Behavioral Health Claims: Finding the Right Referral

As Human Resource (HR) and Risk Management (RM) professionals struggle to manage employee absence, the discussion quickly shifts to outcomes, return to work, savings and return on investment. While all very important topics, those measures include a very important data point that is sometimes overlooked – a sick, disabled employee.

A great deal of time and resources go into structuring programs with efficient and effective intake, case management and return to work; however, optimal processes include a system of checks and balances at various intervals. Those checks and balances decrease fraud and abuse as well as ensure employees receive the right interventions at the right time. In the case management process, referrals are an important audit of management to date and provide feedback on the future of the claim. Referrals are intended to support outcomes (i.e. cost savings, return to work and return on investment) but just as importantly they are designed to support the employee, especially for behavioral health diagnoses that are typically subjective in nature, or cases where behavioral health is a co-morbidity.

Peer reviews and independent medical exams (IMEs) are globally applied referrals in absence management and workers’ compensation regardless of the administrator or funding structure. Although sometimes used interchangeably, peer reviews and IMEs are significantly different and great care should be taken to apply the referral that fits the needs of the claim especially when considering behavioral health claims.

The scope of a peer review is to provide an independent opinion about the existing medical information and whether it supports functional impairment, restrictions, and limitations. Peer reviews are conducted by a behavioral health professional who maintains the equivalent or higher level of credentialing and clinical specialty as the treating provider. A comprehensive peer review typically involves analyzing multiple sources of information, including treatment records from multiple providers, a telephonic interview with the employee, and a telephonic conversation with the treating provider(s). Telephonic interviews with the employee and treating provider(s) usually include a discussion about functioning and specific ADLs, treatment, restrictions and limitations, return to work plans, workplace issues, as well as inconsistencies found in the data. In addition, peer reviews can be a useful tool to assist with determining the medical necessity of ongoing treatment, causality of the injury, and pre-existing conditions for worker’s compensation claims, and an independent opinion about the level of care, based on clinical standards. The interview with the treating provider will be a focused yet collegial discussion with a professional peer to engage them on establishing goals toward restored functioning and a return to work plan.

Peer reviews are a cost effective intervention when a full independent evaluation is not needed. For example, a peer reviewer will be able to provide an opinion about the submitted documentation and gather additional clinical data directly from the treating provider. There will be an attempt to establish agreement on any medical support for functional limitations and restrictions, an estimated duration for recovery, any need for treatment changes, and release
to work when appropriate. Sometimes these opinions will differ and the peer reviewer will document the evidence in support of his or her objective opinion about functional capacity and identify potential barriers to recovery or return to work for a complex condition to assist in claim management.

Alternatively, an independent medical examination (IME) is an in-person evaluation that includes a comprehensive face to face clinical interview, a detailed case history, and, ideally, objective testing. For behavioral health IMEs, often referred to as Independent Psychiatric/Psychological Examinations (IPEs), the objective testing should be comprised of psychological test measures which include validity scales to assess the individual’s level of effort and motivation and/or independent symptom validity tests (SVTs). They can also include provider contacts and record review if requested. These evaluations will contain a history of the present illness, family history, social history, employment history, legal history, psychiatric and medical history, as well as current functional abilities, mental status exam findings, and diagnostic impressions. Similar to the peer review, IPEs are conducted by behavioral health professionals with the appropriate credentials and areas of expertise based on the claimant’s reported condition; usually by a doctoral level psychologist or psychiatrist. These examinations provide a more in depth clinical assessment of the claimant’s condition and level of functioning.

Determining the appropriate referral is partially art, but mostly science. Your program should be designed with established criteria to pinpoint the need for referrals. From there case managers must be empowered to make decisions based on specific case details when necessary. Generally IMEs provide a more robust evaluation. Therefore administrators will need to weigh the depth of the IME against the cost effective and less time consuming peer review. On average an IME can cost up to 4 times more than a peer review and take roughly 4 times longer to schedule and complete.

The referral decision should not be based on which is more complete but which is more appropriate for the employee in an effort to manage their absence including validating their claim and providing them with assistance navigating this difficult time.

When to consider a Peer Review:
- Need an independent opinion from a medical expert about the content of medical information submitted to support a claim.
- The early stage of a claim when a non-medical issue (i.e., work conflict) precipitated the disability claim.
- A brief interview with the claimant would be helpful to gather information on ADLs, daily functioning and motivation for return to work.
- Treating provider is submitting limited or discrepant documentation and a peer call can gather additional objective information missing in a file to facilitate an informed decision on a claim.
- Seeking clarification on the current treatment plan, work capacity and a return to work plan resulting in a more timely release to work from the treating provider.

When to consider an IME/IPE:
- Clear difference of opinions amongst attending providers or peer reviewers
- Need clarification on a diagnosis which impacts treatment
- Treatment appears insufficient and need clarification on an appropriate treatment plan based on severity of the condition
- Iatrogenic factors are present such as advocacy or refusal to provide progress notes
- Claimant motivation is suspect or exaggeration is a significant concern
- When there is attorney involvement and it is later in the claim
- Attending provider submits the same answers to questions or the same information over and over again with no change in treatment or return to work status

Behavioral Medical Interventions (@Beh_Med) provides claim review services that support the behavioral and medical needs of absence management, workers’ compensation and return to work programs. At BMI our business is built on collaboration, professionalism and objectivity. By looking at the whole person our professionals help develop a whole return-to-work solution. We believe work is not only therapeutic but the foundation of a satisfying and productive life. www.behavioralmedical.com

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