

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Procedures for Licensed, Enrolled Mental Retardation Providers to Access and Submit Claims for Outpatient Behavioral Health Services for Individuals under 21 Years of Age.	BY  Peg J. Dierkers, Ph.D. Deputy Secretary for Medical Assistance Programs
NUMBER:	17-99-02, 50-99-03	
ISSUE DATE:	December 3, 1999	
EFFECTIVE DATE:	December 3, 1999	

PURPOSE:

The purpose of this bulletin is to notify EPSDT Service Providers, Provider Type 50 (PT 50), who are licensed by the Office of Mental Retardation (OMR) of a change in the procedure to be followed in order to render and submit claims for specific outpatient behavioral health services for individuals under 21 years of age with a diagnosis of mental retardation who exhibit behavioral health problems.

SCOPE:

This bulletin applies to all providers who are enrolled in the Medical Assistance (M A) Fee-For-Service Program as a PT 50 based on a license issued to the provider by the OMR. Providers under the managed care delivery system must follow the procedures established by the managed care plan.

BACKGROUND:

Since the passage of the Omnibus Reconciliation Act of 1989 (OBRA '89), individuals under 21 years of age with emotional and/or behavioral disturbances and/or mental illness/mental retardation are eligible to receive a wide range of medically necessary behavioral health services as alternatives to more restrictive residential and psychiatric inpatient services.

The Office of M A Programs (OMAP) issued M A bulletins to providers of behavioral health services that defined the interim policies and procedures required for providers to receive M A reimbursement for medically necessary outpatient behavioral health services or health-related services provided to eligible individuals. The procedure for licensed Mental Retardation (MR) providers enrolled as an EPSDT Service Provider (PT 50) was to submit a request for services through the 1150 Administrative Waiver Process.

DISCUSSION:

The OMAP, in collaboration with the OMR and the Office of Mental Health and Substance Abuse Services, reviewed the MR PT 50 1150 Waiver requests from OMR licensed providers for services for M A eligible individuals under 21 years of age with the behavioral health services listed on the M A Program Fee Schedule, 55 Pa. Code, Chapter 1150.

The Department found that MR PT 50 services of Mobile Therapy (MT), Behavioral Specialist Consultant (BSC) and Therapeutic Staff Support (TSS) met the procedure code definitions for those services listed on the M A Program Fee Schedule. Therefore, the Department is issuing this bulletin in order to provide MR-licensed PT 50s with the procedures to be followed for both mental health and MR providers accessing behavioral health services for children under 21 years of age.

Effective immediately, MR licensed PT 50s must comply with the following procedures when rendering and submitting claims for specific behavioral health services rendered to M A eligible individuals under 21 years of age with behavioral health needs and a diagnosis of MR. Children eligible to receive services from an MR-licensed PT 50 are those children who:

- a. have a dual mental retardation and mental health diagnosis; and/or
- b. children who are identified as having an MR-only diagnosis but who exhibit behavioral health needs.

PROCEDURE:

1. All MR-licensed providers who are enrolled with the M A Program as a PT 50 must have a service description on file with the Department of Public Welfare (DPW) before being approved by the DPW to enroll to provide and render these particular types of services to eligible individuals. Please follow the instructions in the bulletins listed below for processing of service descriptions
2. With the issuance of this bulletin, MR-licensed PT 50s will be permitted to submit claims for MT and BSC directly from the M A Program Fee Schedule as long as limitations to the frequency and dollar amounts of the service are not exceeded. In addition, newly initiated TSS services may also be billed directly from the M A Program Fee Schedule as long as limitations to the frequency and dollar amounts of the services are not exceeded. These limitations are identified in M A Bulletin 01-94-01, 41-94-01, 48-94-01, 49-94-01, and 50-94-01, effective January 1, 1994. Providers must comply with all requirements and procedures as described in M A Bulletin 01-94-01, et al.
3. For children already receiving TSS services, billing from the M A Program Fee Schedule is not appropriate. In order to bill TSS services directly from the M A Program Fee Schedule, the service must be newly initiated for that client.
4. When TSS services continue to be medically necessary after the first four months, continuation requests must come in to the Department through the program exception process. (See M A Bulletin 01-98-20, 17-98-09, 29-98-09, 33-98-09, 41-98-07, 48-98-06 and 50-98-06.)
5. The 1150 Administrative Waiver request process must still be followed for all of the following:
 - TSS services that exceed the initial four-month period including services that are currently being rendered that are authorized through the 1150 Waiver request process.
 - All services that exceed the identified dollar and/or frequency limitations.
 - All services that do not meet all the requirements as described in M A Bulletin 01-94-01, et al.
6. For services not currently covered on the M A Program Fee Schedule and those services listed above, MR licensed PT 50 providers should follow the instructions found in M A Bulletin 01-98-20, et al.

