

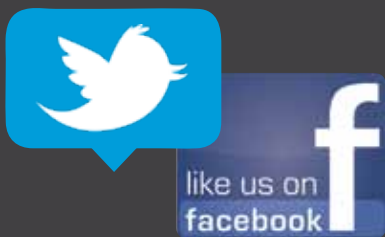


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We will be sharing educational resources, news, updates for members and more. If you have a smart phone, scan these QR codes to follow us immediately!



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#OMG! @NCPsychiatry Rebrands, Revamps Webpage, Joins Social Media



The North Carolina Psychiatric Association makes first major change to its website since its debut in 2000.

At its November meeting, Executive Council voted to approve the transition into a new membership database and website redesign; they also approved a rebranding project (see Executive Director Robin Huffman's column on page 7 for more details). Since then, NCPA office staff members have been busy migrating the previous membership database to a new system powered by the association management software, MemberClicks.

This new system provides an updated platform for organizing and managing member information, online event registration, website content management and more. The goal is to create a system that offers more functionality and is still easy to use – basically a more up-to-date system that lets NCPA do more for you, our members.

While the new software makes daily operations more efficient in the office,

we also hope that members will find that the “front-end” user experience is easier to navigate, control, and tailor to individual preferences. The new platform also allows for increased communication between members and committees via bulletin board groups, creates E-lists to easily hold email conversations, and establishes a social community with Facebook-style profiles, walls, photo galleries, etc.

Keep Your Information Current

One exciting feature of the updated website is the enhanced Find-A-Doctor tool. The search is primarily used by the public and office staff to locate members who are accepting new patients. The NCPA office receives calls from patients seeking a doctor every day, so this search feature was a big part of updating the website.

The old Find-A-Doctor search feature typically provided limited results because of the search criteria and the functionality of the site search. For example, patients would enter in too many criteria, become confused by some search fields or just be intimidated by the search page's length. Staff often fielded calls from patients seeking a doctor close to home, but the old system didn't allow for mapping or searching based on distance. The new Find-A-Doctor search allows people to search by zip code, with the optional selection of physician gender—the two most commonly requested search requested

Continued on page 14...

Governor McCrory Announces Aldona Vos, M.D., as Secretary of Health and Human Services



Secretary Aldona Vos, M.D.

Governor Pat McCrory announced in December that Ambassador Aldona Vos, M.D. would serve as the Secretary of Health and Human Services. Dr. Vos was born in Warsaw, Poland. She earned her medical degree at the Warsaw Medical Academy, and completed her internship and residency in internal medicine and a fellowship in Pulmonary Medicine in New York. Her experiences include time as a physician in private practice, corporate medicine, attending physician duties, clinical care, teaching and consulting for both hospitals and private industry.

Secretary Vos has both New York and North Carolina medical licenses; she practiced medicine in New York for many years before moving to Greensboro. She has been a member of the American Medical Association, and American College of Physicians, the Greater Greensboro Society of Medicine and the North Carolina Medical Society.

From 2004-2006, Secretary Vos served as an United States Ambassador to Estonia as an appointment of President George W. Bush.

How NCPA Advocates for You

Debra A. Bolick, M.D., D.F.A.P.A., President

The North Carolina Psychiatric Association is committed to advancing the practice of psychiatry and promoting the highest quality care for residents with mental illness, including substance use disorders—two key provisions in our mission. As part of this effort, we strive to serve as a resource to policy leaders in the state. Our legislative efforts vary slightly from year to year, so I wanted to take this opportunity to share with you the 2013 legislative and public policy priorities approved by your Executive Council.

The NCPA advocates for improved access to medical care by supporting expansion of insurance coverage for the uninsured. One of our most pressing issues is stabilizing our public mental health system. It is crucial that strong medical leadership and accountability are brought back into every level of the delivery system—including DHHS, DMA and the agencies that provide care. NCPA has been vocal regarding expansion of the Medicaid waiver, which moves all psychiatric services to capitated managed care run by multiple LME/MCOs across the state. We are concerned that the rapid move to waivers has created situations that hurt psychiatrists—such as nonpayment for services, duplicative contracting processes and administrative burdens. Further, high administrative costs to run multiple managed care organizations reduces the amount of money available for patient care.

As more psychiatrists opt for employment, NCPA is keeping an eye on the abuses of the “Corporate Practice of Medicine” statute. We want to ensure that medical decision making is in the hands of physicians. Your organization is

working to reduce administrative and regulatory burdens, such as prior approval of medications for stable patients that keep you from delivering patient care. NCPA also supports the inclusion of psychiatry in integrated care and medical homes. We are committed to helping small- and medium-sized psychiatric practices remain financially viable and available to treat patients.

Legislators are concerned about the rates of prescription drug abuse and overdose in the state. NCPA is helping to develop sensible solutions to these problems. We have signed on as supporters of Senate Bill 20, which seeks to provide limited immunity for bystanders who call for emergency help in overdose situations and increase access to the opioid antagonist Naloxone.

