

# Behavioral Health HealthChoices

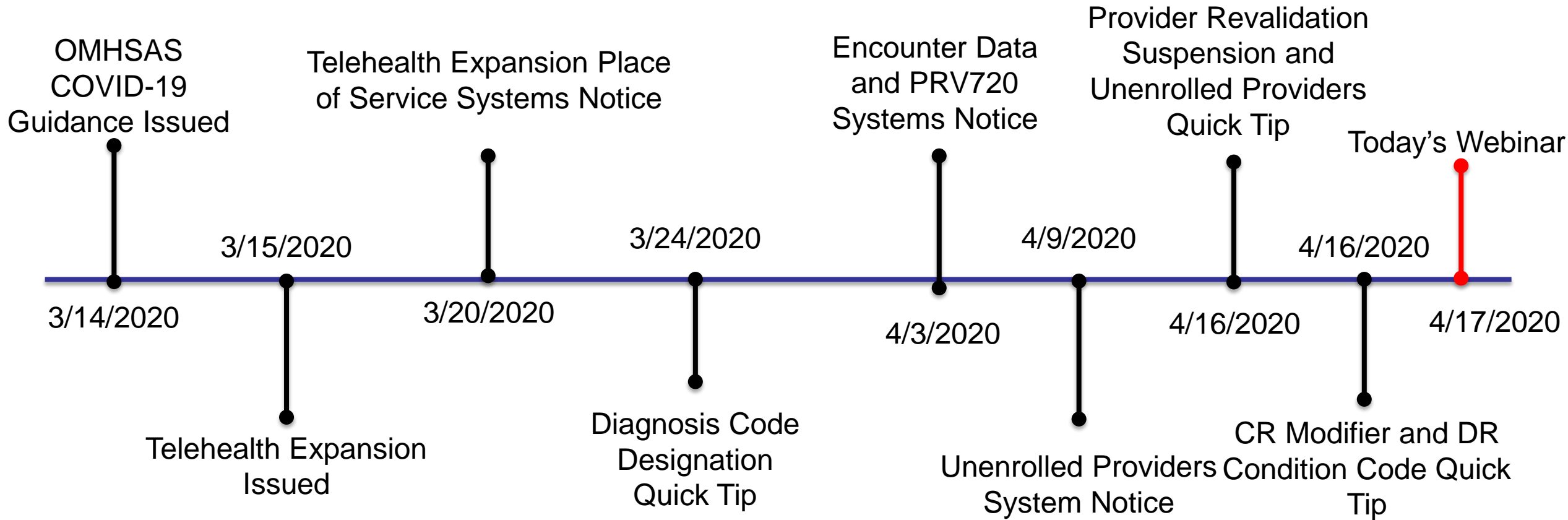
## COVID -19 System Updates

4/17/2020

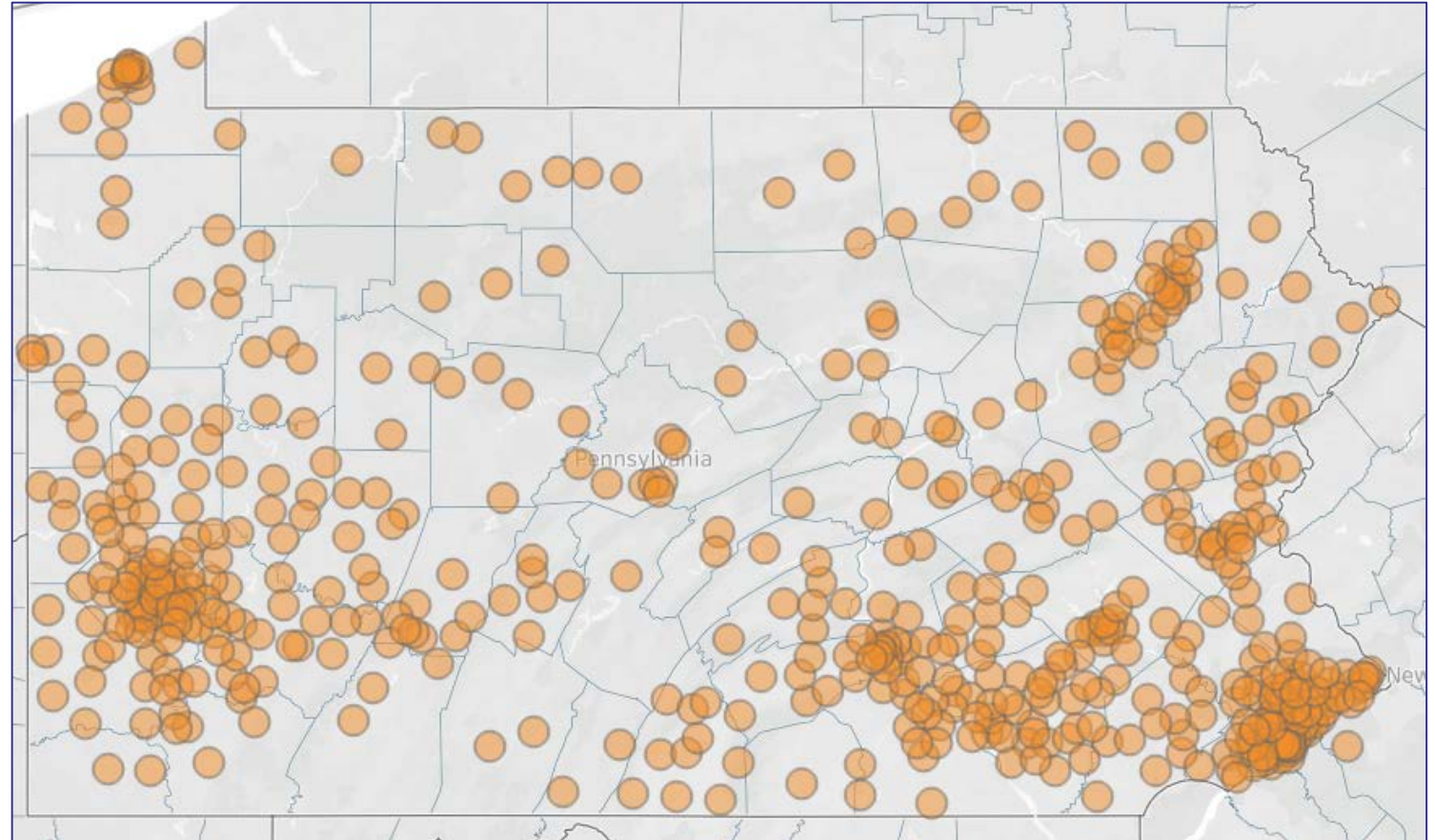
Welcome to today's BH-MCO Meeting  
The meeting will begin at 1:00 pm

- Attendance for today's meeting is gathered through the attendee report from the webinar, therefore there will not be an attendance "roll call"
- All phone lines will be on mute during the webinar
- Using the question window, please submit any questions at any time
- OMHSAS will take a brief pauses to answer any questions submitted through the question window
- OMHSAS will attempt to answer as many questions as possible during the webinar
- In the event a question is not answered OMHSAS will include the questions and answers in the meeting minutes
- At the conclusion of this quarter's webinars all questions and answers will be sent to all attendees

# Systems Changes Timeline



- Primary Contractors and/or their respective BH-MCOs provided details on the location of Alternative Payment Arrangements (APA) developed due to the COVID-19 pandemic
- The map includes the zip code of each individual provider service location that has a COVID-19 APA





## MEMORANDUM

**TO:** County Mental Health Programs, Behavioral Health Service Providers, Primary Contractors, Behavioral Health Managed Care Organizations

**FROM:** Valerie J. Vicari  
Acting Deputy Secretary *Valerie J. Vicari*  
Office of Mental Health and Substance Abuse Services

