud or abuse. If you suspect someone of fraud or abuse please call Magellan Health Services at 1-800-424-5815.

Authorization: I want to apply for CoverRx pharmacy assistance. By signing below, I certify that the information contained in the application is true and accurate. I know that if I give any false information, I may be breaking the law. I know that CoverRx will check my information. I agree to help with any investigations. I also agree to follow the rules for the CoverRx program. I have read and understand these rules, which are on the back of this form.

Signature: _____

Date: _____

<p>Form Number TNCX1114</p>
--

Eligibility

To be eligible to participate in CoverRx, you must meet the following eligibility guidelines:

- Age 19 through 64
- Household income must be below the FPL income guidelines listed below
- U.S. citizen or qualified alien
- Tennessee resident for at least the last six months
- No prescription drug coverage including TennCare or employer-sponsored drug coverage. (Discount drug programs or patient assistance programs providing free or low cost medications do not count.)
- Cannot have Medicare (any part including A, B, C or D)

How Much You Will Have to Pay

If you are enrolled, CoverRx will help you pay for up to five prescriptions each month. Diabetic supplies and insulin do not count toward the prescription limit. You must pay a small co-payment for your first five prescriptions each month. (Note: A 90-day prescription will count as one prescription per month for three consecutive months.) Co-pay ranges are listed in the table to the right. If enrolled, your exact co-payments will be included in your welcome packet.

Co-payments are subject to change.

Type of Prescription	What You Will Pay
First five (5) prescriptions per month of Drugs on the <i>CoverRx Covered Drug List</i> . Diabetic supplies and insulin do not count against the five (5) script limit.	<p>Generic Drugs: 30-day = \$3 *90-day = \$5</p> <p>Brand Drugs: 30-day = \$5</p> <p>Insulin/Diabetic Supplies: 30-day (or up to covered limits) = \$5</p> <p>*90-day supplies are only available through mail order and those local retail pharmacies that have chosen to participate. Before you fill your prescription, check with your pharmacy to see if the 90-day supply is not available for covered brand drugs and covered insulin.</p>
<ul style="list-style-type: none"> • Drugs NOT on the <i>CoverRx Covered Drug List</i> • ALL prescriptions after the five (5) prescription per month limit 	Full price (price varies by drug), plus any pharmacy discounts available.

- You can purchase your prescriptions at participating local community retail pharmacies and mail-order pharmacies.
- Upon enrollment in CoverRx, a welcome packet will be sent to you with information about how to use the program.

Income Guidelines

To qualify for the CoverRx program, your yearly household income must be below the FPL levels listed in the table to the right.

The yearly household incomes listed are for 2014. Amounts are subject to change each year.

Persons in Household	Yearly Household Income
1	\$11,670
2	\$15,730
3	\$19,790
4	\$23,850
5	\$27,910
6	\$31,970
7	\$36,030
8	\$40,090

Contact Information

Mail completed form to: Tennessee CoverRx
Magellan Health
Services P.O. Box 1808
Maryland Heights, MO 63043

For questions about enrolling in CoverRx: 1-800-424-5815

Definitions

“Discount” means a price reduction offered to participants for certain prescriptions.

“Household Income” is the combined income of all household members 18 years old and over who maintain a single economic unit, as well as any income received by the household for the personal medical and other obligations of the participant(s) in the household.

“Household” is comprised of all persons living in the same residence maintaining a single economic unit.

“Qualified alien” means that you are not a U.S. citizen, but you live in the United States legally. To be a qualified alien, you must also meet other conditions. These conditions are defined in the federal law at 8 U.S.C. § 1622(b). If you are not a U.S. citizen or qualified alien, then you cannot enroll in CoverRx.

Appendix III

BHSN of TN ICD9 Eligibility Diagnosis Codes: List of qualifying ICD9 Diagnosis Codes for eligibility determination purposes.

