Questions & Answers

1. EXCLUSIONS

- Can we have more information on where the exclusion lists can be found to verify staff before hiring?
  - » The CBH Provider Manual specifically Section 5.16 review exclusion checks and can be found on the CBH webpage: https://cbhphilly.org/cbh-providers/cbh-provider-manual/
- Do non-licensed staff have to be checked for Exclusion?
  - » Yes, they do.

2. ENCOUNTER FORMS

- Can you speak about encounter forms for telehealth?
- Can you speak about encounter forms for telehealth?
  - » Providers need to follow OMHSAS Interim Telehealth Guidance 3.30.3023: **https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/services/mental-health-in-pa/documents/OMHSAS_Interim-Telehealth-Guidance-3.30.2023.pdf**

    Which states that: "Effective on January 1, 2024, providers are expected to capture consent to treatment, service verifications, and approval of treatment plans in a manner that creates an auditable file and is in accordance with the timelines expected within regulation."
- Which levels of care require encounter forms? Is there a guide or a provider bulleting to reference?
  - » Per MA Bulletin 99-89-05 Signature Requirements and Encounter Form: "Encounter forms may be developed by the provider and must contain the following information:

Questions & Answers

- A certification statement: "I certify that the information shown on this invoice is true, correct and accurate. I understand that payment and satisfaction of this claim will be from federal and state funds and that any false claims, statements or documents, or concealment of material facts, may be prosecuted under applicable federal and state laws."
- Provider name and MA ID number
- Recipient name and ID number
- Recipient's signature, or the signature of the recipient's agent
- Date of service

» Medical Assistance Bulletins 99-89-05 Signature Requirements and Encounter Forms: **https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/d_006319.pdf**

» Medical Assistance Bulletins 99-03-21 Health Insurance Portability and Accountability Act (HIPAA) Transaction and Cose Sets Updates: **https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/d_003966.pdf**

» The bulletin, 99-89-05, also defines when a signature is not required, as does the OMHSAS Policy Clarification regarding crisis intervention services dated April 15, 2024.

➡ I have a provider specific question regarding the encounters for telehealth. Who is the best person to reach out to?

» CBH Program Integrity can answer questions at: cbh.compliancecontact@phila.gov

Questions & Answers

3. CLAIMS INFORMATION

- To confirm for telehealth the POS is where the client is and the modifier is the telehealth modifier?
  - Place of Service (POS) is dependent on where the member is.
  - POS 02 is used if member participating from home, POS 10 if member is presenting from anywhere outside of home.
  - Audio only telehealth should come with modifier FQ. If it is audio and video (i.e. facetime) then you would bill the regular billing sentence without the FQ notifier
- Does it matter if we put in an arbitrary number for the amount we are billing when submitting a claim? Should that number be accurate? When we submit a claim it asks us for the amount that we are billing for, regardless of the number we enter, the system will accurately calculate what we are owed. Is it important for us to put in the amount that we believe we are going to be paid out or can we just put in a random amount ex: $1 for each session line?
  - Amount you are entering is your Usual Customary Charges (UCC). That is your charge. CBH will always pay at the fee schedule. You determine what your UCC is.
- Can you please clarify the rounding up or down for units? For example, services were provided for at least 8 minutes...and 1 unit is 15 minutes. Can this be rounded up to 1 unit?
  - Medicaid does not allow rounding up of units for most services. There are some exceptions such as TCM or FBS.
  - You cannot bill below 1 unit for the initial unit billed.
  - Depending on unit of measure.

Questions & Answers

- If the unit is 15-minutes, you cannot "round up", you can only bill for full 15-minute duration if 15 minutes of treatment was delivered.
- If it is a 60 minute unit, no you can't bill if the session was less than 60 minutes.
- For individual therapy sessions there are LOC's with 30 min and 45 min

» MA Bulletin 99-97-06 Accurate Billing for Units of Service Based on Periods of Time: **https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/d_005037.pdf**