**RE:** Guidance from the Department of Human Services (DHS), Office of Office of Mental Health and Substance Abuse Services (OMHSAS) regarding Coronavirus Disease 2019 (COVID-19)

**DATE:** March 14, 2020

In response to growing concerns about the spread of COVID-19 and its potential impact on the delivery of services to individuals and families OMHSAS has developed the following operational recommendations for counties and providers of behavioral health services

Information will continue to be shared and disseminated going forward to address questions and concerns that have been brought to our attention. We continue to monitor information from [the Pennsylvania Department of Health](#) and [the U.S. Centers for Disease Control and Prevention](#). Guidance developed by DHS will be centrally located on [this page](#), which will be updated as additional guidance becomes available. We encourage you to continue to consult these resources for updates on COVID-19, information on staying healthy, and updates on the situation in Pennsylvania.

## RECOMMENDATIONS:

### Recommendation #1: Exercise and promote hygienic practices.

The best way to prevent illness is to avoid being exposed to COVID-19. Providers should remind staff that chances of exposure can be reduced by:

- Washing hands often with soap and water for at least 20 seconds, especially after being in a public place, or after blowing noses, coughing, or sneezing.
- Using a hand sanitizer that contains at least 60% alcohol if soap and water is not readily available. People should cover all surfaces of hands and rub them together until they feel dry.