BHSN of TN ICD9 Eligibility Diagnosis Codes Effective 02-01-2011

RELEASE 3.0.0.4

1/26/2011

Mental Health

290.40	VASCULAR DEMENTIA UNCOMPL	295.70	SCHIZOAFFECTIVE DIS UNSPEC
290.41	VASCULAR DEMENTIA W DELIRIUM	295.71	SCHIZOAFFECTIVE DIS SUBCHRON
290.42	VASCULAR DEMENTIA W DELUSIONS	295.72	SCHIZOAFFECTIVE DIS CHRONIC
290.43	VASC DEMENTIA W DEPRESS MOOD	295.73	SCHIZOAFFECTIVE DIS SUBCHRON EXAC
293.0	DELIRIUM IN OTHER CONDITIONS	295.74	SCHIZOAFFECTIVE DIS CHRONIC EXAC
293.81	DELUSIONS IN OTHER CONDITIONS	295.75	SCHIZOAFFECTIVE DIS CHRONIC REMIS
293.83	MOOD DISORDER IN OTHER CONDITIONS	295.80	OTHER TYPES SCHIZOPHRENIA UNS
294.8	OT PERSIST MENT DIS IN OT CONDITION	295.81	OTHER TYPES SCHIZOPHRENIA SUBCHRON
295.00	SCHIZOPHREN SIMPLE UNS	295.82	OTHER TYPES SCHIZOPHRENIA CHRONIC
295.01	SCHIZOPHREN SIMPLE SUBCHRONIC	295.83	OTHER SCHIZOPHRENIA SUBCHRONIC EXAC
295.02	SCHIZOPHREN SIMPLE CHRONIC	295.84	OTHER SCHIZOPHRENIA CHRONIC EXAC
295.03	SCHIZOPHREN SIMPLE SUBCHRONIC EXAC	295.85	OTHER TYPES SCHIZOPHRENIA IN REMIS
295.04	SCHIZOPHREN SIMPLE CHRONIC EXAC	295.90	UNS SCHIZOPHRENIA
295.05	SCHIZOPHREN SIMPLE IN REMISSION	295.91	UNS SCHIZOPHRENIA SUBCHRONIC
295.10	SCHIZOPHREN DISORGANIZED UNS	295.92	UNS SCHIZOPHRENIA CHRONIC
295.11	SCHIZOPHREN DISORGANIZED SUBCHRONIC	295.93	UNS SCHIZOPHRENIA SUBCHRONIC EXAC
295.12	SCHIZOPHREN DISORGANIZED CHRONIC	295.94	UNS SCHIZOPHRENIA CHRONIC EXAC
295.13	SCHIZOPHREN DISORG SUBCHRONIC EXAC	295.95	UNS SCHIZOPHRENIA IN REMISSION
295.14	SCHIZOPHREN DISORGAN CHRONIC EXAC	296.00	BIPOLAR I DIS SINGLE EPI UNS
295.15	SCHIZOPHREN DISORGANIZED IN REMISS	296.01	BIPOLAR I DIS SINGLE EPI MILD
295.20	SCHIZOPHREN CATATONIC UNS	296.02	BIPOLAR I DIS SINGLE EPI MODERATE
295.21	SCHIZOPHREN CATATONIC SUBCHRONIC	296.03	BIPOLAR I DIS SGL EPI SEVERE
295.22	SCHIZOPHREN CATATONIC CHRONIC	296.04	BIPOLAR I DIS SGL EPI SEV PSYCHOTIC
295.23	SCHIZOPHREN CATATON SUBCHRONIC EXAC	296.05	BIPOLAR I DIS SGL EPI PART REMISS
295.24	SCHIZOPHREN CATATONIC CHRONIC EXAC	296.06	BIPOLAR I DIS SGL EPI FULL REMISS
295.25	SCHIZOPHREN CATATONIC IN REMISSION	296.10	MANIC DIS RECURR EPI UNS
295.30	SCHIZOPHREN PARANOID UNS	296.11	MANIC DIS RECURR EPI MILD
295.31	SCHIZOPHREN PARANOID SUBCHRONIC	296.12	MANIC DIS RECURR EPI MODERATE
295.32	SCHIZOPHREN PARANOID CHRONIC	296.13	MANIC DIS RECURR EPIS SEVERE
295.33	SCHIZOPHREN PARANOID SUBCHRON EXAC	296.14	MANIC DIS RECURR EPIS SEVERE PSYCH
295.34	SCHIZOPHREN PARANOID CHRONIC EXAC	296.15	MANIC DIS RECURR EPI PART REMISSION
295.35	SCHIZOPHREN PARANOID IN REMISSION	296.16	MANIC DISORD RECURR EPI FULL REMISS
295.40	SCHIZOPHRENIFORM DISORDER UNS	296.20	DEPRESSIVE TYPE PSYCHOSIS
295.41	SCHIZOPHRENIFORM DIS SUBCHRONIC	296.21	MAJ DEPRESS DIS SINGLE EPI MILD
295.42	SCHIZOPHRENIFORM DIS CHRONIC	296.22	MAJ DEPRESS DIS SGL EPI MODERATE
295.43	SCHIZOPHRENIF DIS SUBCHRON EXAC	296.23	MAJ DEPRESS DIS SGL EPI SEV
295.44	SCHIZOPHRENIFORM DIS CHRONIC EXAC	296.24	MAJ DEPRESS DIS SGL EPI SEV PSYCH
295.45	SCHIZOPHRENIFORM DIS IN REMISS	296.25	MAJ DEPRESS DIS SGL EPI PART REMIS
295.50	LATENT SCHIZOPHRENIA UNS	296.26	MAJ DEPRESS DIS SGL EPI FULL REMISS
295.51	LATENT SCHIZOPHRENIA SUBCHRONIC	296.3	MAJOR DEPRESSIVE DISORDER, RECURRENT EPI