NOTE: Providers are reminded that individuals receiving these services must be under the age of 21 years and may not be a resident of a residential treatment facility or within an inpatient setting.

PROCEDURE FOR HANDLING TSS, MT AND BSC SERVICES ALREADY APPROVED THROUGH THE 1150 ADMINISTRATIVE WAIVER PROCESS:

1. TSS services

Time periods (dates of service) for TSS services currently being rendered that were approved through the 1150 Administrative Waiver Process prior to the issuance of this bulletin may exceed the effective date of this bulletin. The Department will recognize the approved period of time for the services granted by the waiver process until the end of the authorized time period. Providers are to bill for services approved through the 1150 Administrative Waiver Process with the same procedures used before issuance of this bulletin.

Once the authorized/approved time period ends, when the TSS services continue to be medically necessary, providers must still receive prior approval through 1150 Waiver Process.

2. MT/BSC Services:

As of the effective date of this bulletin, medically necessary MT and BSC services that meet all the requirements and do not exceed identified limitations that are listed in M A Bulletin 01-94-01, et al, may now be billed directly from the M A Program Fee Schedule. However, for MT or BSC services currently approved through the waiver process, the Department will recognize the approved period of time for the services approved through the waiver process until the end of the authorized time period. Providers are to bill for services approved through the 1150 Administrative Waiver Process with the same procedures used before the issuance of this bulletin.

Once the waiver authorized time period ends, MT and/or BSC services that continue to be medically necessary and that meet all applicable criteria may be rendered and billed directly from the MA Program Fee Schedule.

3. **Other medically necessary services not currently covered under the M A Program Fee Schedule.**

Medically necessary services not covered under the M A Program Fee Schedule must still be requested individually for a child using the 1150 Administrative Waiver Process. MR-licensed PT 50s must now follow the procedures identified in M A Bulletin 01-98-20, et al. in order to request prior approval for these services.

PLEASE NOTE:

The following is a list of M A Bulletins governing the provision of these behavioral health services. You should find the bulletins in your Provider Type 50 handbook.

MAB NUMBER	SUBJECT
01-94-01, 41-94-01, 48-94-01, 49-94-01, 50-94-01	Outpatient Psychiatric Services for Children Under 21 Years of Age
01-95-01, 29-95-01, 33-95-01, 41-95-01, 48-95-01, 50-95-01	Signature Requirements
1153-95-01 (01-95-11, 17-95-04, 29-95-02, 33-95-03, 41-95-02, 48-95-02, 50-95-02)	Accessing Outpatient Wraparound Mental Health Services Not Currently Included in the Medical Assistance Program Fee Schedule for Eligible Children Under 21 Years of Age
50-96-03	Summer Therapeutic Activities Program
01-97-08, 17-97-03, 41-97-01, 48-97-01, 49-97-03, 50-97-02	Diagnostic and Psychiatric Evaluations
01-97-16, 41-97-02, 48-98-02, 49-97-06, 50-97-05	Change in Procedure for Requesting and Billing Therapeutic Staff Support (TSS) Services
99-97-06	Accurate Billing for Units of Service Based on Periods of Time
01-98-10, 41-98-02, 48-98-02, 49-98-04, 50-98-03	Change in Billing Procedure for Behavioral Health Rehabilitation Services
01-98-20, 17-98-09, 29-98-09, 33-98-09, 41-98-07, 48-98-06, 50-98-05	Accessing Outpatient Behavioral Health Services Not Currently on the Medical Assistance Program Fee Schedule for Eligible Recipients Under 21 Years of Age

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Toll-free provider hotline at 1-800-537-8862

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.