



PROMISe Update #04-03

During a PROMISe meeting with various state officials, PCPA received information about the resolutions to many of the problems being experienced by members. This information appears below.

Use of Practitioner License Number vs. Provider Number

Many providers reported problems with inserting a practitioner's MA ID number because many of these individuals did not have one. The PROMISe system has been changed and providers are now to use the practitioner license number for partial hospitalization, BHRS and outpatient services.

"Lost" Claims

PCPA has received reports that claims are getting "lost" in the PROMISe system. This happens when a mistake is made in entering the provider ID number. In this situation, the provider will not receive a response to the claim because the system does not know who submitted the claim. If a claim is missing that the provider knows was submitted, verify that it had the correct, new provider number on it.

Claims can also appear to be "lost" if the correct provider ID number, including the service location code, is "open" when requesting this status. Double check that the correct service location code was used to log in.

Remittance Cycles 37 & 38

Remittance cycle 37 was used for very few claims, therefore the majority of providers did not receive any remittance advices for this cycle. Cycle 38 occurred during the transition to PROMISe and was not used. Several providers have inquired as to why they had not received either of these cycles.

Error Codes are Related

Some error codes have other codes related to them, therefore when one error code is triggered, several others will also be triggered. This is why some providers are finding several error codes that are very similar in nature. Once the problem has been remedied, all of the codes will be removed.

Next *Quick Tip* to Focus on Partial Hospitalization

OMHSAS is working on a new *Quick Tip* focusing on partial hospitalization. This new *Quick Tip* is expected to be available next week.

New PES Version Released

A new version of the Provider Electronic Solutions Software has been released. Version 3.51 replaces version 3.5. Many issues were addressed in this new version, including problems experienced by RTF providers which should be resolved in the new version.

Type of Service vs. Modifiers

Many questions have been raised regarding the use of Type of Service codes and modifiers. Type of Service codes ARE NOT USED in PROMISe. Some of these codes have been replaced with modifiers as is indicated on the chart below. For example, if a provider used Type of Service AG in MAMIS, they would now use U7 in the modifier field. Alternatively, if a provider used Type of Service AH in MAMIS, they would enter nothing in the modifier field.

MAMIS Type of Service	PROMISe Modifier
70	Leave Blank
AF	Leave Blank
AG	U7
AH	Leave Blank
PS	UB (for procedure codes W0841, W845, W1855 only)
TS	Leave Blank
MT	Leave Blank
BS	Leave Blank (In Fee For Service)
ES	Leave Blank
CH	Leave Blank
FB	UB
CI	Leave Blank
RE	Leave Blank
BF	N/A

Software Vendor Issues

PCPA has heard reports that software vendors are refusing to make changes to their systems because "OMAP is requiring too many changes too frequently." The vendors have indicated that they will not make any more changes until OMAP has finished making their modifications to PROMISe. OMAP reports that they have not made many changes that would require software vendors to change their systems. The majority of changes OMAP has made relate to PROMISe systems, not provider systems. Be sure to ask vendors why they are refusing to modify their software and ask them for examples of the changes they are going to have to make. OMAP has found that in many cases, the vendor's software was not HIPAA compliant, so problems experienced by vendors require them to make changes because of HIPAA standards, not PROMISe. If vendors continue to report numerous changes due to PROMISe, complete a *PROMISe Question Submission Form* and include information about these changes. PCPA will then work with DPW to determine exactly what is happening.

Common PROMISe Errors and Other Tips:

272 – “Primary Diagnosis Code Invalid” (May also receive other error codes relating to diagnosis) Double check that the proper number of digits is used when entering diagnosis codes. According to the 2003 ICD-9-CM Manual, “ICD-9-CM is composed of codes with either 3, 4, or 5 digits. Codes with 3 digits are included in ICD-9-CM as the heading of a category of codes that may be further subdivided by the use of fourth and/or fifth digits which provide greater specificity. A code is invalid if it has not been coded to the full number of digits required for that code.

- “Assign three-digit codes only if there are no four-digit codes within that code category.
- “Assign four-digit codes only if there is no fifth digit subclassification for that subcategory.
- “Assign the fifth-digit subclassification code for those subcategories where it exists.”

PROMISe will reject diagnosis codes that are not coded to the full number of digits required for that code.

5130 - Daily Amount Exceeds \$500.00 for Professional Services. This is, in many cases, a processing error in PROMISe. These claims are being systematically corrected and reprocessed.

5504 - Related Procedures Billed on Same Date of Service. Validate that the claims are coded correctly. Updates to PROMISe files have been made to remedy this problem.

The 9000 series error codes are for informational purposes only and will not cause a rejection. For example, many providers have received error code 9000 “Billed Amount Exceeds Allowed Amount”. This code will appear on remittance advices for information only and will not cause claims to be rejected. Any error codes that begin with a “9” fall into this category.

Many claims are being submitted with mistakes in block 33 of the CMS 1500. Double check the appropriate billing guide to be sure the proper information is inserted there.

Use the Authorization Number on the original notice even if it was created prior to March 1, 2004. (Note: Do not use Z modifiers if they were on the original Authorization Notice)

If PDA Waiver claims received errors relating to “diagnosis code invalid” or “rendering provider invalid for diagnosis” and have received a denied claim in error, please resubmit the claim.

Providers accessing PROMISe through the Internet may find that the site works best when using the Internet Explorer browser rather than the Netscape browser.

PROMISe remittance advices (RA) had originally been sorted by claim status, differing from the way they were sorted for MAMIS. Beginning with cycle 41, PROMISe remittance advices will now be sorted by recipient name, similar to the old MAMIS RAs.

Providers may continue to see a high number of claims in a suspended status initially. These claims will be re-processed and paid automatically by PROMISe. Providers are asked to refrain from resubmitting these claims until a final status is determined.

Year to Date payment amount on the paper RA is not correct. A change was made in cycle 43 to correct provider 2004 Year to Date totals to include the last December Cycle in MAMIS.

Many providers have been receiving errors relating to the place of service code for BHRS services. PROMISe has been updated so providers should resubmit any of these bills that were denied with error code 248 or 249 "Place of Service is Missing or Place of Service is Invalid." This applies to TSS, MT and BSC services.

Higher than normal eligibility denials, made updates to card issue number p. 10
Many eligibility denials were being received due to a PROMISe issue relating to the ACCESS card issue number. This issue has been resolved and these eligibility requests should be accepted.

Some providers have received denials on their claims for crisis services when the individual does not have a diagnosis code. OMHSAS is aware of the issue and is working on a resolution.

Problems experienced when billing for ICM services have been fixed. Providers should re-submit these claims.

Don't forget to check out OMAP's "What's New" section of their web site. This page may be reached by clicking on "What's New" on the left side of their home page.

A BHRS billing guide is now available at
http://www.dpw.state.pa.us/omap/provinf/promhb/PDF/promBGcms_tss.pdf

Crisis – working on, denial because no diagnosis code

If problems persist, PCPA has made available a *PROMISe Question Submission Form* which, when completed, is forwarded to DPW for assistance. Many members have taken advantage of this process. A copy of the form is available on the PCPA web site or by emailing Rebecca May Cole (Rebecca@paproviders.org) at the Association.