- Issued on March 14, 2020
- Guidance contains six recommendations and various links on responding to the COVID-19 pandemic
- No additional systems impact



## MEMORANDUM

**TO:** All Behavioral HealthChoices Managed Care Organizations (BH-MCO), Fee-For-Service (FFS) Providers, and County Mental Health Authorities – Statewide

**FROM:** Valerie J. Vicari  
Acting Deputy Secretary *Valerie J. Vicari*  
Office of Mental Health and Substance Abuse Services

**RE:** Telehealth Guidelines Related to COVID-19

**DATE:** March 15, 2020

### PURPOSE:

The Office of Mental Health and Substance Abuse Services (OMHSAS) is issuing this Memorandum to offer clarification regarding the ability of providers to render telehealth behavioral health services to Medical Assistance (MA) beneficiaries.

### BACKGROUND:

On March 6, 2020, Governor Wolf issued an emergency [disaster declaration](#) in response to the presence of the 2019 novel coronavirus (COVID-19) in Pennsylvania. COVID-19 is a new virus that causes respiratory illness in people and can spread from person-to-person. This virus was first identified during an investigation into an outbreak in Wuhan, China. COVID-19 is a severe respiratory disease, resulting in illness or death, caused by person-to-person spread of the virus.

Commonly reported symptoms of COVID-19 infection include fever, cough, and shortness of breath. While the exact incubation period for this coronavirus has not yet been determined, it is believed that most infected people will develop symptoms 2-14 days after they were exposed. There is no vaccine available for COVID-19. Prevention measures center on frequent handwashing, covering coughs and sneezes, and separating people who have respiratory symptoms. Treatment for COVID-19 includes the use of over-the-counter fever-relievers, drinking plenty of fluids and resting at home to help relieve symptoms. Those with more severe symptoms may be hospitalized to provide additional support.

Office of Mental Health and Substance Abuse Services | Bureau of Policy, Planning and Program Development  
P.O. Box 2675 | Commonwealth Tower | Harrisburg, Pennsylvania 17101 | E-mail: ra-pwths@pa.gov

- Issued on March 15, 2020
- Permitted the delivery of behavioral health services using telehealth that may not have been included in the Telehealth bulletin (OMHSAS 20-02)
- Services that fall into the Telehealth expansion require the submission of the attestation form in OMHSAS 20-02 within 5 days of providing telehealth services
- Services delivered through telehealth based on the expansion should reflect the same code combinations as if the service was delivered in-person
- The telehealth informational modifier (GT) is only to be used for services established with the GT modifier

**Telehealth Place of Service for Behavioral Health Services Systems Notice:**

There have been some questions regarding the expansion of Telehealth services and the appropriate Place of Service (POS) Code to be used for these services. If a BH Managed Care encounter is submitted with a POS 02, the encounter will deny for the edit “Place of Service Invalid” as POS 02 is not a valid code in PROMISE.

**If providers in the Managed Care Delivery System submit Telehealth claims with a POS 02 please crosswalk that code with POS 99 for encounter data processing or use the POS code that would have been used if the service was delivered face to face.**

If the provider is Fee for Service (FFS) please use the POS that is permitted for the service that typically would have been used if the service was delivered face to face.

- Issued on March 20, 2020
- The place of service code ‘02’ is currently not eligible in PROMISE, therefore the encounter will deny for the edit “Place of Service Invalid”.
- If providers submit Telehealth claims with a POS 02 please crosswalk that code with POS 99 for encounter data processing or use the POS code that would have been used if the service was delivered face to face.

Brief pause to answer any questions submitted

Any questions that we are not able to answer will be included in follow-up communications with the asking individual

All questions and answers from both webinars will be provided in a document provided following the meetings





## PROVIDER QUICK TIPS



### New ICD-10-CM code for the 2019 Novel Coronavirus (COVID-19) Effective April 1, 2020

This guidance is being issued to supplement the guidance issued on March 17, 2020 through Provider Quick Tip # 228, available [here](#).

On March 11, 2020 the Novel Coronavirus Disease, COVID-19, was declared a pandemic by the World Health Organization. On March 13, 2020 a national emergency was declared in the United States concerning the COVID-19 Outbreak.

Because of these developments, and the urgent need to capture the reporting of this condition in our nation's claims and surveillance data, the Centers for Disease Control and Prevention (CDC) under the National Emergencies Act Section 201 and 301, announced a change in the effective date of new diagnosis code U07.1, COVID-19, from October 1, 2020 to April 1, 2020. This off-cycle update is unprecedented and is an exception to the code set updating process established under HIPAA.