Gun safety and violence, with a focus on those with mental illness, have received national attention following the recent shooting tragedies. The organization supports gun safety initiatives that do not perpetuate stigma about mental illness. Our Psychiatry and Law Committee continues to research the issue, and Robin Huffman has met with law enforcement officials to discuss our perspective.

Finally, NCPA wants to stay involved in the development of telemedicine in a way that strengthens the workforce of our state.

Members of NCPA have been actively involved in promoting these priorities. Several members attended an opening day legislative reception and were able to meet

with the new Governor, Speaker of the N.C. House, and other key legislators. Letters of welcome and introduction were mailed to all the newly and re-elected legislators and to appointed leaders, including Commissioner of Insurance Wayne Goodwin, Secretary of DHHS Dr. Aldona Vos, and her recent appointment, Carol Steckel, Director of Medicaid. Meetings are being scheduled to formally meet these leaders and to share our public policy priorities.

Most recently, we have provided a response to the Request for Information (RFI) on Medicaid from the North Carolina DHHS. An NCPA task force convened and prepared an insightful comprehensive paper addressing our concerns and recommendations. NCPA also is a member of The Coalition, an advocacy group that advocates for services and supports for mental health, developmental disabilities and addictive disease. The Coalition has pooled its resources to hold several outreach days for both North Carolina General Assembly leadership and general members.

While our Executive Director and lobbyist have been hard at work carrying our concerns forward, there are opportunities for you to become involved. In April NCPA members have the opportunity to personally present our issues to the legislators during two advocacy days. We hold “White Coat Wednesdays” in conjunction with the North Carolina Medical Society. This year, White Coat Wednesdays are April 3 and April 17. The events provide opportunities for meeting local legislators in Raleigh as a representative of the NCPA.



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NAMI North Carolina Serves as a Resource for Patients, Psychiatrists

For NCPA member **Mary Mandell, M.D.** NAMI North Carolina is not just a community outreach organization working to educate the public about mental illness; it is a compliment to the care she provides her patients. “I have seen several patients develop confidence and a sense of belonging and purpose while participating in NAMI activities,” she explained. Dr. Mandell serves on the NAMI NC Board of Directors and is a member of the Moore County local chapter in Pinehurst.

NAMI, or the National Alliance on Mental Illness, is a 210,000-member strong organization that spans 1,200 affiliate chapters across the United States. The nonprofit’s movement focuses on those

mental illnesses that are brain disorders in adults and children, including schizophrenia, major depression, bipolar disorder, obsessive compulsive disorder, panic disorder, attention deficit disorder, autism and pervasive developmental disorder and other brain disorders.

NCPA has long partnered with NAMI North Carolina in advocacy efforts at a state level. And in September, NAMI-NC’s executive director, Deby Dihoff, and two NAMI-NC board members (Dr. Mandell and **Amy Singleton, M.D.**, also an NCPA member) met with NCPA’s Executive Council to discuss collaboration.

NAMI is an organization which can help psychiatrists help their patients and families...

NAMI North Carolina has 36 local affiliate chapters that consist of family members and individuals living with mental illness, friends and professionals. According to Dr. Mandell many of the programs offered by NAMI can provide additional support to the family and patients she treats. These free programs and resources have made a difference in several of her patients’ lives. One such patient with Asperger’s Disorder has become an instrumental component in developing programs to support

students who have mental illness at the local community college.

NAMI also offers programs for family members and friends of individuals with mental illness such as the Family-to-Family Education Program. This is a free, 12-session course on mental illness that seeks to help family members and friends understand the illness, provide insights into how to help their loved one, as well as strategies for the family to overcome the difficulties of living with severe mental illness. (For a full listing of NAMI North Carolina Programs, see gray box.)

In addition to targeting patients and family members, NAMI North Carolina has been seeking out psychiatry residents at all

four North Carolina psychiatry residency programs to join NAMI-NC. In fact, Wake Forest University has 100 percent participation among residents, according to Dr. Mandell.

Being involved in NAMI doesn’t have to be a lot of work – it can be as simple as sharing NAMI’s brochures with patients or letting them know about support groups available through NAMI. Further, being a NAMI member allows psychiatrists to keep up with NAMI activities, resources, publications and conferences.

One such activity is NAMIWalks. NAMIWalks brings together thousands of individuals and supporters to celebrate mental illness recovery, to honor those who

have lost their lives to mental illness and to help raise funds, combat stigma and promote awareness. NAMIWalks is a community-wide event and NAMI welcomes and encourages participation from local businesses, communities of faith, providers and partners as well as the general community. Bring your family and friends to the celebration being held on the Dorothea Dix campus on May 4.

“I think a lot of psychiatrists have a general idea of what NAMI is,” said Dr. Mandell. “I want my colleagues to know that NAMI is an organization which can help psychiatrists help their patients and families. I encourage all mental health care providers to learn more about what NAMI has to offer.”

