

## Intensive Behavioral Health Services Payment & Third-Party Medical Resources

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This Notice is to remind Providers that Intensive Behavioral Health Services (IBHS) payment will not be made for a compensable IBHS if payment is available through a third party. IBHS Providers must comply with [Title 55/Chapter 1101/55 PA. Code § 1101.64 Third Party Medical Resources \(TPR\)](#). Medicaid is always the payor of last resort and all IBHS levels of care require coordination of benefits, regardless of child diagnosis.

1. Providers should coordinate benefits with the Member's insurance carrier(s) prior to billing CBH for all IBHS Levels of Care (LOC), with the exception of IBHS Regionalized Care Coordinator and Family Peer Support levels of care as they are CBH-created services.
2. Claims rejected by the Member's insurance carrier(s) for the Provider not being In-Network or not having a contract is not a final determination, and CBH cannot pay as primary. Providers can choose to continue services without payment, obtain a Single Case Agreement (SCA) contract with the Member's insurance carrier(s), or transfer the case to an agency identified by the primary insurance company.
3. All IBHS claims should include Explanation of Benefits (EOB)/Final Determination when billing. Claims will not adjudicate with payment if the EOB/Final Determination information is not included.
4. All timely filing edits will apply to the claims. Providers have 180 days from the date of service to obtain an EOB/Final Determination and 90 days from the date of the EOB/Final Determination to submit the claims to CBH.

Should you have any questions, please contact your assigned CBH Claims Analyst.