BHSN of TN ICD9 Eligibility Diagnosis Codes

Effective 02-01-2011

RELEASE 3.0.0.4

1/26/2011

Mental Health (continued)

295.52	LATENT SCHIZOPHRENIA CHRONIC	296.30	MAJ DEPRESS DIS RECURR EPI UNS
295.53	LATENT SCHIZOPHRENIA SUBCHR EXAC	296.31	MAJ DEPRESS DIS RECURR EPI MILD
295.54	LATENT SCHIZOPHRENIA CHRONIC EXAC	296.32	MAJ DEPRESS DIS RECURR EPI MOD
295.55	LATENT SCHIZOPHRENIA IN REMISSION	296.33	MAJ DEPRESS DIS RECUR EPI SEV
295.60	SCHIZOPHRENIC DIS RESIDUAL UNS	296.34	MAJ DEPRESS DIS RECUR EPI SEV PSYCH
295.61	SCHIZOPHR DIS RESID SUBCHRONIC	296.35	MAJ DEPRESS DIS RECUR PART REMISS
295.62	SCHIZOPHRENIC DIS RESID CHRONIC	296.36	MAJ DEPRESS DIS RECURR FULL REMISS
295.63	SCHIZOPHR DIS RESID SUBCHRON EXAC	296.40	BIPOLAR I DIS MANIC UNS
295.64	SCHIZOPHR DIS RESID CHRON EXAC	296.41	BIPOLAR I DIS MANIC MILD
295.65	SCHIZOPHR DIS RESID IN REMISSION	296.42	BIPOLAR I DIS MANIC MODERATE
296.43	BIPOLAR I DIS MANIC SEV NO PSYCH	301.12	CHRONIC DEPRESSIVE PERSONALITY DIS
296.44	BIPOLAR I DIS MANIC SEV PSYCH	301.13	CYCLOTHYMIC DISORDER
296.45	BIPOLAR I DIS MANIC PART REMIS	301.20	UNS SCHIZOID PERSONALITY DISORDER
296.46	BIPOLAR I DIS MANIC FULL REMIS	301.21	INTROVERTED PERSONALITY DISORDER
296.50	BIPOLAR I DIS DEPRESSED UNS	301.22	SCHIZOTYPAL PERSONALITY DISORD
296.51	BIPOLAR I DIS DEPRESSED MILD	301.3	EXPLOSIVE PERSONALITY DISORDER
296.52	BIPOLAR I DIS DEPRESSED MODERATE	301.4	OBSESSIVE-COMPULSIVE DISORDER
296.53	BIPOLAR I DIS DEPRESS SEV NO PSYCH	301.50	UNS HISTRIONIC PERSONALITY DISORDER
296.54	BIPOLAR I DIS DEPRESS SEV PSYCH	301.51	CHRONIC FACTITIOUS ILL PHYS SYMP
296.55	BIPOLAR I DIS DEPRESS PART REMIS	301.59	OTH HISTRIONIC PERSONALITY DISORDER
296.56	BIPOLAR I DIS DEPRESS FULL REMIS	301.6	DEPENDENT PERSONALITY DISORDER
296.60	BIPOLAR I DIS MIXED UNS	301.7	ANTISOCIAL PERSONALITY DISORDER
296.61	BIPOLAR I DIS MIXED MILD	301.81	NARCISSISTIC PERSONALITY DIS
296.62	BIPOLAR I DIS MIXED MODERATE	301.82	AVOIDANT PERSONALITY DIS
296.63	BIPOLAR I DIS MIXED SEV NO PSYCH	301.83	BORDERLINE PERSONALITY DIS
296.64	BIPOLAR I DIS MIXED SEV PSYCH	301.84	PASSIVE AGGRESSIVE PERSONALITY
296.65	BIPOLAR I DIS MIXED PART REMIS	301.89	OTH PERSONALITY DISORDER
296.66	BIPOLAR I DIS MIXED FULL REMIS	301.9	UNS PERSONALITY DISORDER
296.7	BIPOLAR I DISORDER UNSPECIFIED	307.1	ANOREXIA NERVOSA
296.80	BIPOLAR DISORDER UNSPECIFIED	307.50	EATING DISORDER UNSPECIFIED
296.81	ATYPICAL MANIC DISORDER	307.51	BULIMIA NERVOSA
296.82	ATYPICAL DEPRESSIVE DISORDER	309.81	POSTTRAUMATIC STRESS DISORDER
296.89	OTH/UNSP BIPOLAR DISORDER OTHER	310.1	PERSONALITY CHG DUE TO OTH COND
296.90	UNSPEC EPISODIC MOOD DISORDER	311	DEPRESSIVE DISORDER OTHER
296.99	OTHER EPISODIC MOOD DISORDER	312.30	UNS IMPULSE CONTROL DISORDER
297	*PARANOID STATE; SIMPLE	312.34	INTERMITTENT EXPLOSIVE DISORDER
297.0	PARANOID STATE SIMPLE	312.81	CONDUCT DISORDER CHILDHOOD ONSET
297.1	DELUSIONAL DISORDER	312.82	CONDUCT DISORDER ADOLESCENT ONSET
297.2	PARAPHRENIA	312.89	OTH CONDUCT DISORDER OTHER
297.3	SHARED PSYCHOTIC DISORDER	312.9	UNS DISTURBANCE CONDUCT
297.8	OTHER PARANOID STATES	313.81	OPPOSITIONAL DEFIANT DISORDER
297.9	UNSPEC PARANOID STATE	313.89	OTH EMOTIONAL DISTURBANCE CHILDHOOD
298.1	EXCITATIVE TYPE PSYCHOSIS	314.00	ATTENTION DEFICIT DIS WO HYPERACTV
298.9	UNSPECIFIED PSYCHOSIS	314.01	ATTENTION DEFICIT DIS W HYPERACT
299.00	AUTISTIC DISORDER CURR/ACTIVE	314.9	UNSPEC HYPERKINETIC SYNDROME
299.80	OTHER PERVASIVE DEVELOP DIS ACTIVE		
299.90	UNSP PERVASIVE DEVELOP DIS ACTIVE		
300.00	ANXIETY STATE UNSPECIFIED		

