

Business Rules Implementation – Place of Service Limits 375 Levels of Care

CBH issued Bulletin 17-12 in September 2017 to remind providers that it is the provider's responsibility to ensure that submitted CPT codes and Places of Service (POS) are correct based on their Pennsylvania PROMISE provider type. Recent data runs indicate that many providers are still using the incorrect POS. Therefore, CBH will begin to roll out business rules, also known as "claim edits," to reject claims that are submitted with the incorrect POS.

All CBH providers should review the attached list of Commonwealth-allowed POS to ensure that claims are being submitted with correct information. Future phases of claim edits will be added for additional levels of care, until all are included.

Also, as providers make corrections to the POS in claims processing systems, it is recommended that the taxonomy information submitted on claims also be reviewed for accuracy, as future claim edits will address discrepancies in this field.

CBH will begin this process with the Intensive Outpatient Program (IOP) and other 375 levels of care.

Enforcement of the following edits will begin on **June 1, 2019**. Claims without the correct POS will reject during adjudication.

375-2 Methadone Maintenance Daily - CPT code H0020 and UB pricing modifier code
Correct Place of Service: 57 (Non-Residential Substance Abuse Treatment Facility)

375-12 Methadone Take Home Service - CPT code H0020 and HG pricing modifier code
Correct Place of Service: 57 (Non-Residential Substance Abuse Treatment Facility)

375-11 Intensive Outpatient Program - CPT code H0015
Correct Place of Service: 99 (Other POS)

375-14 D&A Partial Hospitalization - CPT code H2035
Correct Place of Service: 99 (Other POS)

375-15 D&A Partial IOP – CCBHC – CPT code H0015
Correct Place of Service: 99 (Other POS)

The 835RA rejection will have the following claim adjustment reason code (CARC) issued:

58 Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Start: 01/01/1995 | Last Modified: 07/01/2017

Questions regarding this Bulletin should be directed to your assigned Claims Analyst or Provider Relations Representative.

Please see the attached spreadsheet for all codes.