

Rebundling JOT Call  
June 2, 2017

| Question   | Departmental Responses   |
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| <p>Does the response to item 2 on the 05/26 list (“Substance use disorder services covered under COMAR 10.09.80 may not be conducted via telephone. Please see the limitations for community based substance use disorder services listed here:<br/>1 <a href="http://www.dsd.state.md.us/comar/comarhtml/10/10.09.80.06.htm">http://www.dsd.state.md.us/comar/comarhtml/10/10.09.80.06.htm</a>.”) also pertain to video counseling services?</p> <p>When I have a patient that is having problems meeting the counselor, I would like to use a video contact at least occasionally to engage the participant.</p> | <p>COMAR 10.09.80.06 states that providers may not be reimbursed for services rendered by mail, telephone, or otherwise not one-to-one, in person. This includes services rendered by video conference. Case work related to participant care completed telephonically or through video services may be an appropriate standard of care but are not separately reimbursable.</p> <p>Telemedicine is outlined under COMAR 10.09.49. OTPs are an approved originating site for telehealth. Originating sites are where the participant is located. The originating site facilitates the telehealth communication between the participant and the distant site provider. Telehealth requires specific audio/visual capabilities as described in COMAR 10.09.49. Approved distant site providers include nurse midwives, nurse practitioners, psychiatric nurse practitioners, physicians, and providers fluent in American Sign Language providing telehealth services to a deaf or hard of hearing participant.</p> <p>Counselors are not approved distant site providers and telehealth does not include communication to the participants in their home through Skype or other video chat software.</p> <p>For more information on telehealth please review COMAR 10.09.49 (<a href="http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.09.49.*">http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.09.49.*</a>) and the Department’s website here: <a href="https://mmcp.health.maryland.gov/Pages/telehealth.aspx">https://mmcp.health.maryland.gov/Pages/telehealth.aspx</a>.</p> |
| <p>2 When billing for counseling sessions (H0004) can I bill 1 unit for a patient that met with his counselor for 10 min or is it minimum increments of 15 min for even 1 unit?</p>  | <p>A 15 minute unit of H0004 is for 15 minutes of services. In order to bill for two 15 minute increments, there must be 30 minutes of services.</p>   |
| <p>3 We are getting denials for H0004 codes (individual counseling). The error code that we are getting is: NPD - The NPI is not valid for the service billed and/or the service location. Please correct the NPI and resubmit the claim.</p> <p>In researching this matter, I noticed a provider transmittal dated January 19, 2017 that states that</p>  | <p>Beacon has become aware that there was a situation with the service class which caused a small group of claims to deny. This occurred on the initial 2 days of the implementation and for the previous authorizations that were in the system. All requests that have been entered since 5/17/17 are entered correctly and are flowing through the claims system smoothly. We have worked on a sequel within the system to correct the situation and the claims are being reprocessed that were previously entered. Beacon is re-adjudicating claims this week.</p>   |

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| <p>effective May 1st, the fee for service programs must submit the individual/rendering NPI number on all the claims.</p> <p>How should we go about billing and collecting for H0004 as well as the E&amp;M codes?</p>  | <p>If providers are having specific issues with claims they should contact Beacon customer service (1-800-888-1965, <a href="mailto:marylandproviderrelations@beaconhealthoptions.com">marylandproviderrelations@beaconhealthoptions.com</a>).</p> <p>The referenced transmittal is specific to FQHC providers and does not impact OTPs.</p>  |
| <p>4 We have been having difficulties regarding renewal of Authorization for existing patients:</p> <ul style="list-style-type: none"> <li>a. It only provides us with 26 units.</li> <li>b. It won't allow renewal until the old one expires! (We were told we could renew as 1 month in advance).</li> <li>c. In the example I am sending, patients Authorization expires on May 27<sup>th</sup>. If we ask for today's date May 25<sup>th</sup>, it tells us start day has to be May 27<sup>th</sup>. If we put May 27<sup>th</sup> it tells us start date cannot be in future.</li> </ul> | <p>There were some issues with the OTP rebundling go-live for authorizations submitted w/ RSD May 15<sup>th</sup> and May 16<sup>th</sup>. However, those issues were resolved on the evening of May 16<sup>th</sup>. If the program is attempting to backdate to a RSD prior to May 15<sup>th</sup>, the system will process the authorizations under the old authorization parameters. If backdating is not the case, please forward the authorization number and corresponding member ID (M# or MA#) to <a href="mailto:marylandclinicaldept@beaconhealthoptions.com">marylandclinicaldept@beaconhealthoptions.com</a> so we can review and correct.</p> <p>The OTP rebundling authorizations follow the OMS logic. The provider can submit a continuing authorization as early as 30 days prior to the end date of the previous authorization or up to 100 days after the previous authorization end date. The current OMS interview date is required. This date should not be a future date, nor should it be earlier than the previous OMS interview date. The start date for the concurrent review may not precede the start date for the initial authorization. This creates significant problems in ProviderConnect.</p> |