



## **PROVIDER ALERT**

**November 1, 2010**

## **CLAIMS UPDATE**

**1. OMS Discharge:**

OMS providers who received payment for the OMS discharge for Uninsured Eligible consumers, minus the \$2.00 copayment, are not required to resubmit the claims. The correction is completed and claims with an incorrectly applied copayment will be automatically re-adjudicated.

**2. Professional Services Reimbursement for consumers in hospital-based PHP and IOP:**

Effective for dates of service beginning 9/1/09 Psychiatrists and Psychiatric Nurses may bill for this service using codes 90801-HE and 90862-HE. Authorization is not required if the consumer has an authorization for PHP or IOP. The timely filing limit (12 months from the Date of Service) will not be applied to claims for these services if they are submitted on paper, with a copy of this Alert attached, within 30 days of this Alert.

**3. Professional services reimbursement for consumers in Residential Crisis:**

Psychiatrists and Psychiatric nurses may bill for these services, using code 90801-HE (90801-22 for dually eligible Medicare/Medicaid recipients) for the initial evaluation and codes 90816-HE – 90819-HE for follow-up visits. The timely filing limit (12 months from the Date of Service) will not be applied to Claims for these services if they are submitted on paper, with a copy of this Alert attached, within 30 days of this Alert.

**4. Interdisciplinary Treatment Planning:**

Reminder: Providers may only be reimbursed for two services per consumer, per year, and the services must be rendered at least 120 days apart.