As a result of the CDC's announcement, providers should use the new diagnosis code U07.1, COVID-19, beginning April 1, 2020.

This announcement is an update to the CDC's [official diagnosis coding guidance](#) issued on February 20, 2020, and subsequent [interim coding guidance](#) issued for health care encounters related to the 2019 novel coronavirus (COVID-19) previously named 2019-nCoV.

This guidance is intended to be used in conjunction with the current ICD-10-CM classification and the [ICD-10-CM Official Guidelines for Coding and Reporting \(effective October 1, 2019\)](#) and will be updated to reflect new clinical information as it becomes available.

Additional information is also available on the [CDC website](#) and through [CMS](#).

Information on MA Program coverage related to COVID-19, to include an FAQ document, can be found on the Department of Human Services website [here](#).

The Pennsylvania Department of Health has a dedicated page for COVID-19 that provides regular updates. Click [here](#) for the most up to date information regarding COVID-19.

- Issued on March 24, 2020
- CMS has developed an new ICD 10 code that can be used for individuals that have or had COVID-19
- The Department is asking that for all individuals that have COVID-19 that this diagnosis code (U07.1) is included within any diagnosis position
- This diagnosis code does not have to be in the primary position

## SYSTEMS NOTICE SYS-2020-XXX

### Encounter Data

#### COVID-19 Encounter Data Updates

**Overview:** On March 6, 2020, Governor Wolf issued an emergency disaster declaration in response to the presence of the COVID-19 (coronavirus) in Pennsylvania. Pursuant to this disaster declaration, the Office of Mental Health and Substance Abuse Services (OMHSAS) is issuing guidance to advise Behavioral Health (BH) County Contractors and Managed Care Organizations (MCO)s where Prior Authorization requirements were waived and for claims accepted and paid from providers not currently enrolled in the PA Medicaid program for services related to COVID-19.


For the Department to identify the submission of the respective encounters, County Contractors and MCOs are to use a newly designated CARC code of 279. This will be effective March 1, 2020 in accordance with CMS' approval of the Department's waiver.

**Background:** It is the Commonwealth's intention to streamline and facilitate the County Contractors and MCOs ability to process incoming claims for COVID-19 related services. This would require the MCOs to process claims from providers who are not currently enrolled in the PA Medicaid program OR have been previously enrolled and have only closed service locations. This notice also requires the MCOs to follow DHS guidance on bypassing Prior Authorizations during the pandemic emergency. This would include billing and rendering providers as well as Ordering, Referring, [Prescribing](#) providers which may currently be validated upfront within MCO processing systems. Once the MCOs process the claims, the subsequent encounters submitted to PROMISE would typically set edits indicating that the service location is closed or not enrolled. CARC code 279 are now being recognized to ensure the encounters can be identified by DHS staff to illustrate all medical services which were processed under these special circumstances.

#### **Encounter Submission Details:**

**For 837 encounters:** Claim Adjustment Reason Code (CARC) '24' is the only CARC which crosswalks to a carrier indicator of '9 – Service was Approved/Accepted by the MCO'. As an existing rule, the MCO payment should be contained within the first payor loop/CAS segment and the services paid should still be illustrated with CARC 24. Following the MCO payment CAS, we are requesting a second CAS segment be added to the encounter with a CAS02 CARC of 279 and a CAS03 amount of \$0.00. CARC 279 should be used for ORP, servicing, or billing provider not enrolled, and any prior authorization being waived based on DHS direction. PROMISE processing will continue the path of existing edits/validations of an MCO Paid/Approved service.

- Issued on April 3, 2020
- Requests the identification of encounters where COVID-19 impacted the provider being enrolled in MA or the prior authorization review not being completed
- Using the identified Claim Adjustment Reason Code (CARC) 279 will allow for the encounter to process and be identified for data reporting
- CARC 279 should be used for ORP, servicing, or billing provider not enrolled, and any prior authorization being waived based on DHS direction
- The use of the CARC code will ensure the submitted encounters with the impact provider's information is accepted by PROMISE



**PROVIDER QUICK TIPS** **#240**

### Provider enrollment and revalidation changes during the COVID-19 emergency

On March 8, 2020, Governor Tom Wolf issued an emergency [disaster declaration](#) in response to the presence of the COVID-19 virus in Pennsylvania. The COVID-19 outbreak was declared a national emergency under the Stafford Act on March 13, 2020, and a nationwide public health emergency on January 31, 2020 (retroactive to January 27, 2020). The Department of Human Services requested provider enrollment and revalidation flexibilities under Section 1135 of the Social Security Act on March 24, 2020.

