

Payment Responsibilities – Behavioral Health Services

- There are exceptions to payment responsibilities for recipients who change or assume managed care coverage during an inpatient or residential stay.
- Providers should verify recipient eligibility and managed care information through EVS. It is the responsibility of the provider to comply with the payment requirements of the responsible entity.
- If you receive fee-for-service rejections of 2017 or 2018 and EVS returned an eligible confirmation for fee-for-service reimbursement, contact the Office of Mental Health and Substance Abuse Services at <https://secure.mercerhg.com/OMHSASexception/>

Payment Responsibilities - Services Provided in a Juvenile Detention Center (JDC)

- When providing services to a child in a juvenile detention center within the first 35 days of their stay and when the date of submission is within 180 days of the date of service, add code 08 to the billing notes field of electronic claims OR block 19 of the CMS 1500 invoice.
- When providing services to a child in a juvenile detention center within the first 35 days of their stay and when the date of submission exceeds 180 days from the date of service, contact OMHSAS via <https://secure.mercerhg.com/OMHSASexception/> for invoice processing information.

Electronic Verification System

Behavioral Health responses being returned contain accurate telephone numbers. Plan names are being updated to reflect the contracted Behavioral Health Managed Care Organization rather than the administering county.

Single County Authorities have been issued a PROMISE™ identification number for temporary access to EVS via the voice response unit. A new number is being established for these business partners to use on a long-term basis. The new number will enable EVS verification via voice response unit, PES or Internet inquiry.

Local Codes

While the use of local codes has been extended in fee-for-service, providers who are also contracted with Behavioral Health Managed Care Organizations should contact each of their business partners for their required billing codes. The plans may no longer be accepting the local codes.

Companion Guides, Billing Guides, Handbooks

Companion guides are intended to direct providers in completion of the 837P or 837I electronic claim submission. Billing guides are intended to direct providers in completion of the CMS 1500 or UB 92. Handbooks are intended to direct providers in the service specific detail needed to bill. This information is being updated very frequently. It is recommended you access the information on the web frequently but do not print at this time. In the event you identify discrepancies in information, please notify us at HC_Services@state.pa.us.

HealthChoices Supplemental Service Providers

These providers should continue to follow the enrollment instructions and change process outlined by OMHSAS. Do not attempt to enroll in PROMISE™ using the PROMISE™ enrollment form. Consult your contracted plan(s) for further instructions

Pricing Modifiers

Pricing modifiers to be used in place of type of service for behavioral health are as follows:

PROMISE™ Modifier	MAMIS Type of Service
Leave Blank	70
Leave Blank	AF
U7	AG
Leave Blank	AH
UB (W0841, W0845, W1855)	PS
Leave Blank	TS
Leave Blank	MT
Leave Blank (in FFS)	BS
Leave Blank	ES
Leave Blank	CH
UB	FB
Leave Blank	CI
Leave Blank	RE
N/A	BF

Clarification on BHRS Providers

To further finalize the conversion for BHRS providers, the following detail was added to the provider files and communication of these changes was mailed to BHRS providers.

- When BHRS services are provided under the clinical supervision of an outpatient psychiatric clinic license, the provider type in PROMISE™ is 08 – Clinic, with specialty 548 – TSS; 549 – Mobile Therapy; or 559 – Behavioral Specialist Consultant, as applicable.
- When BHRS services are provided under the clinical supervision of a partial hospitalization or family based mental health services license, the provider type in PROMISE™ is 11 – Mental Health/Substance Abuse, with specialty 548 – TSS; 549 – Mobile Therapy; or 559 – Behavioral Specialist Consultant, as applicable.
- When BHRS Services under the clinical supervision of an outpatient psychiatric clinic license, a partial hospitalization or family based mental health services license AND the service is a **program exception**, the provider type is 34 – Program Exception, with specialty 340 – Program Exception.
- When CRR Group Home services licensed under Chapter 3800 are provided, the provider type in PROMISE™ is 52 – CRR, with specialty 520 – CRR Group Home.
- When CRR Host Home services licensed under Chapter 5310 are provided, the provider type in PROMISE™ is 52 – CRR, with specialty 523 – CRR Host Home.
- When Residential Treatment Services, Chapter 3800, which are NOT JCAHO certified are provided, the provider type in PROMISE™ is 56 – Residential Treatment Facility, with specialty 560 – RTF – Non-JCAHO Certified.
- When Medically Fragile Foster Care Services are provided, the provider type in PROMISE™ is 40 – Medically Fragile Foster Care, with specialty 400 – Medically Fragile Foster Care.
- When therapeutic services are provided by individuals, the provider type in PROMISE™ is 17 – Therapist, with specialty 174 – Art Therapist; or 175 – Music Therapist.

