



MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE

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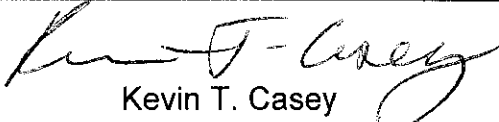
NUMBER

00-04-10

SUBJECT:

**Service Definitions and Procedure Codes
for Healthcare Waiver and Base Services**

BY:


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Deputy Secretary for Mental Retardation

SCOPE:

County MH/MR Program Administrators

PURPOSE:

The purpose of this Bulletin is to distribute revised service definitions and procedure codes for healthcare waiver and base services. This bulletin contains updated national codes and applies to healthcare services only.

BACKGROUND:

Procedure codes for Electronic Transfers of Health Care Services were first distributed on August 13, 2003 under Bulletin 00-03-08. On December 31, 2003, in preparation for HCSIS/PROMISE, the Office of Mental Retardation disseminated additional service definitions, under Bulletin 00-03-12, which contained 110 healthcare related services and procedure codes. This Bulletin, Service Definitions and Procedure Codes for Healthcare Waiver and Base Services, provides an updated listing of healthcare codes, and consolidates the healthcare services into 15 codes with no reduction in services.

Additionally, to be compliant with HIPAA, medical services not specified in the service definitions and paid for with base funds through electronic billing between the county and their contracted providers, must use codes specified in the fee schedule provided by the Office of Medical Assistance Programs (OMAP).

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The Appropriate Regional Program Office

DISCUSSION:

The attached service definition chart contains healthcare related national codes and must be used to be HIPAA compliant. A number of the national codes are accompanied by a billing or informational modifier. **To ensure accuracy of billing and payment, the appropriate modifiers must be billed with the corresponding codes, in the order specified in the service definitions document.**

All counties utilizing electronic billing for waiver and base healthcare services must use the national healthcare codes specified in the attachment to be in compliance with HIPAA.

The PROMISe pilot counties, which include Berks, Dauphin, Delaware and Westmoreland counties, must use the attached services on plans effective July 1, 2004.

ATTACHMENTS:

Consolidated Waiver, Person Family Directed Support Waiver and Base Funded Healthcare Services Definitions

Obsolete Bulletin:

00-03-08 - Procedure Codes for Electronic Transfers of Health Care Services

SO Payment Agent	Funding	Transition Code	Units	Service Name	Service Description	Unit
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	GP	Physical Therapy	Waiver service not otherwise specified. Service delivered under an outpatient physical therapy plan of care. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	GO	Occupational Therapy	Waiver service not otherwise specified. Service delivered under an outpatient occupational therapy plan of care. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	GN	Speech and Language Therapy	Waiver service not otherwise specified. Service delivered under an outpatient speech language pathology plan of care. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	TD	Nursing Service-RN	Waiver service not otherwise specified. Consultation, and training within scope of practice. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	TE	Nursing Service-LPN	Waiver service not otherwise specified. Consultation, and training within scope of practice. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UF (6 Hrs.) and TD	Nursing Service	RN Morning. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UG (6 Hours) and TD	Nursing Service	RN Afternoon. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UH (6Hours) and TD	Nursing Service	RN Evening. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UJ (6 Hours) and TD	Nursing Service	RN Night. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UF (6Hours); and TE	Nursing Service	LPN Morning. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UG (6 Hours) and TE	Nursing Service	LPN Afternoon. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	

So/Reimbursement Code	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UH (6Hours) and TE	Nursing Service	LPN Evening. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	6 Hours
	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	UJ (6 Hours) and TE	Nursing Service	LPN Night. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	
				Behavior Therapy	The treatment, by psychological means, of the problem of an emotional nature in which a trained person deliberately establishes a professional relationship with an individual, in an attempt to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and promote positive personality growth and development. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	
No	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	HE	Individual Therapy	Individual therapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, 20 to 30 minutes face-to face with the patient. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes
	Consolidated, PFDSW, Base @ 90/10, FSS&FD, Pennhurst Dispersal @ 90/10	T2025	HE, HQ	Group Therapy	Interactive group psychotherapy. A denial letter from medical assistance fee for service or managed care must be received prior to any healthcare related service being provided.	15 minutes