NAMI Patient and Family Programs

Family-to-Family Education Program: This is a free 12 session course that is open to family members who have a close relative with a mental illness. The course includes ways to understand and help the person with the illness, and helps the family overcome the difficulties of coping with this family crisis.

Peer-to-Peer Education Program: Consists of ten two-hour classes, free of charge, taught by a team of two who are personally experienced at living well with mental illness. The course uses lecture and interactive exercises to help participants gain

knowledge, insight, and coping strategies for living with their illness. They will also develop a crisis plan.

NAMI Basics: This is a free 6 week course for parents or direct caregivers of children and adolescents (18 or younger) who are showing symptoms of or who are diagnosed with a mental illness.

In Our Own Voice: Educates the general public and changes attitudes and stereotypes about who has mental illness and how those persons look and act. This is accomplished through

community presentations by trained consumers who can show first-hand what it is like to live with mental illness, as well as convey a treatment and recovery message.

Young Families Program: Offers support groups and phone support from family members of children and adolescents who have a mental illness. It also offers educational workshops and presentations by trained volunteers that help parents and child-serving agency professionals better understand the nature and treatment of mental illness in children.

Parents and Teachers as Allies: A two-hour mental health education program for school professionals. It focuses on helping school professionals and families within the school community better understand the early warning signs of mental illnesses in children and adolescents. Also includes the lived experience of mental illness and how schools can best communicate with families.

Support Groups: NAMI affiliates know that effective support groups are a key facet of NAMI’s grassroots organization. Whether the affiliate has individuals

trained in the NAMI Support Model or offers its own support group process, these groups are designed to reach both consumers and their families to fill a need that complements the NAMI Education Programs.

NAMI Connection: A recovery support group program for adults living with mental illness that is expanding in communities throughout the country. These groups provide a place that offers respect, understanding, encouragement and hope.

NAMI Hearts and Minds: An online, interactive, educational

initiative promoting the idea of wellness in both mind and body. Wellness is an ongoing process of learning how to make choices that support a more successful, healthy life. Wellness is about the individual; you can decide what parts of your life you would like to change and you can determine your own success.

Visit www.naminc.org for more information.

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Changes to NCPA's Logo, Website and More

Robin B. Huffman, Executive Director

I like tradition. I like the familiar. I like print newsletters and the look of crisp black ink on a printed page.

But this isn't about me. It is about you, and how we can maximize the resources of the North Carolina Psychiatric Association to better meet your needs and provide useful services to your psychiatric practice and to you.

At last fall's NCPA Annual Meeting we surveyed members and uncovered a long list of issues of importance to members. In trying to develop resources to provide information about those issues (CPT coding changes, integrated care, federal health care reform, state public health reform), we stuffed our website full. So full that it is hard for any of us to find all this helpful information!

So we redesigned our website, and while we were at it, we did a pretty major makeover of NCPA's "public face." We hope you like it! Better yet, we hope you LOVE IT!

This month, I celebrated my 13th year with the North Carolina Psychiatric Association. When I came, I didn't touch our logo, and only implemented a minor tweaking of our newsletter and letterhead. I thought things looked good and honored the tradition that I had inherited. But, with the changing times, comes a need to refresh our look.

Here's what we are doing: The most obvious is—with this newsletter—the introduction of a new NCPA logo. One that graphically captures NCPA's unique position of being an important part of both the house

of medicine and the mental health world. NCPA's Executive Council approved this new logo at our February meeting, just in time for this issue of our newsletter and the introduction of our new website. We are proud of it and hope you will be too. We think this logo represents that psychiatry is part of an evolving health care world that is moving toward integrated care, medical homes, and team-based medicine.

There is more in this issue that gives the nuts and bolts and things you need to know about our new website and database. There will be some changes. (I know, change is hard!) You will receive shortly a letter with your new login and password information for the website. You will be able to change the password to make it one that is easier for you to use and remember. As with our current website, there is information just for our members that can only be accessed using your password. We will have useful public information, but these members' only resources are benefits of your membership.

One of the biggest changes will be new "online communities" for communication among NCPA committees and members; we are also reviving our committee listservs as a way for you to be active and stay engaged with committee work from your own desks. You'll even see Twitter and Facebook icons. Imagine that!

All in all, we think our new website will make information of use to members easier to find. And we

also think our new look will help NCPA stand out. But even with a facelift, the work of NCPA for the psychiatrists in the state and for the patients you treat is the work YOU help us do every day. By your willingness to serve on committees and Executive Council. By your help in developing relationships with your local elected officials at the county and state levels. By your emails and phone calls to the NCPA office to let us know what is happening in your community and in your practice, so that we can better assist you in our conversations at the state level.

So rest assured, although we have a new look, we are continuing in the strong NCPA tradition of serving our members.



Visit us online. If you're on Facebook, visit our page and "Like" us—and tell your friends and family to like us too!