CMS approved, in part, the Department's Section 1135 request for provider enrollment and revalidation flexibilities on March 27, 2020. The partial approval is available [here](#). The Department will apply these flexibilities as follows.

**For Providers Not Currently Enrolled in the Pennsylvania Medicaid Program, the Department:**


- Will provisionally, temporarily enroll providers without paying an application fee, which was described in [Medical Assistance Bulletin 01-16-14](#).
- Will provisionally, temporarily enroll providers assigned to the high categorical risk level temporarily without requiring finger-print based criminal background checks and a site visit. For more information regarding the high categorical risk level screenings please see [Medical Assistance Bulletin 09-16-03](#).
- Will provisionally, temporarily enroll providers assigned to the moderate categorical risk level temporarily without a site visit. For more information regarding site visits please see [Medical Assistance Bulletin 09-16-13](#).

**For Providers Currently Enrolled in the Pennsylvania Medicaid Program, the Department:**

- Will not close provider service locations in PROMISe due to revalidation. All providers having a revalidation date during the period of the emergency disaster declaration will remain active in PROMISe. However, please note that if the provider has not revalidated OR submitted a revalidation application, the provider's service locations will close in PROMISe the last day of the month the emergency disaster declaration ends. For more information regarding provider revalidation, please see [Medical Assistance Bulletin 09-14-06](#).
- Is suspending the requirement that the ordering, referring, attending or prescribing provider must be enrolled in PROMISe for the claim to be paid. For more information about this requirement, please see [Medical Assistance Bulletin 09-16-07](#).
- Is suspending the denial of claims due to the rendering provider's [service location](#) not being enrolled in PROMISe described in [Medical Assistance Bulletin 09-18-11](#).

This guidance will remain in effect while a valid disaster declaration authorized by the Governor related to the COVID-19 virus remains in effect. OMAP may re-issue these guidelines as appropriate.

Providers should continue to check the Department of Human Services' COVID-19 [website](#) and the Department of Health's [website](#) for updates.



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- Issued on April 15, 2020
- Includes details on removal of requirements related to new providers and currently enrolled providers
- All providers with revalidations due during the pandemic time period will remain active in PROMISe
- However, please note that if the provider has not revalidated OR submitted a revalidation application, the provider's service locations will close in PROMISe the day the emergency disaster declaration ends.

## SYSTEMS NOTICE SYS-2020-XXX

### Provider Files

#### Temporary Suspension of PRV720 Provider Revalidation File

**Background:** On March 6, 2020, Governor Wolf issued an emergency disaster declaration in response to the presence of the COVID-19 (coronavirus) in Pennsylvania. Pursuant to this disaster declaration, the Office of Medical Assistance Programs (OMAP) is issuing guidance to advise MCOs to accept and process claims from providers not currently enrolled in the PA Medicaid program.

**Details:** The PRV720 Monthly Provider Revalidation file (PRV720M.XX.zip) is sent the 1<sup>st</sup> of each month to all MCOs and provides the upcoming revalidation dates for all providers/service locations. Because of the COVID-19 pandemic emergency, DHS is no longer terminating providers whom haven't completed their revalidation. This file will not be provided until further notice. Many MCOs systematically load this file into their upfront validations and claims processing systems as well as use the information to assist DHS in informing providers of the revalidation process. DHS does not want to create additional confusion by providing these revalidation dates since the Department is suspending the termination of providers based on the lack of revalidation.

If you have any questions, please contact [provider@pa.gov](mailto:provider@pa.gov).

- Issued on April 3, 2020
- Announces the suspension of the PRV720 monthly file that identified revalidation dates for providers
- File will be suspended as the requirements to revalidate providers has been suspended during the pandemic

## SYSTEMS NOTICE SYS-2020-XXX

Encounter Data

COVID-19 Modifier CR and Condition Code DR

**Overview:** On March 6, 2020, Governor Wolf issued an emergency disaster declaration in response to the presence of the COVID-19 (coronavirus) in Pennsylvania. Pursuant to this disaster declaration, the Office of Mental Health and Substance Abuse Services (OMHSAS) in collaboration with the Office of Medical Assistance Programs (OMAP) is issuing guidance to advise providers to accept and identify claims that are or may be impacted by specific payer/health plan policies related to the COVID-19 emergency disaster. To identify the submission of the respective encounters, County Contractors and MCOs are to use a procedure code modifier of 'CR' in professional encounters and a condition code 'DR' in institutional encounters.

