



# MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

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SUBJECT : MOBILE MENTAL HEALTH TREATMENT

BY

James L. Hardy  
Deputy Secretary  
Office of Medical Assistance Programs

BY

Joan L. Erney, J.D.  
Deputy Secretary  
Office of Mental Health & Substance Abuse Services

## **PURPOSE:**

The purpose of this bulletin is to:

1. Announce that the Department of Public Welfare (Department) is adding Mobile Mental Health Treatment (MMHT) to the Medical Assistance (MA) Program fee schedule;
2. Issue provider handbook pages that contain service guidelines and billing instructions as well as other information necessary for the provision of and payment for MMHT.

## **SCOPE:**

This Bulletin applies to all prescribers and providers of MMHT enrolled in the MA Program to render services in the fee-for-service delivery system and the HealthChoices Behavioral Health Program.

## **BACKGROUND:**

For MA recipients 21 years of age and older, the MA Program currently limits payment for services outside a clinic setting to specific situations, which include: a diagnosis of agoraphobia; a need for specialized transportation which is not generally available; or a behavior disorder which disrupts the clinic environment. Effective November 1, 2006, the Department will add MMHT to the MA Program fee schedule. MMHT will be available for MA recipients 21 years of age and older in both the fee-for-service delivery system and the HealthChoices Behavioral Health Program.

The need for this service was identified by the Older Adult Committee of the Office of Mental Health and Substance Abuse Services (OMHSAS) Advisory Committee. To develop the service guidelines for MMHT, OMHSAS sought input from and consulted with the entire spectrum of stakeholders, including consumers and advocates, county personnel, and providers.

## **DISCUSSION:**

MMHT is an array of services for individuals who have encountered barriers to, or have been unsuccessful in, receiving services in an outpatient clinic. The purpose of MMHT is to provide

therapeutic treatment to reduce the need for more intensive levels of service, including crisis intervention or inpatient hospitalization.

MMHT adheres to the philosophy of recovery in that it affords the opportunity for treatment in the least-restrictive setting. The addition of MMHT will enhance the service array and expand the continuum of care for persons in need of mental health services.

MMHT encompasses evaluation and treatment, which includes individual, group, and family therapy as well as medication visits, in an individual's residence or other appropriate community site (for example, senior centers, churches, or community rooms of senior apartments). All services currently specified in the psychiatric outpatient clinic MA Fee Schedule, with the exception of Electroconvulsive Therapy and Electroencephalogram, may be offered through MMHT. The specific procedure codes that may be billed are listed in Attachment 1 to the updated Provider Handbook pages attached to this bulletin.

MMHT is not intended to replace non-treatment services such as case management or outreach. MMHT should not be provided indefinitely. Transition to other services, including outpatient clinic-based services, is to occur as soon as MMHT is no longer medically necessary. As with all MA services; MMHT may not be provided solely as a convenience for the consumer or as a substitute for transportation.

In the HealthChoices Behavioral Health Program, MMHT may be prior authorized utilizing established prior authorization procedures. Medical necessity review guidelines developed for this service must be approved by OMHSAS before being implemented.

#### **PROCEDURE:**

MMHT may be provided by any licensed psychiatric outpatient clinic enrolled in the MA Program. Effective November 1, 2006, each psychiatric outpatient clinic enrolled in the MA Program will be automatically authorized to provide MMHT. In addition to complying with 55 Pa. Code Chapters 1101, 1150, 1153 and 5200, providers who choose to deliver MMHT will complete a description of services and provide the service in accordance with the description of services and the individual's treatment plan. OMHSAS will review the description of services at the first annual licensing visit after November 1, 2006, and will assess continued compliance with the description of services at each annual licensing visit thereafter. The medical necessity for MMHT must be supported by documentation in the medical record.

The service guidelines, billing instructions, and other information regarding MA payment for MMHT are described in the attached updated pages for the Provider Handbook for Outpatient Psychiatric and Partial Hospitalization Services. Providers should insert the handbook pages in their handbook. As set forth in 55 Pa. Code § 1101.67(a), a provider must comply with the procedures described in the handbook pages to receive MA payment.

The PA PROMISe Provider Handbook - 837 Professional/CMS-1500 Claim Form, located in the Provider Information Section of the Office of Medical Assistance website at <http://www.dpw.state.pa.us/omap>, has been updated with these changes.

For assistance, please contact the toll-free OMHSAS provider inquiry line at 1-800-433-4459.

**Note:** Providers who render MMHT in the HealthChoices Behavioral Health Program should submit claims in accordance with the procedures established by each Behavioral Health Managed Care Organization.

## **ATTACHMENT**

Medical Assistance Handbook, Outpatient Psychiatric and Partial Hospitalization Services, Updated Handbook pages, Mobile Mental Health Treatment and Attachment 1- page 1, MA Fee Program Schedule chart

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:  
Office of Mental Health and Substance Abuse Services, Bureau of Policy and Program Development, P.O.  
Box 2675, Harrisburg, PA 17105. 717-772-7900 (General Office Number).**