



## PROMISe Questions Answered – Part II

PCPA has received information from the Office of Mental Health and Substance Abuse Services (OMHSAS) in response to numerous questions and issues raised by PCPA members. The OMHSAS responses follow. If a question/issue was submitted through PCPA is not listed in this document, it is still being worked on. As soon as these issues are resolved PCPA will share the information with members.

**ISSUE:** I am having trouble billing for services when the time (ex. 13:00) is required. When billed through the PES system, the minutes (00) are dropped when the claim is saved. This is causing the claims to reject.

**RESPONSE:** The Department is aware of this problem and is in the process of issuing an updated version of the PES software in an attempt to resolve the issue. PCPA will inform members as soon as the updated version of PES is available.

*A member offered the following option for those experiencing this problem:*

*Other providers who are having similar trouble may want to uninstall all PES versions including 3.5 from their computers or network servers. If they do this and install version 3.5 again they should not have a problem with the time field. However, if they used the database conversion from EDS when installing 3.5, they will have this problem. The provider who offered this suggestion had less than 100 clients in their old PES database. They made the decision that they could submit the claims sooner by manually re-entering all of the information into the database.*

**ISSUE:** In light of the problems we have had submitting claims through PES and the PROMISe website, would we be able to receive some funding for our services and reconcile the amounts when we are able to submit claims? If so, who should we contact to request these funds?

**RESPONSE:** Yes, the Department has established a mitigating Gross Adjustment process as a contingency to regular claims processing and payment. Look to the PROMISe website for this information to be available.

**ISSUE:** Are there going to be any changes in the reimbursement cycle for claims that are submitted? If we can resolve the problems we have had by the end of this week, when would they be processed and when would we get reimbursed?

**RESPONSE:** With the interactive claims processing system we have in PROMISE, changes are being made daily to address implementation discrepancies. You should continue to submit claims using the options and guidelines available.

**ISSUE:** The new PROMISE numbers I was issued (for BHRS services) were assigned a Provider type of 16.

**RESPONSE:** BHRS information associated with PROMISE PT 16 has been end-dated in the current provider file, therefore it will be necessary for the provider to bill their BHRS services under the identified PT using the most recent notice from the Department. (If PCPA members have not received a new provider type for BHRS services that were originally issued a type 16, please contact Rebecca May Cole by using the attached form.)

**ISSUE:** I was issued a Provider Type 08 (for BHRS services), which states that Box 17a is to be the MA Provider number. In this service, the referring is often a psychologist who may not have a Provider number with MA - in fact most do not.

**RESPONSE:** DPW/EDS are currently working on a Billing Guide specific to these services and this document will be available on the OMAP Website within the next week. In the meantime, providers should complete the required fields with the data they previously used (in the old MAMIS processing system). The only exception will be the need to use the 9-digit provider identification number and service location specific to PROMISE.

**ISSUE:** How are providers supposed to use the provider types and specialty codes in billing? Do they actually enter this information or is it used by OMAP/PROMISE in the "background" to confirm that that particular provider ID can bill for a specific service?

**RESPONSE:** The provider completes invoices or transactions using the 13-digit PROMISE ID. The system derives the PT/Specialty when processing.

**ISSUE:** We've tried to complete online BHRS billing but have been unsuccessful. Please confirm. Should we be using 1500 professional form? What fields must be completed for online submission?

**RESPONSE:** When billing via hardcopy, the CMS 1500 professional form should be used. The required fields can be identified in the Billing Guides on the OMAP Website at <http://www.dpw.state.pa.us/omap/provinf/omapprovhb.asp>. Provider Type 08 Billing Guides can be found at Clinics (except Outpatient Hospital Clinics) – includes Independent Medical/Surgical Clinics, Outpatient Drug & Alcohol Clinics, and Outpatient Psychiatric Clinics; Provider Type 11 Billing Guides can be found at Mental Health & Substance Abuse Providers (Including Outpatient Psychiatric Partial Hospitalization)

**ISSUE:** The BHRS procedure codes are restricted for use by type 01 & 49 according to the Internet access & instructions. We've been cross-walked from a type 50 to a type 08.

**RESPONSE:** Y9610 can be billed by Provider Type 08 Specialty 549 using Place of Service 12 or 99. OMHSAS staff will review the data elements for Internet Submissions for this particular code.

PCPA members who have follow-up questions to the above information, or have additional questions are encouraged to use the attached PROMISe Question Submission Form. This will ensure that all of the necessary information is provided to OMHSAS/OMAP to answer any questions.