This will be effective March 1, 2020 in accordance with CMS' approval of the Department's waiver.

### **Background:**

Modifier 'CR' stands for 'catastrophe/disaster related' and can apply for 837 professional related claims/encounters.

Condition code 'DR' stands for 'disaster related' and is required to be used to identify claims/encounters that are or may be impacted by policies related to a national or regional disaster. The DR condition code is used only for institutional billing.

### **Details:**

The following instructions will identify the loops/segments where the Department would expect to see the "CR" modifier or the "DR" condition code on the encounter submission.

### For Professional encounters:

#### Modifier (detail)

Loop 2400

SV1 01-3 (1st <u>modifier</u> )	SV1*HC:99211:CR
SV1 01-4 (2nd <u>modifier</u> )	SV1*HC:99211:RL:CR
SV1 01-5 (3rd <u>modifier</u> )	SV1*HC:99211:RL:TP:CR
SV1 01-6 (4th <u>modifier</u> )	SV1*HC:99211:RL:TP:LT:CR

- Issued April 9, 2020
- Using the modifier and condition code to identify a service provided that has been impacted by COVID-19
- These impacts are defined as:
  - Provider is not actively enrolled in PROMISe
  - Provider is delivering the service through telehealth under the OMHSAS Telehealth expansion related to the pandemic
  - The Ordering Referring and Prescribing practitioner is not enrolled in PROMISe
  - Prior Authorization has not been completed for a service that Prior Authorization would be required to be completed
- The use of the CR modifier and DR condition code will ensure the effected encounters will be accepted In PROMISe



## PROVIDER QUICK TIPS

#243

### Use of the CR Modifier and DR Condition Code for COVID-19 Disaster/Emergency Related Claims

On March 6, 2020, Governor Tom Wolf issued an emergency [disaster declaration](#) in response to the presence of the COVID-19 virus in Pennsylvania. The COVID-19 outbreak was declared a national emergency under the Stafford Act on March 13, 2020, and a nationwide public health emergency on January 31, 2020 (retroactive to January 27, 2020).

The [Centers for Medicare and Medicaid Services \(CMS\) Medicare Claims Processing Manual](#) includes guidance for use when there is a national emergency or a public health emergency to facilitate tracking of services and items provided to beneficiaries during the disaster/emergency situation. The Department of Human Services (Department) will need to identify impacted claims during the COVID-19 emergency.

Tracking the claims or services for beneficiaries diagnosed with COVID-19 is done, in part, by using the diagnosis codes released by CMS to designate the beneficiary had the condition. The Pennsylvania Medical Assistance (MA) Program released guidance informing providers of the ICD-10-CM Official Coding Guidelines related to COVID-19 on [March 17](#) and [March 24](#).

The Department applied for and was granted a Section 1135 Waiver from CMS for certain requirements in the Medical Assistance program. Claims related to the Section 1135 waiver must be tracked. The Department also must track other claims that were disaster related.

In line with CMS's direction for Medicare, the Pennsylvania MA Program will require providers billing medical claims in the institutional format, either by ASC X12 837 institutional claim format or on an institutional paper form, to identify claims as specified below related to the COVID-19 disaster with a DR (disaster related) condition code.

Providers submitting medical claims, such as physicians or suppliers who submit claims using the ASC X12 837 professional claim format or a professional paper claim form CMS-1500 must use a CR (catastrophe/disaster related) modifier on the detail line to identify services that are or may be impacted by specific policies, as specified below, related to the COVID-19 emergency disaster declaration.

This guidance applies to claims for dates of services March 1, 2020, until the end of the emergency disaster declaration and any extensions thereto for Medical Assistance Physical Health and Behavioral Health Fee-for-Service claims and Managed Care Organization encounters. Providers should follow this guidance for any claims for dates of service March 1, 2020, submitted after April 15, 2020. If a provider has already submitted a claim, there is no need to resubmit the claim.

