



MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE
July 5, 2005

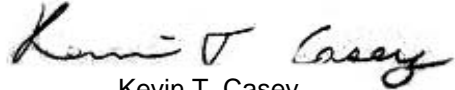
EFFECTIVE DATE
Immediately

NUMBER
00-05-03

SUBJECT:

**Services Requiring Third Party Insurance
Review Prior To Consideration For Waiver
Payment**

BY:


Kevin T. Casey
Deputy Secretary for Mental Retardation

SCOPE:

County MH/MR Administrators
Support Coordination Entity Directors
Community Residential MR Facility Directors
Family Living Directors

PURPOSE:

The purpose of this Bulletin is to explain the conditions under which certain State Medical Assistance Plan services can be provided under the Office of Mental Retardation's (OMR) Consolidated and Person/Family Directed Support Waivers.

BACKGROUND:

The Office of Mental Retardation's Medicaid Waivers include a list of services that can be provided for eligible individuals. The implementation of HealthChoices, Pennsylvania's mandatory managed care program for people who are eligible for Medical Assistance (MA), prompted OMR to clarify to County Mental Retardation (MR) Programs that MA-compensable services cannot be provided through Medicaid Waiver funding unless these services are denied by the individual's health care plan(s). OMR Waivers have the following language; "*Services will be provided under the State plan until the plan limitations have been reached.*" This caused confusion because some services are listed in both the State Medical Assistance Plan (which includes HealthChoices and fee-for-service) and the Medicaid Waivers.

- OMR Bulletin 00-04-10 issued September 3, 2004, entitled "*Service Definitions and Procedure Codes for Healthcare Waiver and Base Services,*" defines the services that require a written denial letter from the individual's physical or behavioral health care plan before these services can be considered a needed Waiver service.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO THE APPROPRIATE REGIONAL PROGRAM MANAGER.

DISCUSSION:

If the physical and behavioral health-related items listed below are also provided through the State Medical Assistance Plan, Medicare and/or private insurance, the following procedures should be followed in accordance with current regulations:

- Necessary services must be documented in the Individual Support Plan.
- A request for a medically necessary service must first be submitted to the individual's insurance plan(s) (private insurance, Medicare, or MA). If a family declines to submit a request to MA or their insurance plan(s), services will not be covered under the Waiver.
- If the service is denied in writing by private insurance, Medicare or MA, all written denials must be received by the County MR Program so a decision can be made whether to pursue Medicaid waiver funding sources or not as per OMR Bulletin 00-04-10, "*Service Definitions and Procedure Codes for Healthcare Waiver and Base Services*", services with "T" codes need a denial letter; however, services with "W" codes do not need a denial letter.
- When Waiver funding is requested, the County MR Program must review the request and respond to the individual or his/her designee within 30 days from the date that the request and all appropriate physical and behavioral health denial letters are received by the County. The County's response must include information regarding the fair hearing and appeal process as per OMR Bulletin 00-04-07, "*Clarifying Procedures for Individual and Provider Appeals*".
- If there are any other MA compensable, Medicare or private insurance services that are typically covered, a denial letter should be obtained.

POLICY:

Waiver funding cannot be used to supplant the cost of a service that is private insurance, Medicare, or MA compensable. The purchase of durable medical equipment is never a covered cost under waiver funding. What is considered durable medical equipment is determined by the Office of Medical Assistance; a definition can be found under Pennsylvania Code, Title 55. Ch. 1187.2. The Office of Mental Retardation's Consolidated and Person/Family Directed Support Medicaid Waivers provide the following physical and behavioral health-related services:

ISO/Payment Agent	Funding	Transaction Code	Modifier	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

ISO/Payment Agent	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit
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
	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.	

ISO/Payment Agent	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit
	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.	
	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.	
	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.	
	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.	
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	

ISO/Payment Agent	Funding	Transaction Code	Modifier	Service Name	Service Description	Unit
					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