



## **PROVIDER ALERT**

**December 22, 2010**

### **Important Information Regarding Billing and Submitting Encounters For Psychiatric Rehabilitation Program (PRP) Services**

MHA requires a monthly reconciliation of PRP services and associated encounters. To ensure that encounters are appropriately reported, and to avoid retractions of paid PRP claims, please refer to the information below.

**H2018:** The code for billing the PRP monthly case rate

- H2018 must be billed with the appropriate modifier and place of service. Please refer to the PRP cascade for descriptions:  
[http://maryland.valueoptions.com/provider/claims\\_finance/PMHS\\_PRP\\_Cascade.pdf](http://maryland.valueoptions.com/provider/claims_finance/PMHS_PRP_Cascade.pdf)
- Only one H2018 per consumer/per provider may be billed each month.
- The charge submitted for the service should equal the amount shown on the Cascade Document for the modifier and place of service.
- Providers must obtain an authorization for this service
- Claims must be submitted within 12 months of the date of service, in accordance with the timely filing requirement.
- Ideally, providers should wait to bill the H2108 until the appropriate number of H2016 encounters is billed. This is not a required billing practice, but alleviates reconciliation issues that occur when H2108s are billed without supporting H2016 encounters.

**H2016:** The code for reporting the number of encounters provided per consumer/per month

- Do not submit a modifier with this code (exception: reporting transitional PRP encounters which require the U8 modifier).
- Each encounter must be a separate line item on the claim form. Only one unit may be entered for each encounter.
- All encounters for the month must be submitted by the end of the month following the month in which the service was rendered, e.g. encounters for November 2010 must be submitted by December 31, 2010.
- Please submit \$1.00 as the billed charge for H2016. (Any amount greater than zero will be accepted.) \$1.00 will show as a "prepaid amount" on the provider voucher.
- The place of service code for H2016 must be either 15 or 52, off-site or on-site, respectively.
- H2016 may be billed on the same claim form as the H2018 or on separate claim forms.



- H2018 is not included in the count of supporting encounters.

Example:

- A PRP provides blended services to a consumer during the month of November.
- Encounters (H2016) occur on November 1, 5, 9, 16, 23 and 30.
- The provider may bill each encounter as it occurs, or bill all the encounters on the same claim form, but each encounter must always be a separate line item. Because the services were rendered in November 2010, all the encounters must be submitted to ValueOptions by December 31, 2010
- The provider then bills the H2018 with appropriate modifier, place of service, and the charge that is supported by 6 encounters. In this case, the provider bills one H2018 for the month, with the modifier U7 and place of service 49 and the exact charge amount that is supported by the encounters, i.e. \$735.56

Please contact Linda Garrington (410-691-4050 or [linda.garrington@valueoptions.com](mailto:linda.garrington@valueoptions.com)) if you have questions.