The following is a list of services, and links to the guidance issued by the Department, where the DR condition code or the CR modifier must be present on the claim:

- When telemedicine or telehealth is being provided by practitioners who would not previously have been able to provide services using telemedicine or telehealth. See the following guidance:
  - [Telehealth Guidelines Related to COVID-19](#)
  - [Teledentistry Guidelines Related to COVID-19 for Dentists, Federally Qualified Health Centers and Rural Health Clinics](#)
  - [Telemedicine Guidelines Related to COVID-19](#)

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- Issued on April 16, 2020
- The CR modifier for professional encounters and DR condition code for institutional encounters are required when:
  - When Telemedicine is being provided by practitioners who would not previously have been able to provide services using telemedicine.
  - When providing services at alternate sites.
  - For services that otherwise would have required prior authorization but due to the COVID-19 emergency disaster declaration do not require prior authorization.
  - For services that would have otherwise required copays for COVID-19 services.
  - Due to non-enrolled ordering, referring or prescribing providers
  - When the provider is not yet enrolled as a new provider or is enrolled past their revalidation date

Brief pause to answer any questions submitted

Any questions that we are not able to answer will be included in follow-up communications with the asking individual

All questions and answers from both webinars will be provided in a document provided following the meetings

- In response to the Family First COVID-19 Response Act signed into law on March 18, 2020, the Office of Income Maintenance (OIM) put a No Closure of Medical Assistance (MA), Long Term Care (LTC), and Home and Community based Services (HCBS) Program Budgets process in place.
- OIM issued guidance to the County Assistance Offices (CAO) to keep all Individuals with active or pending MA eligibility on 3/18/2020 opened during the time period of the declared national emergency
- Currently there are three exceptions:
  - Participants who decide to disenroll from MA – This can be seen on the 834 where the MA term date is three days after the file date
  - Participants who permanently move out of PA – This can also be seen on the 834 where the MA term date is three days after the file date
  - Participants who pass away – Date of Death is sent on the 834 and Managed Care will term end of the month. Date of Death will be present in the first segment of the 834 for the record.



- The Department and OMHSAS are requesting that MCOs continue covering services for those individuals in good faith who were closed on or after March 18, 2020.
  - The three exceptions indicated on the previous slide are valid MA closure reasons
  - Additional exceptions such as an individual is entering a facility that provides comprehensive care such as nursing facilities and correctional facilities are being developed by OIM
- CAOs are in the process of reopening MA eligibility for individuals.
- The Department, OMHSAS, and other business partners are also adjusting MCO enrollment to remove any gaps in MCO enrollment to ensure the adjusted individuals are included in capitation
- Questions regarding MA eligibility and managed care enrollment, please contact us at [RA-PWELIGDISCREPANCY@pa.gov](mailto:RA-PWELIGDISCREPANCY@pa.gov).

## eCIS Transition Update

### WHAT HAS CHANGED?

The move from CIS to eCIS for viewing client data was originally scheduled to be completed in two phases, but will now be completed over four phases. Phase 1 took place on February 18, 2020 and resulted in the transition of client data from 11 counties to the eCIS platform. Phase 2 is now scheduled for May 18, 2020 and will transition client data for three more counties. Client data for the remaining counties will be transitioned in the June through July timeframe. More details will be provided once the schedule is finalized.

The phases are scheduled as follows:

- ✓ Phase 1: February 18  
Bedford, Blair, Bucks, Chester, Delaware, Lackawanna, Lebanon, Monroe, Washington, Westmoreland, and York
- Phase 2: May 18  
Berks, Lancaster, and Philadelphia
- Phase 3: Summer 2020
- Phase 4: Summer 2020

For more information about the transition visit the [eCIS Registration Information page](#).

### DOES THIS AFFECT REGISTRATION?

All business partners and their users are still required to [register](#) for eCIS access. The registration process also remains the same and is outlined in the [Registration Guide](#). We encourage business partners to register as soon as possible to ensure access to necessary client data.

### HOW DOES THIS IMPACT CLIENT DATA ACCESS?

Data will be incrementally transitioned by county over the four phases. Each phase will result in more data being transferred from CIS to eCIS. Depending on the clients you serve, you may need to use both systems until Phase 4 when all data has been migrated to eCIS and access to CIS is deactivated.

### MORE INFORMATION

If you have questions, please visit the [eCIS Registration Information page](#) or reach out to your DHS Program Office Contact.

- Phase 2 was originally scheduled for April 20, 2020 but is now scheduled for May 18, 2020 and will transition client data for Berks, Lancaster and Philadelphia counties.
- Client data for the remaining counties will be transitioned in the June through July timeframe. More details will be provided once the schedule is finalized.
- eCIS Transition Notice and Implementation Phases document was sent to each registered Delegated Administrator on 4/14/2020 for staff distribution.

