



MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE
January 31, 2006

EFFECTIVE DATE
July 1, 2006

NUMBER
00-06-04

SUBJECT:

Revised Units for Service Definitions and Procedure Codes for Healthcare and Non-Healthcare Waiver and Base Services

BY:

A handwritten signature in black ink that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary for Mental Retardation

SCOPE:

County MH/MR Program Administrators
Administrative Entity Directors

PURPOSE:

The purpose of this bulletin is to distribute new service definition units. This bulletin rescinds the two previous procedure code bulletins.

BACKGROUND:

On December 31, 2003, in preparation for HCSIS/PROMISe, the Office of Mental Retardation disseminated service definitions under MR Bulletin 00-03-12, entitled "*Service Definitions and Procedure Codes for Healthcare and Non-Healthcare Waiver and Base Services*". The healthcare related codes were updated on September 3, 2004 under MR Bulletin 00-04-10, entitled "*Service Definitions and Procedure Codes for Healthcare Waiver and Base Services*".

The current service definitions are being modified to reflect a change in the available units that can be billed for each service. The attached unit changes are effective July 1, 2006, however counties, administrative entities and providers should review the changes and immediately begin developing rates for the 2006-2007 fiscal year.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The Appropriate Regional Program Office

DISCUSSION:

The attached service definitions chart combines both current mental retardation service definition bulletins. This revised bulletin contains the same service definition options as issued in previous bulletins and changes only the number of unit options available for the billing of each service.

As with previous versions of the service definition bulletins, the appropriate modifiers must be billed with the corresponding codes, in the order specified. All counties and administrative entities who are billing for waiver and base healthcare services through HCSIS/PROMISe must continue to use the national healthcare codes specified in the attachment for claims to be processed through HCSIS/PROMISe. Electronic billers must use these codes to be in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

All counties and administrative entities must begin to use the attached local and national codes effective July 1, 2006.

Attachments:

Consolidated Waiver, Person/Family Directed Support Waiver and Base Funded Services Definitions

Consolidated Waiver, Person/Family Directed Support Waiver and Base Funded Services Definitions Narrative

Obsolete Bulletins (effective June 30, 2006):

00-03-12 – Service Definitions and Procedure Codes for Healthcare and Non-Healthcare Waiver and Base Services

00-04-10-Service Definitions and Procedure Codes for Healthcare Waiver and Base Services