The new www.ncpsychiatry.org is much more user-friendly and member resources are just a couple of clicks away. Check it out today!

CPT Coding Update

Venkata "Amba" Jonnalagadda, M.D.

The updated codes in the Psychiatry section of the AMA's Current Procedural Terminology became mandatory for billing and documentation for all insurers effective January 1, 2013. While the anticipation building up to these changes, which are applied to all services, caused some preliminary anxiety, overall providers continue to adjust to the changes. By now, practices have been through at least one or two reimbursement cycles.

NCPA has heard from several members who have had difficulties with reimbursements. If you are having problems, please contact Robin Huffman at 919-859-3370 or RHuffman@ncpsychiatry.org. We

are continuing to contact insurers on behalf of our members. We also continue to field questions related to the changes; below are the top inquiries about billing.

Psychotherapy Codes

There are three timed psychotherapy codes that are to be used in all settings when psychotherapy is the only service provided (90832 – 30 minutes; 90834 – 45 minutes; and 90837 – 60 minutes). In addition there are three timed add-on psychotherapy codes when psychotherapy is provided along with an E/M service (90833 – 30 minutes; 90836 – 45 minutes; and 90838 – 60 minutes).

Please note: If you are billing an E/M code along with a psychotherapy add-on code, you cannot choose the E/M code on the basis of counseling and coordination of care. Also, if you use a "timed" add-on code, you cannot use a "timed" E/M code as part of the service.

New Patient Evaluation

The documentation requirements for the 90792 are very similar to the documentation for no-longer-available 90801. The only difference is the need to list any medical work when billing the 90792. A 90792 covers deciding and prescribing medications in the session, which can be one component of the medical service.

Psychiatrists may also choose to bill an initial evaluation with the appropriate E/M code (99201-99205) in place of 90792.

99201 vs. 99211: The new outpatient visit code (99201-99205) is used when this is the first time you've ever treated the patient or it has been more than three years since seeing the patient.

Counseling and Coordination of Care

Counseling and coordination of care definition encompasses the following:

- Diagnostic results, impressions, and/or recommended diagnostic studies;

- Prognosis;
- Risks and benefits of management (treatment) options;
- Instructions for management (treatment) and/or follow-up;
- Importance of compliance with chosen management (treatment) options;
- Risk factor reduction;
- Patient and family education

Counseling and coordination of care are not the same as performing psychotherapy.

We are learning together to navigate these changes, and will continue to provide more updates

as they become available. If there are questions, please contact us. We are here to help.

If you have questions or concerns, please contact NCPA's office, 919-859-3370. The APA can also help. Email questions and/or problems to hsf@psych.org or call the HSF Practice Management HelpLine, 800-343-4671.

99213	Office visit for a 9-year-old male, established patient, with ADHD. Mild symptoms and minimal medication side effects.	Office visit for a 27-year-old female, established patient, with stable depression and anxiety. Intermittent moderate stress.	
HISTORY	<p>CC 9-year-old male seen for follow up visit for ADHD. Visit attended by patient and mother; history obtained from both.</p> <p>HPI Grades are good (associated signs and symptoms) but patient appears distracted (quality) in class (context). Lunch appetite poor but eating well at other meals. HPI scoring: 3 elements = <i>Brief</i></p> <p>PFSH N/A</p> <p>ROS Psychiatric: denies depression, anxiety, sleep problems ROS scoring: 1 system = <i>Problem-pertinent</i></p>	<p>27-year-old female seen for follow up visit for depression and anxiety. Visit attended by patient.</p> <p>Difficulty at work but coping has been good. Minimal (severity) situational sadness (quality) and anxiety when stressed (context). HPI scoring: 3 elements = <i>Brief</i></p> <p>N/A</p> <p>Psychiatric: no sadness, anxiety, irritability ROS scoring: 1 system = <i>Problem-pertinent</i></p>	HISTORY: <i>Expanded Problem Focused</i>
EXAM	<p>Const Appearance: appropriate dress, comes to office easily</p> <p>MS N/A</p> <p>Psych Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate Examination scoring: 6 elements = <i>Expanded problem-focused</i></p>	<p>Appearance: appropriate dress, appears stated age</p> <p>N/A</p> <p>Speech: normal rate and tone; Thought content: no SI/HI or psychotic symptoms; Associations: intact; Orientation: x 3; Mood and affect: euthymic and full and appropriate; Judgment and insight: good Examination scoring: 7 elements = <i>Expanded problem-focused</i></p>	EXAM: <i>Exp. Problem Focused</i>
MEDICAL DECISION MAKING	<p>Problem 1: ADHD Comment: Relatively stable; mild symptoms Plan: Renew stimulant script and increase dose; Return visit in 2 months</p> <p>Problem scoring: 1 established problem, stable (1); total of 1 = <i>Minimal</i></p> <p>Data scoring: Obtain history from someone other than patient (2); total of 2 = <i>Limited</i></p> <p>Risk scoring: Chronic illness with mild exacerbation, progression, or side effects; and Prescription drug management = <i>Moderate</i></p>	<p>Problem 1: Depression Comment: Stable Plan: Renew SSRI script at the same dose; Return visit in 3 months</p> <p>Problem 2: Anxiety Comment: Stable Plan: Same dose of SSRI</p> <p>Problem scoring: 2 established problems, stable (1 for each = 2); total of 2 = <i>Limited</i></p> <p>Data scoring: None = <i>Minimal</i></p> <p>Risk scoring: Two stable chronic illnesses; and Prescription drug management = <i>Moderate</i></p>	MEDICAL DECISION MAKING: <i>Low Complexity</i>

