

**DEPARTMENT OF PUBLIC WELFARE, OFFICE OF MENTAL
HEALTH AND SUBSTANCE ABUSE SERVICES**

**REGULATIONS AND POLICIES NOT APPLICABLE TO
HEALTHCHOICES BEHAVIORAL HEALTH PROGRAM**

PREAMBLE

Appendix BB is a compendium of regulations, portions of regulations and Bulletins which were reviewed and identified as not applicable to the operation of the HealthChoices Medicaid mandatory managed care program approved through the Section 1915(b) waiver provisions of the Social Security Act. The creation of this list is the outcome of a formalized process to review all of the regulations and Bulletins guiding the provision of MA funded services including the rules for billing, fees and payment. Rules that limited service delivery or described processes specifically applicable to the Department's Fee-For-Service system of payment are entered onto this list. The intention is to recognize that payment under a capitation arrangement with Managed Care Organizations (MCO) is different for the Commonwealth, as a contractor, and a significant change from fee-for-service payments going directly to providers. Prescribed methods of billing, the application of specific fees and limitations on the delivery of services provided in the rules would no longer be necessary but elements that would need to remain would be those that ensured the integrity of the services to be provided, including those understood to prevent fraud, waste and abuse.

This marks a change in role for Medical Assistance from one that pays providers directly for services provided to paying a capitation payment to MCOs. Appendix BB serves to inform MCOs of the parts of the regulatory system that do not apply to the operation of the MCO and how the MCOs manage their provider networks. Appendix BB has no direct application to the operation of individual providers of services and has no application in the Medical Assistance fee-for-service context.

**REGULATIONS AND POLICIES NOT APPLICABLE TO
HEALTHCHOICES BEHAVIORAL HEALTH PROGRAM**

Regulations and policies not applicable to HealthChoices Behavioral Health:

**DEPARTMENT OF PUBLIC WELFARE, OFFICE OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES REGULATIONS:**

Chapter 4300 County Mental Health and Mental Retardation Fiscal Manual

4300.11
4300.22, 4300.23
4300.25 through 4300.28
4300.41 through 4300.69
4300.81 through 4300.108
4300.111 through 4300.118
4300.131 through 4300.160

Chapter 5221 Mental Health Intensive Case Management

5221.42 (b)(c)(f) length of unit of service only (g)
5221.42 (h) ...100% of the approved expenditures for...

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETINS:

**OMH-91-19 Transmittal of General Family-Based Mental Health Services Program
Issues**

P.2, #7
P.8, #40
P.9, #46,47
P.11,#56,57
P.12,#62
P.13,#67,70
P.14,#72-75
P.16 #1

OMH-92-16 Mental Health Crisis Intervention Services: Implementation

Attachment (A),(B)
Attachment (C) - Payment
Subsections (A-E) - Payment Conditions

- OMH-93-10 Mental Health Crisis Intervention Services Guidelines**
Issues (1),(2),(3),(4),(8),(9)
- 00-88-14 Fee Schedule Revisions and Transportation Requirements.**
- 4000-95-01 Room and Board Payments for Mental Health Only Children in Residential Facilities Which Are Not JCAHO Accredited.**
- OMH-94-07 180 Day Exception Requests and Invoice Submission Time Frames.**
- OMH-95-01 Maximum Allowable Rates of Reimbursement for Psychiatric Physicians**
- OMH-93-09 Resource Coordination: Implementation.**
Attachment (A), (B)
Attachment C, - Service Description "The implementation of Resource Coordination services is optional at this time."
Payment
- 00-88-03 Appropriate Billing for Psychiatric Partial Hospitalization Services and Psychiatric Outpatient Clinic Providers.**
- OMH-96-04 Procedures for Claiming Federal Reimbursement on Administrative Costs for Medicaid Funded MH Services**
- OMH-94-09 180 Day Exception Requests of MA Invoices.**
- OMHSAS-99-02 Maximum Allowable Rates of Reimbursement for Psychiatric Physicians.**
- OMHSAS-05-01 Cost Settlement Policy and Procedures for Community-Based Medicaid Initiatives.**
- OMH-96-05 Mental Health Crisis Intervention (MHCI) Fee Schedule.**
- Administrative Bulletin 7021-03-03 Maximum Rates of State Participation for the County Mental Health/Mental Retardation Programs.**

**OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CONTRACT ADDENDUM:**

Chapter 5260 Family Based Mental Health Services for Children and Adolescents

5260.12 (b)(c)(d)
5260.22 (b) (1-7)
5260.45 (e)(f)(g)(i)(j)(k)
5260.46

Note: The above exceptions also apply to the Family-Based Mental Health Services Contract Addendum.

