

PROVIDER ALERT

Reminder of Payable Provider Types and Services in the ER

August 5, 2021

Target Audience: Provider Types 15, 20, 23, 24, 27

The scope of this alert is specific to the Emergency Room (ER) and “who” to bill based on provider specialty as a mental health practitioner.

Billing Practice: CMS 1500 Billing for Substance Use Disorder (SUD) diagnoses in the Emergency Room

Physician fees for **SUD** diagnoses that are billed on the CMS 1500 for services rendered in the Emergency Room for non-specialty psychiatric services, should be billed to the Managed Care Organization (MCO). This is described in the 2014 transmittal from Maryland Department of Health (MDH), [here](#).

Billing Practice: CMS 1500 Billing for Mental Health and Poisoning diagnoses in the Emergency Room

The Public Behavioral Health System (PBHS) does not cover any Physician or Nurse Practitioner who does not have the necessary psychiatric specialty codes.

Providers may bill to Optum for the professional services provided in the ER **only** when both conditions below are met:

1. The provider type (PT) must be one of the providers listed:
 - a. PT 20 (Psychiatric specialty)
 - b. PT 15 (Psychologist)
 - c. PT 23 (Certified Nurse Practitioner with Psychiatric Mental Health certification)
 - d. PT 24 (Nurse Psychotherapist); **and**
 2. The service must be a Mental Health or Poisoning diagnosis per COMAR 10.67.08.02. Hyperlinks are provided to access the [Mental Health](#) and [Poisoning](#) diagnosis lists.
- For a Physician Group (PT 20) or Mental Health Group (PT 27), the service must be rendered by one of the provider types listed above.
 - A Physicians Group must only include physicians (PT 20)

- To bill the PBHS, individual and group practices cannot share an NPI with another location.
- Providers need to ensure their provider file in ePrep includes appropriate licensure/certification so claims can be paid by the appropriate payer

Billing Practice: Psychiatric Diagnostic Codes in the Emergency Room Setting Consideration:

As providers are responsible for billing according to *AMA's CPT 2021 Professional Edition*, they must reference the eligible provider types and combination of codes relating to psychiatric diagnostic evaluation (90791, 90792) with E&M codes (99281, 99282, 99283, 99284 and 99285) in the emergency room.

Claim Denials:

When an individual or rendering provider does not have the specialty as noted in the Billing Practice above, then Optum will deny the claim with the following reason: **'Payment is Denied when billed by this Provider Type.'**

*Please note this only means Optum is denying payment because the claim should not be billed to Optum but may be reimbursable if it meets all criteria if billed to the MCO with the appropriate *medical* diagnosis.

- For example:
 - Physician Provider Type 20, Specialty 43 (Emergency Medicine) billing procedure codes 99281 – 99285, the claim will be denied with the reason: **"Payment is Denied when billed by this Provider Type."**

In the above scenario, the MCO is responsible (or Fee-for-service (FFS) if no MCO). If you get a denial for this reason, submit the claim to the MCO with the appropriate somatic diagnosis.

If you have questions about the information in this alert, please contact Optum Maryland Customer Services at 1-800-888-1965.