Updated Resources are Available

NCPA has compiled resources for our members, including documentation templates, FAQs, E/M sample patients, and more. Visit www.ncpsychiatry.org/member-resources and check out the "CPT Coding Changes" section.

Updated Information about the new codes and other resources for providers are also available to APA members online at <http://www.psychiatry.org/cptcodingchanges>.

E/M Patient Examples from the APA (Left)

The sample progress notes at left meet criteria for the specified E/M code, but do not necessarily meet criteria for the multiple other purposes (e.g., clinical, legal) of documentation. For illustration, the documentation meets requirements specified by the codes for the exact levels of each of the 3 key components. In practice, criteria for these codes may be met by documenting only 2 of 3 of the key components at or above the level required by the code. For other examples, visit www.psych.org/practice/managing-a-practice/cpt-changes-2013

SERVICES SHOULD ALWAYS BE MEDICALLY NECESSARY.

HHS Releases Final HIPAA Privacy and Security Rule for March 26 2013 Effective Date

HHS recently released a Final Rule on the HIPAA Privacy and Security Rule; the effective date for the final rule is March 26, 2013. The APA is pleased with the Final Rule's inclusion of several additional privacy protections for patients, including permitting patients to ask for a copy of their electronic medical record, enabling patients who pay with cash to instruct their health care providers to not make information about their treatment available to insurers, and requiring health care providers who are HIPAA covered entities (CEs) to include within their Notice of Privacy Practices (NPPs) a statement of the right of patients to be notified following a breach of their protected health information.

Longevity of the HIPAA Privacy Rule's Protections

While the APA advocated for the HIPAA Privacy Rule's permanent protection of decedents' health information, HHS has modified the definition of "protected health information" so that the HIPAA Privacy Rule does not protect the individually identifiable health information of persons who have been deceased for more than 50 years beyond their deaths. HHS emphasizes that this 50-year period of protection for decedent health information does not supersede or interfere with state or other laws that provide greater protection of decedents' individually identifiable health information or the professional responsibilities of mental health or other health care providers.

Additionally, HHS would permit CEs to disclose a decedent's information to family members and others who were involved in the care or payment for care of the decedent prior to death," unless disclosure counters the prior expressed preference of the deceased individual as known to the CE.

Redefining "Breach" and Breach Notifications

HHS redefines "breach" and decides against devising a "bright line" rule for breach notification, arguing a bright line standard would be costly and unduly burdensome to implement. To ensure the breach provision is applied uniformly and objectively by CEs and business associates, HHS has removed the harm standard and modified the risk assessment to focus more objectively on the risk that the protected health information has been compromised. Therefore, the Final Rule does not require breach notification if a CE or business associate, as applicable, demonstrates through a risk assessment that there is a low probability that the protected health information has been compromised, rather than demonstrate that there is no significant risk of harm to the individual.

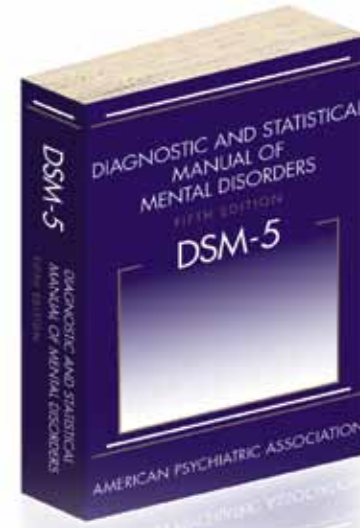
Culpability for HIPAA Violations

HHS broadens the list of persons who may be liable for HIPAA Privacy Rule violations to include subcontractors employed by a CE's business associates. A four-tier financial penalty structure is set for breaches deemed serious enough to warrant a federal-imposed penalty. Fines range from \$100 to \$50,000 per violation, with a \$1.5 million cap on violations of an identical provision occurring within a calendar year.

Find out more at www.psych.org.

DSM-5 Now Available for Preorder

Mental health diagnostic manual set for May 22 publication
American Psychiatric Association



The most recent revision of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is now available for preorder from American Psychiatric Publishing. DSM-5, which received final approval by APA Board of Trustees on December 1, 2012, is the guidebook used by clinicians and researchers to diagnose and classify mental disorders. It is the first major revision of diagnostic criteria to be published since 1994. Preorders for the book will be fulfilled beginning on the manual's publication date of May 22.

