

New Specifications for CCBHC Claims: Pennsylvania

PPS-1 Claims: MCO (Health Choices) and FFS — 7/1/2017

Per the Pennsylvania Department of Human Services, CCBHC PA Partners will submit PPS-1 claims (T1040 procedure code and daily rate) and CCBHC service encounter data (zero-dollar billing lines with actual procedure codes & modifiers) to their MCOs, and only the T1040 procedure code and daily rate to MA FFS (PA DHS/OMHSAS) within the 837P EDI format. Please use the configuration steps below to support the Pennsylvania EDI Billing Guidelines for CCBHC claims.

For CCBHC MCOs

Claims will be generated with multiple services per claim with the following billing lines:

- T1040 as the first service in the claim with the Agency's PPS daily rate.
 - By setting the T1040 to split off other services for CCBHC MCOs, and rolling together to produce one daily rate.
- Additional services on the claim will show the appropriate CPT code (e.g., 99211, etc., referenced in the document *CCBHC Procedure Code_Chart_2017_0602.xlsx*) with a \$.00 rate reported.
 - By adding Payer Specifics to the existing Billing Matrix lines for the CCBHC MCO Payers.

For CCBHC MA FFS (PA DHS/OMHSAS)

Claims will be generated with a single service per claim with the following billing line:

- T1040 as the only service in the claim with the Agency's PPS daily rate.
 - By setting the T1040 to split off other services for CCBHC MCOs, and rolling together to produce one daily rate.

Additional services will be reported in a specific non-837 supplemental file as outlined in the document *CCBHC_FFS_Service_Detail_File-Layout_2017_0531-5.xlsx*. (This document is currently being evaluated by Credible for programming requirements.)

- The MA FFS supplemental file will report the appropriate CPT code (e.g., 99211, etc., as referenced in the document *CCBHC_Procedure Code_Chart_2017_0602.xlsx*) with a \$.00 rate reported, among other identifying data elements.
 - By adding Payer Specifics to the existing Billing Matrix lines for the CCBHC MA FFS Payers.

For full requirements outlined by the Pennsylvania Department of Human Services, please see the following documents:

- CCBHC_Procedure Code_Chart_2017_0602.xlsx
- CCBHC FFS -- PPT 2017_0602.pptx
- CCBHC_FFS_Service_Detail_File-Layout_2017_0531-5.xlsx

- CCBHC HC -- PPT 2017_0602.pptx
- CCBHC HC -- 837 Coding Example -- 2017_0602.docx
- CCBHC HC -- 837 NTE Segment Detail -- 2017_0602.docx
- CCBHC_EBPP-Coding_2017_0601.docx

The configuration steps to allow correct reporting of CCBHC Services as outlined above include the following basic configuration requirements in Credible:

1. Create a '**CCBHC**' Payer for each MCO and MA FFS Payer to whom CCBHC services will be billed.
2. Create new **Provider Configs**, as needed, for the new CCBHC Payer records. (This may only be needed if a different NPI and/or Taxonomy Code is needed in Billing Provider Loop 2010AA.) Skip this step if not needed.
 - Create new **Billing Groups**, as needed, for the new CCBHC Payer records, using the new Provider Config records created in step 2, above. Skip this step if not needed.
3. Create **Billing Matrix** lines to generate the T1040 (Daily CCBHC Rate) as a split service for the new CCBHC Payer records, one new T1040 Billing Matrix line for every existing Billing Matrix line being used to post actual rendered CCBHC Service Types.
4. Update existing actual service Billing Matrix lines for **Service Types** included in the CCBHC Service Package to post with a zero-dollar rate for each new CCBHC Payer record.

Below are the detailed steps to configure the CCBHC billing to allow correct reporting of CCBHC Services as outlined above:

Payers: Create a 'CCBHC' Payer for each MCO and MA FFS Payer to whom CCBHC service will be billed. Set up new payers as "MCO CCBHC" (i.e. CBH CCBHC) and an "MA FFS CCBHC" payer to correspond with, but be separate from, your existing MCO and MA FFS payers.

1. Go to **Billing** tab and click the **Billing Payer** link.
2. Click **Add New Payer Entry**.
3. Chose the same **Config ID** as your original MCO payer.
4. Select **Multiple Services per Claim (837P)**.



5. Select all other options in the original MCO Payer, except **Do Not Batch if No Insurance Due**.
6. Click **Save**.

Provider Config: Create new Provider Config records, as needed, for the new CCBHC Payer records.

If needed, set up your CCBHC-specific NPI and/or Taxonomy Code in new Provider Config record(s)

1. Go to **Billing** tab and click on the **Provider Config** link.
2. Select **Add a New Billing Provider Entry**.
3. Select the appropriate **Taxonomy Code**.
4. Add **Entity Qualifier** = Nonperson Entity.

5. **Provider ID** is the new CCBHC-specific NPI.
6. **Code Qualifier** = NPI ID (XX).
7. Add the **2nd ID** which is normally your *Tax ID* (with **ID Qualifier 2** = Employer Identification Number (EI)).
8. Add the PA CCBHC-specific *Promise ID* in the **Alternate ID** (L2010BB – REF02 – Billing Provider Secondary ID).
9. In the **Alternate ID Qualifier** dropdown, select **Provider Commercial Number (G2)**.
10. Add your Agency address and contact information.
11. Choose **Medicare AssnCode** = Assigned
12. Click **Save Settings**.