- Thank you for submitting information requested for Release A. If you have not already done so, please submit that information by Tuesday, April 21, 2020. It is very important that we have this information to proceed without unexpected issues during implementation.
- We are also requesting who currently receives your 834 file – County, BH-MCO, vendor, etc. We need to explain this process to the Release A workgroup and want to make sure we do not miss a step.
- Please send all information or requests/inquiries related to Release A to [RA-PWOMHSAS834ISSUES@pa.gov](mailto:RA-PWOMHSAS834ISSUES@pa.gov).
- OMHSAS plans to discuss Release A at the Encounter Data Validation quarterly meetings in May.

- Users are registered based on their IP Address
- As users are more frequently working remotely, the IP Address may prevent users from accessing SeGOV
- Remote users could still access SeGOV through a VPN that will use the IP Address that is registered
- If you can not login to SeGOV, please contact your IT staff to resolve the connection

Brief pause to answer any questions submitted

Any questions that we are not able to answer will be included in follow-up communications with the asking individual

All questions and answers from both webinars will be provided in a document provided following the meetings

Action	Prior to Pandemic	Temporarily during Pandemic
Telehealth	OMHSAS established specific services that can be delivered by telehealth. These service include the 'GT' modifier.	Any behavioral health service can be delivered by telehealth. GT modifier is not acceptable for use in other code combinations unless the service was already established as a telehealth service prior to the pandemic. The professional encounters for those encounters must include the 'CR' modifier or the institutional encounters must include the 'DR' condition code.
Telehealth Place of Service	OMHSAS established specific services that can be delivered by telehealth. These services also included POS requirements for FFS claims and recommendations for encounters.	All other services are to use the POS 99 (Unlisted Other) or the POS that would have been used had the service been provided in-person.
COVID Diagnosis	Did not exist	Please use the COVID-19 ICD-10 Diagnosis code effective April 1, 2020 for any individual served that has tested positive for COVID-19.

Action	Prior to Pandemic	Temporarily during Pandemic
Provider Enrollment	All providers have to be enrolled in PROMISE to provide services.	Enrollment is not required to provide services. Instead unenrolled or closed providers may provide services. The professional encounters for those encounters must include the 'CR' modifier or the institutional encounters must include the 'DR' condition code.
Provider Revalidation	Affordable Care Act (ACA) required providers are revalidated every five years from the effective date. Those providers not revalidated within that time frame are closed automatically by DHS.	Providers that are not revalidated by the required revalidation date are not closed. However, the applications to revalidate those providers will need to be submitted to prevent closure after the pandemic. The professional encounters for those encounters must include the 'CR' modifier or the institutional encounters must include the 'DR' condition code.

Action	Prior to Pandemic	Temporarily during Pandemic
Prior Authorization	Some services have established prior authorization requirements before they can be delivered and subsequently paid.	Entities that manage prior authorization are being asked to relax prior authorization requirements. OMHSAS will be issuing guidance on prior authorization in April. The professional encounters for those encounters must include the 'CR' modifier or the institutional encounters must include the 'DR' condition code.
Ordering, Referring, Prescribing (ORP)	Individual practitioners that are considered an ORP practitioner is required to be enrolled and have a valid PROMISe Provider ID number.	Individuals practitioners that are considered an ORP practitioner are not required to be enrolled or have a valid PROMISe Provider ID number. The professional encounters for those encounters must include the 'CR' modifier or the institutional encounters must include the 'DR' condition code.
Identification of COVID-19 Impacted Providers	Did not exist	Use of the CARC code and for professional encounters those encounters must include the 'CR' modifier or the institutional encounters must include the 'DR' condition code.



Action	Prior to Pandemic	Temporarily during Pandemic
Eligibility	Reviewed at a minimum of every six months. If individual's circumstances changed resulting in ineligibility, (e.g., income over the limit, renewal documentation not received) the CAO would close Medical Assistance.	Individuals that are enrolled as of March 18, 2020, including those with pending eligibility determinations, will remain eligible through the pandemic. Exceptions do apply.
SeGOV	All users had a specific IP Address to enter SeGOV.	All users still have a specific IP Address, however in the environment of remote working, the IP Address may have changed and the user will have difficulty in accessing SeGOV.

Brief pause to answer any questions submitted

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Department of Human Services COVID-19 Page

<https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-2020.aspx>

OMHSAS COVID-19 Resource Account

[ra-pwomhsascovid-19@pa.gov](mailto:ra-pwomhsascovid-19@pa.gov)

Provider Quick Tips

<https://www.dhs.pa.gov/providers/Quick-Tips/Pages/default.aspx>

We appreciate everyone taking the time to join today's webinar.

Please contact us with any questions or concerns

[RA-PWOMHSAS837ISSUES@pa.gov](mailto:RA-PWOMHSAS837ISSUES@pa.gov)