



# PROVIDER ALERT

Alert # 1-2004-12 HCAL

## HealthChoices Allegheny Fee Schedule Reminders

Community Care Behavioral Health sent HealthChoices Fee Schedule amendments to the contracted network in September 2004 for an *effective date of October 15, 2004*. In addition to these fee schedules being transitioned into the new MA PROMISe enrollment format, several procedure code and rate changes were denoted on the fee schedules.

Since the October 15, 2004 HealthChoices Fee Schedule implementation, Community Care has received multiple provider inquiries surrounding confusion on the procedure code and rate changes. This confusion is evidenced by claims submissions that are not reflective of those specified changes. This alert serves as additional clarification on the changes that were integrated into the October 15, 2004 HealthChoices Fee Schedules.

Please review the summary of fee schedule changes below and make arrangements to adjust your internal business practices so problems do not continue to arise.

### Group Therapy

**Procedure Code: 90853** – Group Therapy services for licensed facilities, physicians and psychologists had a state required unit change from 30 minutes to 15 minutes. The rate of reimbursement was adjusted to accommodate this change. The product-specific changes are listed below:

- HealthChoices Allegheny - \$15.00 per 30 minutes to \$7.50 per 15 minutes

### “Best Practices” Evaluations (Child and Adolescents only)

Community Care requires “Best Practices” Evaluations to be performed on any child or adolescent members that are referred or receiving BHRS wraparound services and RTF services. In addition, all evaluations rendered to child and adolescent members are *encouraged* to be in best practices format but this is not a service requirement. During the implementation of our HIPAA fee schedules on January 1, 2004, Community Care assigned the 90801-HA for all initial best practices evaluations regardless of the service intent. It was necessary to re-evaluate this service code assignment given the state reporting expectations/differences of services rendered under BHRSCA vs. Outpatient. Clarification of the procedure code change is as follows:

**Procedure Code: 90801-HA** – Initial Best Practices Evaluations rendered by a contracted, “non-Preferred”, BHRS wraparound provider or contracted BHRS Prescriber (evaluator). This procedure code must be requested on the one-page “BEST PRACTICE EVALUATION AUTHORIZATION REQUEST” form. A unique authorization for the 90801-HA will be sent to providers on their weekly authorization reports.

- Please note – Following the Initial Best Practices Evaluations, contracted BHRS wraparound providers or prescribers must request and utilize the 90801-EP, “Psychological Evaluation for the **re-evaluation** and Preparation of a BHRS report”. This procedure code is also requested on the one-page “BEST PRACTICE EVALUATION AUTHORIZATION REQUEST” form or may be requested on the required BHRS Plan of Care.

**Procedure Code: 90801-UA** – Best Practices Evaluations rendered by a contracted Outpatient provider that **is not** a contracted BHRS wraparound provider nor BHRS Prescriber. This procedure code must be requested through the Outpatient Registration Process. A unique authorization will not be made. You will be notified of the OPR registration confirmation on your weekly reports.

- Please note – Outpatient providers must complete a Best Practices Evaluation on any child or adolescent member that requires a prescription for BHRS wraparound services. The use of this code by Outpatient providers will be quality reviewed by Community Care.

### **BHRSCA Rate Changes**

Community Care approved product specific rate changes as specified below:

#### HealthChoices Allegheny

- Mobile Therapy Services, procedure code H2019, had a rate increase from \$13.75 to \$15.00 per 15 minutes, effective July 1, 2004. Contracted providers were notified of this change prior to the HealthChoices Fee Schedule publication.