Billing Group: Create new Billing Group records, as needed, for the new CCBHC Provider Config records. If needed, set up a CCBHC-specific Billing Group(s) using your new Provider Config record(s).

1. Go to the **Billing** tab and select the **Billing Groups Table**.
2. Click **Add a New Billing Group Entry**.
3. Choose the CCBHC-specific NPI for **Provider and Pay-To Provider**.
4. Set remaining settings the same as the original Billing Group(s) used for the non-CCBHC MCO & MA FFS Payers.

Billing Group Name: ⓘ	<input type="text" value="CCBHC"/>
Provider: ⓘ	<input type="text" value="CCBHC Provider (12343455)"/> ▼
Pay-To Provider: ⓘ	<input type="text" value="CCBHC Provider (12343455)"/> ▼

Add New Billing Matrix Lines: Create Billing Matrix lines to generate the T1040 (Daily CCBHC Rate) as a split service for the new CCBHC Payer records. This requires one new T1040 Billing Matrix line for every existing Billing Matrix line being used to post actual rendered CCBHC Service Types. (Using the Overproduction and Rollup Codes allows the T1040 code to only bill once per day.)

1. Go to the **Billing** tab and Select **Billing Matrix**.
2. Select **Add New Entry**.
3. Add a **Billing Matrix** line to capture the T1014 CPT code. (Add one Billing Matrix Line for EACH Service Type included in the CCBHC Service Package.) HINT: You can use the *Copy* feature within each CCBHC billable Billing Matrix line so that the *Service Type, Program, and other Matching Criteria* remain the same. Update the new line as noted below.
 - **Description:** CCBHC Day Rate (or similar)
 - **CPT4 Code:** T1040
 - **Service Type:** CCBHC service types (one new Billing Matrix line for each existing line)
 - **Program:** Whatever program(s) your CCBHC approved services are provided.
 - **Start Minutes:** 1
 - **End Minutes:** 1440
 - **Is Split Secondary:** checked

Is Split Secondary:	<input checked="" type="checkbox"/>
----------------------------	-------------------------------------

- **Rate:** Your CCBHC Day Rate

- **Deaf Rate:** 0.00
- **Fixed Units:** 1
- **Overproduction Cap:** 1
- **Overproduction Code:** CCB (or other, if this code is being used)
- **Update CPT upon Cascade:** checked
- **Rollup Code:** CCB (or other, if this code is being used)
- **Force as Primary in Merge:** checked
- **Auto Approve:** checked
- Default **Billing Group** to new CCBHC Billing Group, if created (or original Billing Group)
- **Allowed Payers:** Only the new CCBHC Payers (MCO CCBHC Payer(s) & MA FFS CCBHC Payer)

Billing Matrix Config	
Entry Description:	CCBHC Day
CPT4 Code:	T1040
Other Code:	

Update Existing Billing Matrix Lines: Update each existing actual service Billing Matrix line, for Service Types included in the CCBHC Service Package, to post with a zero-dollar rate to each new CCBHC Payer record added. In the **Payer Specifics** (for actual rendered service Billing Matrix lines, such as *Individual Therapy, Group Therapy*, etc.), add records for **each** new CCBHC Payer with:

- **Rate** = 0.00
- **Split Visit** checked
- Default **Billing Group** = new “CCBHC” Billing Group, if created (or original Billing Group)

Payer	CBH CCBHC	Claim Format	--- SELECT ---
CPT Code		Contract Rate	
Rate	0.00	Modifier 2	
Deaf Rate		Modifier 3	
Modifier 1		Modifier 4	
Modifier 3		Auth Required	<input type="checkbox"/>
Non Billable	<input type="checkbox"/>	First Unit Min	
Fixed Units		Unit Multiplier	
Unit Minutes		Rollup Code	
Service Code		Split Visit	<input checked="" type="checkbox"/>
Sum Code		Overprod Code	
Overprod Units		Overprod Start Day	--- SELECT ---
Overprod Period	--- SELECT ---	Bill 1 Unit	<input type="checkbox"/>
Overprod Start Date			
Billing Group	CCBHC		

(Hint: Export your billable Billing Matrix lines and filter for only those that will be used for CCBHC billing. Use these Billing Matrix IDs to create a Payer Specifics (*BillingMatrixPayer*) import to import all the Payer Specific records required.)

ADDITIONAL NOTES:

Secondary Billing

If billing out standard CPT codes and rates to a different Primary insurance first, this configuration will automatically split to create the T1040 procedure code/CCBHC Daily Service when it cascades to secondary.

MCO Required NTE Segment

Additional documentation for the NTE segment in the 2400 Loop can be found in "Credible PA CCBHC NTE Segment Reporting 2017-06.pdf". Credible has created a new table that is populated from specific Web Form fields to store the client service specific data elements being required by both the MCOs (in the 837P 2400 NTE segment) and by MA FFS (in the upcoming non-837 supplemental file).