BHSN of TN ICD9 Eligibility Diagnosis Codes

Effective 02-01-2011

RELEASE 3.0.0.4

1/26/2011

Mental Health (continued)

300.01 PANIC DISORDER WO AGORAPHOBIA
300.02 GENERALIZED ANXIETY DISORDER
300.09 OTHER ANXIETY STATES
300.11 CONVERSION DISORDER
300.15 UNS DISSOCIATIVE DISORDER/REACTION
300.21 AGORAPHOBIA W PANIC DISORDER
300.22 AGORAPHOBIA WO PANIC ATTACKS
300.23 SOCIAL PHOBIA
300.3 OBSESSIVE COMPULSIVE DISORDERS
300.4 DYSTHYMIC DISORDER
300.81 SOMATIZATION DISORDER
300.9 UNSP NONPSYCHOTIC MENTAL DIS
301.0 PARANOID PERSONALITY DIS
301.10 UNS AFFECTIVE PERSONALITY DIS
301.11 CHRONIC HYPOMANIC PERSONALITY DIS

Substance Abuse

291.0 ALCOHOL WDRAWAL DELIRIUM
291.1 ALCOHOL PERSIST AMNESTIC DISORDER
291.2 ALCOHOL-INDUCED PERSIST DEMENTIA
291.21 *DEMENTIA ASSOCIATED WITH ALCHOHOLI
291.3 ALCOHOL-INDUCED HALLUCINATIONS
291.5 ALCOHOL-INDUCED DELUSIONS
291.81 ALCOHOL WITHDRAWAL
291.82 ALCOHOL-INDUCED SLEEP DISORDERS
291.89 OTHER ALCOHOL-INDUCED MENTAL DIS
291.9 UNSP ALCOHOL-INDUCED MENTAL DIS
292.0 DRUG WITHDRAWAL
292.11 DRUG-INDUCED PSYCHOT DELUSIONS
292.12 DRUG-INDUCED PSYCHOT HALLUCINATN
292.81 DRUG-INDUCD DELIRIUM
292.82 DRUG-INDUCD PERSIST DEMENTIA
292.83 DRUG-INDUCED AMNESTIC DISORDER
292.84 DRUG-INDUCED MOOD DISORDER
292.85 DRUG-INDUCED SLEEP DISORDER
292.89 OTHER DRUG-INDUCD MENTAL DISORDERS
292.9 UNS DRUG-INDUCD MENTAL DISORDER
303.00 ACUTE ALCOHOLIC INTOXI UNS
303.90 OTH/UNS ALCOHOL DEPENDENCE UNS
304.00 OPIOID TYPE DEPENDENCE UNS
304.10 SED/HYP/ANX DEPEND UNS
304.20 COCAINE DEPENDENCE UNS
304.30 CANNABIS DEPENDENCE UNS
304.40 AMPHETAMINE DEPENDENCE UNS
304.50 HALLUCINOGEN DEPENDENCE UNS
304.60 OTHER DRUG DEPENDENCE UNS

BHSN of TN ICD9 Eligibility Diagnosis Codes Effective 02-01-2011

RELEASE 3.0.0.4

1/26/2011

Substance Abuse (continued)

304.80 COMBO DRUG DEPEND EX OPIOIDS UNS
304.90 UNSPEC DRUG DEPENDENCE UNS
305.00 ALCOHOL ABUSE UNSPEC
305.1 TOBACCO USE DISORDER
305.20 CANNABIS ABUSE UNS
305.30 HALLUCINOGEN ABUSE UNS
305.40 SED/HYP/ANX ABUSE UNS
305.50 OPIOID ABUSE UNS
305.60 COCAINE ABUSE UNS