"This new manual represents the current science and best practices of our field providing standard criteria by which mental disorders are diagnosed," said James H. Scully, MD, medical director and chief executive officer of APA. "Since the last revision, a wealth of new research and knowledge has become available. Our hope is that by more accurately defining disorders, diagnosis and clinical care will be improved and new research will be facilitated to improve our understanding."

The APA is holding a special DSM-5 Train-the-Trainers session at the APA Annual Meeting in San Francisco and has offered this opportunity for two representatives from each district branch to attend the in-depth training. Taking the training for North Carolina are Syed Saeed, M.D., D.F.A.P.A. and Mehul Mankad, M.D., F.A.P.A. The NCPA is planning several DSM-5 trainings across the state over the summer. Watch your inbox for more information about attending these in-depth workshops.

Additionally, to help people understand the context for many of the changes, the APA has published a series of articles highlighting changes from DSM-5 to DSM-5. This series will continue up to publication of the book. The series began with an overview that focused on the development process for DSM-5, followed by an overview of changes in the diagnosis of neurodevelopmental disorders. The APA also created a DSM-5 web page featuring news updates, fact sheets, videos, highlights of changes, and order information. Visit www.psychiatry.org/dsm5 for more information.

The manual's comprehensive revision process, the first complete revision since 1994, has spanned over a decade and included contributions from more than 1,500 experts in psychiatry, psychology, social work, psychiatric nursing, pediatrics, neurology, and other related fields from 39 countries. The book's publication coincides with APA's annual meeting in San Francisco on May 18 to 22.

The print version of the book, as well as a suite of complementary publications (see aqua box), may be ordered online or by calling 1-800-368-5777. Visit www.psychiatry.org/dsm5 for more information.

Available in May

- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) – Guidebook used by clinicians and researchers to diagnose and classify mental disorders. \$199 (hardcover); \$149 (paperback)
- Desk Reference to the Diagnostic Criteria from DSM-5 – Concise reference provides quick access to the information essential to making a diagnosis. \$69 (paperback)
- The Pocket Guide to the DSM-5 Diagnostic Exam – Clinician's companion for using DSM-5 in diagnostic interviews. \$65 (paperback)

Available in August

- DSM-5 Self-Exam Questions – Designed to test the reader's knowledge of the new diagnostic criteria. \$65 (paperback)
- DSM-5 Guidebook – User-friendly, supplementary guide for psychiatrists, psychologists, and other mental health practitioners. \$70 (paperback)

Available in September

- Study Guide to DSM-5 – Companion volume for students, residents, and clinicians. \$70 (paperback)
- DSM-5 Clinical Cases – Presents patient cases that exemplify the mental disorders in DSM-5. \$129 (hardcover); \$89 (paperback)
- DSM-5 Handbook of Differential Diagnosis – Designed for both clinicians and students learning psychiatric diagnosis. \$87 (paperback)

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Let Your Voice be Heard; Contact the APA and NCPA with Concerns

We suspect many psychiatrists are hesitant to "bother" the NCPA office with questions or problems that come up in your practice. And sometimes you may just forget that we are here to help you. But that is one of the major purposes we serve. The NCPA staff is your staff in Raleigh. We represent your issues at statewide stakeholder meetings, we troubleshoot on your behalf, we make delicate inquiries related to policy implementation, and we write letters on your behalf, many times with the APA's help.

We need your help NOW in giving us and the APA feedback on several state and federal issues, specifically: whether parity is being properly implemented in your area, how insurers are responding to the new CPT codes, and how your practices are faring as the Medicaid waiver expansion has moved to full capitation.

US Labor Department Isn't Hearing Parity Complaints

The APA has sent us an important notice. Despite the APA hearing complaints from members on a weekly basis related to the federal parity rules not being carried out appropriate, particularly in ERISA-governed plans, the US Labor Department (DOL) is not hearing complaints been asked to urge members to go to the DOL website to file a complaint against an ERISA plan. Visit <http://www.dol.gov/edsa/aboutbsa/main.html> and click on "Consumer Complaints."

It would be most helpful if you would make a formal email complaint whenever there is an insurer who has denied mental

health and/or substance use services for a patient who has a plan governed by ERISA and the federal parity law. Additionally, please copy the APA on the email, APAMemberparityviolations@psych.org.

Include these details in your emails:

- Patient diagnosis
- Recommended treatment
- Insurance company name
- Employer through which the coverage is provided (if known)
- Reason for denial (if known) or whether no reason was given. It's ok to submit a redacted copy of the denial letter.

Whether the company puts caps on the number of visits permitted, pulls a file for review after a given number of session is reached, or has refused to pay psychiatrists for the new psychotherapy add-on codes.

How Are Insurers Handling the New CPT Codes?

