

**DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING**

NOTICE OF FINAL RULEMAKING

The Commissioner of the Department of Insurance, Securities and Banking ("Commissioner"), pursuant to the authority set forth in section 8 of the Prompt Payment Act of 2002 (Act), effective July 23, 2002, D.C. Law 14-176, D.C. Official Code § 31-3137, hereby gives final notice of his intent to add a new Chapter 88, entitled Health Benefit Plans Prompt Payment, to Title 26 of the D.C. Municipal Regulations (Insurance). The purpose of this new chapter is to establish a uniform medical claims form to be accepted by health insurers and used by providers when a health insurer requests a treatment plan in order to adjudicate a medical health claim for mental health services provided by a provider. Notice of Proposed Rulemaking was published on April 14, 2006 in 53 DCR 3134. No comments were received on the proposed rules. These final rules will become effective upon publication of this notice in the *D.C. Register*.

Title 26 DCMR (Insurance) is amended by adding a new Chapter 88, Health Benefit Plans Prompt Payment to read as follows:

Chapter 88 HEALTH BENEFIT PLANS PROMPT PAYMENT

8800 CLAIM FORM FOR MENTAL HEALTH SERVICES

8800.1 When a health insurer requests a treatment plan from a provider who provides mental health services, the health insurer shall require the provider to submit the information on the "Release of Mental Health Information for Outpatient Mental Health Treatment" form (See the Appendix).

8899 DEFINITIONS

8899.1 "Health benefits plan" means any accident and health insurance policy or certificate, hospital and medical services corporation contract, health maintenance organization subscriber contract, plan provided by a multiple employer welfare arrangement, or plan provided by another benefit arrangement. The term "health benefit plan" does not mean accident only, credit, or disability insurance; coverage of Medicare services or federal employee health plans, pursuant to contracts with the United States government; Medicare supplemental or long-term care insurance; dental only or vision only insurance; specified disease insurance; hospital confinement indemnity coverage; limited benefit health coverage;

coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law; automobile medical payment insurance; medical expense and loss of income benefits; or insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.

8899.2 "Health insurer" means any person that provides one or more health benefit plans or insurance in the District of Columbia, including an insurer, a hospital and medical services corporation, a fraternal benefit society, a health maintenance organization, a multiple employer welfare arrangement, or any other person providing a plan of health insurance subject to the authority of the Commissioner.

8899.3 "Provider" means any hospital or health professional licensed, or authorized by reciprocity or endorsement, to practice a health occupation by the District pursuant to Chapter 12 of Title 3, or any state.

District of Columbia

Release of Mental Health Information for Outpatient Mental Health Treatment
 This form is designed to authorize the disclosure of the mental health information listed below by the individual practitioner to determine entitlement and payment of claims for reimbursement. It is not to be used for in-patient or partial hospitalization.

Carrier or Appropriate Recipient:

CLIENT INFORMATION				PRACTITIONER INFORMATION			
CLIENT'S FIRST NAME		CLIENT'S DATE OF BIRTH		PRACTITIONER ID# or TAX ID		PHONE NUMBER	
MEMBERSHIP NUMBER		AUTHORIZATION NUMBER (if Applicable)		PRACTITIONER NAME, LICENSE#, ADDRESS & PHONE (Fax optional)			
				Date Client First Seen For This Episode Of Treatment			
Status? <input type="radio"/> Voluntary <input type="radio"/> Involuntary MULTIAXIAL DIAGNOSIS CODE* (PLEASE COMPLETE ALL FIVE AXES) *DSM, ICD or Other Recognized Code							
AXIS I	Dx Code	<input type="text"/>	<input type="text"/>	Dx Code	<input type="text"/>	<input type="text"/>	
AXIS II	Dx Code	<input type="text"/>	<input type="text"/>				
AXIS III	(if relevant)						
AXIS IV	Severity of current psychosocial stressors			<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe			
AXIS V: GAF Score	Highest Past Year	<input type="text"/>		Current	<input type="text"/>		
Current Medications and Prescribing Practitioner (if applicable):							
Reason for Continuing Treatment and Treatment Goals:							
Prognosis (limited to estimated duration of treatment):							
Authorization Request Details Modality of treatment maybe conveyed via CPT code or by describing in the field provided below. (Modality examples: individual psychotherapy, group psychotherapy, medication management)							
CPT Code <input type="text"/>				Complete this section only if a second CPT/Modality is needed. CPT Code <input type="text"/> or Modality: _____			
Frequency (once a week, etc.): _____				Frequency (once a week, etc.): _____			
Requested Start Date of Authorization: ____/____/____				Requested Start Date of Authorization: ____/____/____			
Client's Consent: By signing below, I agree to share this information with the designated 3 rd party payer (administrator). I also understand that, "The unauthorized disclosure of mental health information violates the provisions of the District of Columbia Mental Health Information Act of 1978. Disclosures may only be made pursuant to a valid authorization by the Client or as provided in Titles III and IV of that Act. The Act provides for civil damages and criminal penalties for violations."							
Signature of Client				Date: _____			
Signature of practitioner*				Date: _____			
*My signature attests that I have consent from the Client to release this information.							