Program Exceptions are non-fee scheduled services. Providers must have an approved service description and obtain authorization to bill for these services. Providers developing service in HealthChoices counties must submit a service description to the plan(s) contracted with AND to OMHSAS for review and approval.

PROMISe™ Provider Handbooks and Billing Guides

Providers who need instruction and guidance in billing PROMISe™, can access the following information via the OMAP Website at <http://www.dpw.state.pa.us/omap/promise/omappromise.asp>. To assist in locating the handbook/billing guides to provide detailed billing instructions refer to the following information.

MAMIS PT/Desc	PROMISe™ PT	PROMISe™ Description Provider / Specialty	PROMISe™ Provider or Specialty Handbook Name
01 – Physician (Psychiatrist)	31	Physician	Physician
10 – Independent Med/Surg Clinic	08	Clinic	*Clinics (except Outpatient Hospital Clinics)
11 – General Hospital	01	Inpatient Facility	** General Hospitals
	08	Clinic	*Clinics (except Outpatient Hospital Clinics)
12 – Rehab Hosp, Rehab Unit, D&A Unit	01	Inpatient Facility	Inpatient Psychiatric Hospitals/Psychiatric Facilities
13 – Private Psych Hosp or Unit	01	Inpatient Facility	Inpatient Psychiatric Hospitals/Psychiatric Facilities
26 – Rural Health Clinic & FQHC	08	Clinic	*Clinics (except Outpatient Hospital Clinics)
28 – Outpatient D& A Clinic	08	Clinic	*Clinics (except Outpatient Hospital Clinics)
	11	Mental Health/Substance Abuse	*** Mental Health & Substance Abuse Providers
29 – Outpatient Psychiatric Clinic	08	Clinic	*Clinics (except Outpatient Hospital Clinics)
32 – Case Manager – MH MR	21	Case Manager	TSM Case Management Services Providers
33 – Psychiatric Partial Hosp Fac	11	Mental Health/Substance Abuse	*** Mental Health & Substance Abuse Providers
41 – Psychologist	19	Psychologist	Psychologists
48 – Family Based Rehab Svr – MH	11	Mental Health/Substance Abuse	*** Mental Health & Substance Abuse Providers
49 – CRNP	09	CRNP	Certified Registered Nurse Practitioners
50 – EPSDT	08	Clinic	*Clinics (except Outpatient Hospital Clinics)
	11	Mental Health/Substance Abuse	*** Mental Health & Substance Abuse Providers
	17	Therapist	Therapists
	19	Psychologist	Psychologists
	21	Case Manager	TSM Case Management Services Providers
	52	Community Residential Rehab	Home Residential Rehabilitation Providers
	56	Residential Treatment Facility (Non-JCAHO)	Non-JCAHO Residential Treatment Facilities (RTFs)
53 – Extended Acute Psych Care	01	Inpatient Facility	Inpatient Psychiatric Hospitals/Psychiatric Facilities
53 – Residential Treatment Fac (JCAHO)	01	Inpatient Facility	JCAHO Residential Treatment Facilities (RTFs)

* includes Independent Medical/Surgical Clinics, Outpatient Drug & Alcohol Clinics, and Outpatient Psychiatric Clinics
 **including Outpatient Hospital Clinic, Emergency Room, Hospital Short Procedure Unit (SPU), and Outpatient Rehabilitation Hospital providers
 ***Including Outpatient Psychiatric Partial Hospitalization

PROMISe™ Provider Inquiry – Behavioral Health

Phone: 800-433-4459

Hours – Monday-Friday 8:30 – 4:00

E-Mail Address: HC-EligDiscrepancy@state.pa.us or HC-Services@state.pa.us

		FFS	HC
01	010, 011, 013, 018, 019, 022		X
07	072	X	X
08	080,081,082, 084, 110, 183, 184, 548, 549, 559		X
09	548, 549, 559		X
11	113, 114, 548, 549, 559		X
11	110, 111, 112, 115, 118, 119, 123, 128, 129, 131, 132, 133, 134, 184	X	X
17	174, 175		X
19	190, 548, 549, 559		X
21	138, 221, 222	X	X
21	212		X
31	339, 548, 549, 559		X
52	520, 523		X
56	560		X