NCPA and the APA tried to help insurers be prepared for the CPT coding changes before they went into effect January 1, but many companies across the country weren't prepared for the appropriate response. Please let NCPA know if you are having problems with an insurer-such as requiring double co-pays for the add-on therapy codes, or unusually low rates, or denial of codes that are medically necessary. NCPA and the APA have taken strong actions with a number of insurers and are willing to do more.

Have You Decided Not to Participate in Medicaid?

As of March 1, the state is moving completely to a statewide capitated

Please call or email the NCPA office to let us know if you are experiencing difficulties enrolling, billing or working with the new LME/Managed Care Organizations.

public mental health system for Medicaid. You've read much about this in past print and electronic newsletters from NCPA. Please call or email the NCPA office to let us know if you are experiencing difficulties enrolling, billing or working with the new LME/Managed Care Organizations. Many of these 10 organizations' Medical Directors are NCPA members, and they want to hear the problems their colleagues are experiencing with their agencies. Between NCPA, these Medical Directors and Division of MH/DD/SA Medical Director Nena Lekwauwa, M.D., D.F.A.P.A., we can help resolve many of the issues plaguing you. Let us know!

We Are Being Heard

In February, the NC Department of Health and Human Services (DHHS) published a Request for Information (RFI) for recommendations to assist the DHHS Division of Medical Assistance (DMA) in improving the efficiency and effectiveness of the state's Medicaid program.

NCPA Executive Council tasked the Access to Care Task Force to draft the association response to the RFI, which it voted to approve in time for it to be hand-delivered to DHHS on March 14, a day before the deadline. Drew Bridges, M.D., D.F.A.P.A., is to be commended for his work and that of the Task Force.

...continued from page 1

features by callers. Patients will even be able to sort results based on distance.

It's important that NCPA keeps the Find-A-Doctor database as up-to-date as possible. It's not unheard of for staff to provide information from the referral database search to a patient, only to receive a call back saying that the information provided was no longer current. One of the great benefits of membership is our ability to provide your information to patients seeking a physician; however, we rely on the information provided to make these connections. If you are accepting new patients, please make sure your profile information is current so our Find-A-Doctor tool reflects your information accurately.

Updates Made Easy

Another selling point of the MemberClicks database software is the ease of information sharing between members and the Association. With a few clicks, members can easily update their profiles to include current contact information, Find-A-Doctor information, committee information and communication preferences. Likewise, NCPA staff can easily send notices, set up groups, update member profiles and more.

The majority of edits you will make will be via the Member Home Page under the Member Center menu on www.ncpsychiatry.org. From there, you will find tutorials on how to make changes to your profile and quick links to important articles and resources housed on the website for NCPA members. Staff members are also able to make updates to member profiles, so of course, members may call in their updates; the NCPA office staff can be reached at 919-859-3370. It is strongly suggested that all members log on to the website to confirm their information and determine if their Find-A-Doctor referral information is accurate—are you included or not included in the search tool? Is your information accurate for a patient seeking a referral?

Members can also sign up for E-lists and adjust communication preferences, such as the preferred method for receiving committee notifications.

Login Information Sent Separately

Around the time members receive this issue of NCPA News, a separate mailer should also arrive in mailboxes. This letter will contain login credentials for the member to use on www.ncpsychiatry.org, including

an assigned username and password. The password will be able to be changed by the member after logging on the first time.

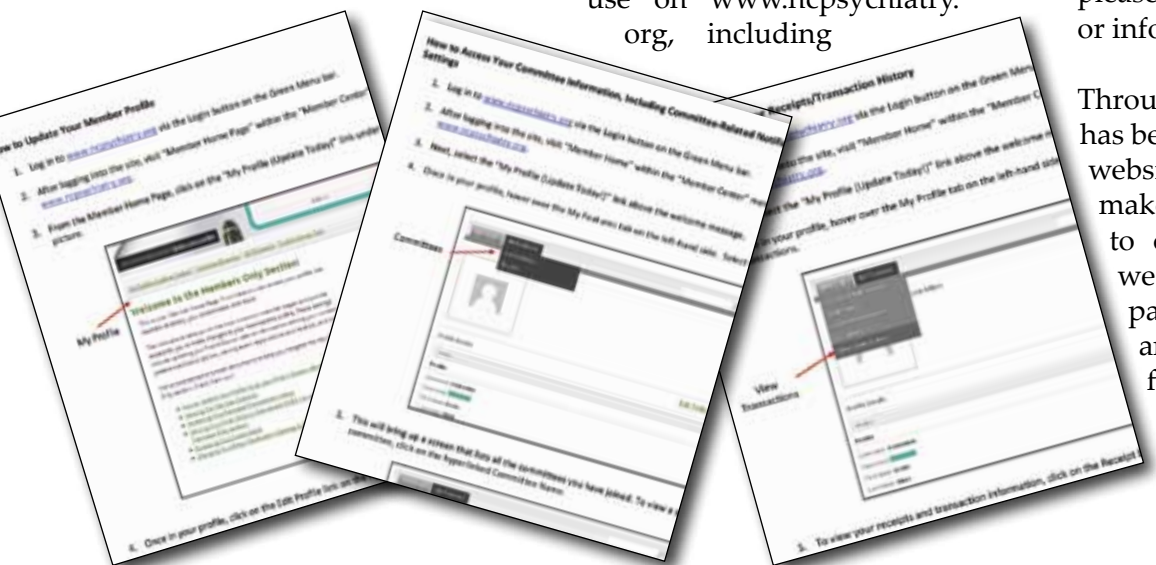
If you do not receive the letter that means the NCPA office probably doesn't have up-to-date contact information for you. Please call the office to update your information