OFFICE OF MEDICAL ASSISTANCE REGULATIONS:

The BH-MCO is to adhere to the provisions of 55 Pa. Code Chapter 1101, General Provisions with the following exception:

1101.21 Definition of “Shared Health Facility”, (iv) and (v):

- (iv) At least one practitioner receives payment on a fee-for-service basis.**
- (v) A provider receiving more than \$30,000 in payment from the MA program during the 12-month period prior to the date of the initial or renewal application of the shared health facility for registration in the MA program.**

§1151 Inpatient Psychiatric Services

1151.2 Definition of benefit period
1151.21(b) "...for up to 60 days."
1151.34
1151.41(b)(c)(1-2)(d)(i)&(j)
1151.42(a)(c)(d)
1151.43(a)(b)
1151.45(2)(3)
1151.46
1151.48(a)(2-6)(9-16)(18-20)
1151.52
1151.53
1151.54

§1153 Outpatient Psychiatric Services

1153.2 Definitions - Psychiatric Partial Hospitalization: "... a maximum of six hours in a 24 hour period"

1153.14 (2)(3)(9)

1153.52(a)(2) "separate billings for these additional services are not compensable"

1153.53 Limitations on Payment

1153.53a Requests for Waiver of Hour Limits

§1163 Inpatient Drug and Alcohol Services

1163.59

1163.455

§1223 Outpatient Drug and Alcohol Clinic Services

1223.12 Outpatient services "...fee for service."

1223.14 (3)(4)(8)(9)(14)

1223.52(2)(3)(b,4,c)

Separate billings for these interviews are not compensable."

1223.53 Limitations on Payment.

OFFICE OF MEDICAL ASSISTANCE BULLETINS:

01-93-04, 11-93-02, 13-93-02, 41-93-0201-93-04,11-93-02,13-93-02,41-93-02 (a.k.a., 1165-93-01, 53-93-02)

Payment for Mental Health Services Provided in a Residential Treatment Facility for Eligible Individuals Under 21 Years of Age (applies to accredited RTF's only)

Page 1, 1st paragraph

Page 3, Number 4

Section C. Payment for Service

Section D. Request for prior authorization

Section E. How to invoice

Attachment 6 1150 Waiver request

Attachment 7 Plan of care summary

Attachment 8

Attachment 9

1157-95-01 Mental Health Services Provided in a Non- Accredited Residential Facility for Children Under 21 Years of Age

Page 3, A(2)(c)

A(4)

Page 4, B, C, "To receive MA reimbursement"

Page 5, D(1), (2), "Payment will be made only for services prior approved by OMAP"

Pages 9-14, (A), (B)

Attachment 2, 3(e), 4(b), 4(e)

Attachments 5, 6, 7, 8, 9, 11

1165-95-01 Update, Accredited RTF Services

Page 3, The two paragraphs following item C

Page 4, The last paragraph in item 2, "All admissions are subject..."

(3. HIO and HMO)

Page 5, Invoicing for RTF Services

Page 7, (b and c)

Page 10, Last sentence on the page

50-96-03 Summer Therapeutic Activities Program

p.2, 3rd paragraph - Reference to the maximum period of "five weeks per calendar year"

p.2, 4th paragraph - The required supporting documentation for the provision of this service does not apply except as required by the MCO of their provider network.

p.3, "Provider Requirements" - #1

pp.4, "Payment for Services" including unit length

Attachment - Service Description Format

01-97-16 "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."

01-97-08 “Diagnostic and Psychological Evaluations.”

Page 2 – “The Department limits these procedure codes to three per child, regardless of the combination of procedure codes...to end of paragraph.”