305.70 AMPHETAMINE/RELATED DRUG ABUSE UNS
305.90 OTH MIXED/UNS DRUG ABUSE UNS

Appendix IV

BHSN of TN Providers and TDMHSAS BHSN of TN Staff Contacts: Contact information for BHSN of TN participating Community Mental Health Agencies and TDMHSAS BHSN of TN Staff Contacts.

BHSN of TN Providers

West Tennessee	Middle Tennessee	East Tennessee
Alliance Healthcare Services 3810 Winchester Road Memphis, TN 38181 901-369-1400	Centerstone of Tennessee 1101 Sixth Ave., N. Nashville, TN 37208 615-463-6600	Cherokee Health Systems 6350 West Andrew Jackson Hwy Talbott, TN 37877 423-587-7337
Carey Counseling Center 408 Virginia Street Paris, TN 38242 800-611-7757	LifeCare Family Services 145 Thompson Lane Nashville, TN 37211 615-781-0013	Frontier Health 401 Holston Drive Greeneville, TN 37743 423-639-1104
Case Management, Inc. 3171 Directors Row Memphis, TN 38118 901-821-5600	Mental Health Cooperative 275 Cumberland Bend Dr. Nashville, TN 37228 615-726-3340	Helen Ross McNabb 201 W. Springdale Ave. Knoxville, TN 37917 865-637-9711 / 423-266-6751
Pathways of Tennessee, Inc. 238 Summar Drive Jackson, TN 38301 731-541-8200	Volunteer Behavioral Health Care System 118 N Church Street Murfreesboro, TN 37130 877-567-6051	Mental Health Cooperative 801 North Holtzclaw Ave., Suite 101 Chattanooga, TN 37404 423-697-5950
		Parkwest dba: Peninsula 9352 Park West Blvd. Knoxville, TN 37923 865-970-9800
Professional Care Services of West Tennessee 1997 Hwy. 51 S. Covington, TN 38019 901-476-8967		Ridgeview Psychiatric Hospital and Center 240 W. Tyrone Rd. Oak Ridge, TN 37830 865-482-1076
Quinco Community MHC 10710 Old Hwy. 64 Bolivar, TN 38008 800-532-6339		Volunteer Behavioral Health Care System 413 Spring Street Chattanooga, TN 37405 877-567-6051

TDMHSAS BHSN of TN Staff Contacts

<u>Business Unit</u>	<u>Eligibility Unit</u>
Debbie Shahla BHSN of TN Director 615-532-6505 debbie.shahla@tn.gov	James Ladd Program Manager 615-741-1196 james.ladd@tn.gov

Tennessee Department of Mental Health and Substance Abuse Services
Office of Consumer Affairs
1-800-560-5767