...we value your time and participation in the association and want to make NCPA your first stop when a professional question or concern arises.

and receive your login credentials, 919-859-3370.

The behind-the-scenes transition to the new system has been mostly smooth, with NCPA staff learning new software tricks and tips along the way. We want to pass along these tips and tricks to members so that members' transitions into the new website platform are as seamless as possible. For help with logging in, updating profile information, or anything else, please contact NCPA, 919-859-3370 or info@ncpsychiatry.org.

Throughout this project, the goal has been to develop a database and website that allows office staff to make NCPA as helpful and useful to our members as possible—we value your time and participation in the association and want to make NCPA your first stop when a professional question or concern arises. 🌱



Planning Underway for the 2013 Annual Meeting & Scientific Session

Asheville | Renaissance Asheville Hotel
September 19-22, 2013

Make your travel plans now! The 2013 Annual Meeting & Scientific Session in Asheville will provide plenty of learning opportunities and social activities. Recently named "Beer City, USA," downtown Asheville is an eclectic mix of art deco architecture, great food and drinks, arts and culture. It lies in the heart of the Great Smoky Mountains with easy access to hiking and rafting, the beautifully scenic Blue Ridge Parkway, Biltmore Estate and more!

The lineup of nationally-recognized speakers and opportunity to make professional connections is the main reason to attend this year's conference, but spending time in Asheville and taking in all the city has to offer is a close second!

Make your travel arrangements now! The Asheville Renaissance Hotel is reserving a block of rooms for the Annual Meeting. Mention the NC Psychiatric Association to receive the discounted room rate of \$159 per night; reservations must be made by August 26, 2013 to receive the discount.

To make reservations, contact Marriott at 800-468-3571.

Nationally and Internationally Known Speakers Take Center Stage at 2013 Annual Meeting!

Insight in Mental Illness
Joe Goldberg, M.D., D.F.A.P.A.
Mount Sinai Hospital

Managing Psychotropic Side Effects
Joe Goldberg, M.D., D.F.A.P.A.
Mount Sinai Hospital

Innovative Interviewing Techniques for Moving from Medication Nonadherence to Medication Interest
Shawn Shea, M.D.
Dartmouth College

Top 10 Research Findings of the Past Year
Sy Saeed, M.D., D.F.A.P.A.
East Carolina University

Asperger's Disorder
Christopher McDougle, M.D., D.F.A.P.A.
Lurie Center for Autism at Massachusetts General Hospital

Bipolar Disorder: A Personal Perspective
Norma-Jean Wilkes

Marijuana Dependence: Policy Implications and Advances in Treatment
Kevin Gray, M.D., F.A.P.A.
The Medical University of South Carolina

Rational Use of Antipsychotic Medications for Schizophrenia: A Maintenance of Certification (MOC) Workshop
Joe McEvoy, M.D.
Duke University

Update on CPT Coding
Venkata "Amba" Jonnalagadda, M.D.
Greenville, NC

Update on DSM-5
Sy Saeed, M.D., D.F.A.P.A.
East Carolina University

Registration
Opens in June!



NORTH CAROLINA Psychiatric Association

North Carolina Psychiatric Association

A District Branch of the American Psychiatric Association

4917 Waters Edge Drive, Suite 250

Raleigh, NC 27606

P 919.859.3370

www.ncpsychiatry.org

Calendar of Events

April 20, 2013

NCPA Executive Council Meeting

May 17-22, 2013

**APA Assembly & Annual Meeting
San Francisco**

Summer 2013

**NCPA DSM-5 Trainings
Statewide & Online - Details to Follow!**

September 19-22, 2013

**Annual Meeting & Scientific Session
Renaissance Asheville Hotel**

Classified Advertisement

CHILD/ADOLESCENT PSYCHIATRIST; part-time. Thriving Child/Adolescent private practice in Cary, NC. Duties: medication evaluations/management. NC Medical License required. Must be board eligible or certified. Very flexible schedule. NO managed care/on call. Fun, positive, team environment with a great staff! To apply, email CV to kristen@wynnsfamilypsychology.com.

Job Postings

Whether you're seeking a new position or recruiting for a new position, NCPA's online Job Postings & Classifieds is the perfect place to start. Visit www.ncpsychiatry.org to see our current postings and find out more about our print and online advertising rates.