01-98-19 “Clozapine Support Services.”

Page 3: “Non-covered services” #1, #3, #4 and #5

Page 3: 2nd paragraph “The maximum time period for each order shall not exceed 6 consecutive calendar months.”

Page 5: the entire chart.

99-98-12 “Accurate Billing for Units of Service Based on Periods of Time.”

01-98-10 “Change in Billing Procedure for Behavioral Health Rehabilitation Services.”

Page 2: “Discussion:”

01-00-01 “Expansion of Special Pharmaceutical Benefits Clozaril Program.”

“Background:” 1st Paragraph: “Reimbursement for special pharmaceutical covered drugs is processed... to the end of the third paragraph.”

28-97-06 “Change in Billing Procedures for Psychotherapy.”

28-99-03 “Increased Fees for Outpatient Psychiatric Clinics, Psychiatric Partial Hospitalization Programs and Outpatient Drug and Alcohol Clinics.”

17-99-02 “Procedures for Licensed, Enrolled Mental Retardation Providers to Access and Submit Claims for Outpatient Behavioral Health Services for Individuals Under 21 Years of Age.”

Page 2: Procedures: #2, #3 and #4.

Page 3: Procedure: #5

Page 3: “Procedure for Handling TSS, MT and BSC Services Already Approved Through the 1150 Administrative Waiver Process” #s 1, 2 and 3

1153-95-01: Accessing Outpatient Wraparound Mental Health Services Not Currently Included in the Medical Assistance Program Fee Schedule for Eligible Children Under 21 Years of Age.”

Page 5(c) (2): 3rd paragraph “A Provider Type 50 MA Bulletin.”

Page 4 (d): # and #2

Page 6 (a): #1 (a)

Page 8: #3 (a-c), note, #4, #5(a), #5 (b-e):

- #3 (a-c): “Requesting Exception to the Fee Schedule Rate”
- #4 – Pg. 8: “Notification of decision to approve or reject exemption request – Request for prior approval”
- #5a – Pg. 9: “Decision to approve or reject”
- #5b – Pg. 9: “Written notification of decision”
- #5c – Pg. 9: “Parent/Legal Guardian notice/right to appeal”
- #5d – Pg. 9: “OMAP obtaining additional information within the 21 day period.
- #5e – Pg. 10: “Outpatient service authorization request (MA97)

Page 7-8: #6 (a-e)

Page 8-9: #7 (a-d)

Page 9: #8, #9, B: “Invoicing for Outpatient Wraparound MH Services.”

Attachment #4 “Subcontract Agreement Form.”

Attachment #8 “Request for Expedited Outpatient Behavioral Health Services.”

Attachment #5 “Outpatient Service Authorization Request.”

19-99-04 “Prescriptions Not Received by The Medical Assistance Recipient.”

50-97-03 “Training for EPSDT Expanded Services Providers (Provider Type 50) on Completing Medical Assistance Invoices.”

01-94-01, Outpatient Psychiatric Services for Children Under 21 Years of Age:

- 1) Page 2 - "Exceptions" - The entire section.
- 2) Page 3 - "Note" - The entire section.
- 3) Page 3 - "Reminder" - "...and must be requested from the Office of Medical Assistance through the 1150 waiver process."
- 4) Page 3, "Requirements and Procedures" - First two paragraphs and number 1.
- 5) Page 4, Number 6 (a-c)..
- 6) Page 5, The MA fee, type services and procedure code
- 7) Page 7, The MA fee, type services and procedure code
- 8) Page 9, The MA fee, type services and procedure code
- 9) Page 10, The MA fee, type services and procedure code
- 10) Page 12, The Limit, MA fee and "Limit of 3 per year of any combination of the procedure codes listed, type of service and procedure code.
- 11) Page 13, The Limit, MA fee and "Limit of three per year of any combination of the procedure codes listed above" do not apply, type of service and procedure code.
- 12) Page 15, Last paragraph - ".. by an 1150 Waiver Request (MA 325)."

THE DEPARTMENT OF HEALTH

Managed care plans are to adhere to all federal and state confidentiality regulations. Adherence must be to the most restrictive regulations.