

December 2019

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Clarification: Requirement to Use ICD-10 Codes for Social Determinants of Health

In the November 2019 issue of *ValueAdded*, Beacon informed providers of a request to begin to supply Z codes from the ICD-10 on the claims for the members you serve. As with any new initiative, Beacon received a number of questions and wanted to follow-up with additional communication and a set of [Frequently Asked Questions](#) which is posted on the homepage of our website.

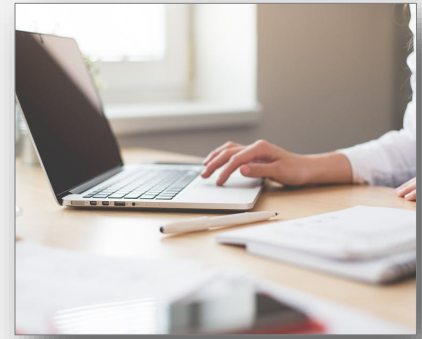
The request for the Z codes is not a mandate or a requirement, but an “ask” of Beacon and its Primary Contractors in order to have information necessary to complete reports for OMHSAS in addition to our goal to coordinate whole person care. As such, on December 1, 2019, Beacon asked that providers who are able to supply Z codes on claims for members do so and that others identify internal processes or procedures to allow you to supply Z codes in the future.

Beacon expects that Z codes that are applicable would be identified during the natural sequence of engagement with a member as these codes are synonymous with the V codes in the DSM 5 under "Other Conditions that May be a Focus of Clinical Attention," which also offers definitions for the categories listed. Beacon's expectation is that during a member's intake, biopsychosocial, psychological or psychiatric evaluations, completion of environmental matrix, or during referral to particular levels of care such as Peer Support or Family Based Mental Health, that these would be areas of need or concern identified by the clinician or other professional as appropriate.

There may be times when no Z code applies to the member, and there would be no expectation for the submission of one on a claim. However, when a Z code does apply, Beacon asks that the information regarding the need be included on the claim as a Z code and in the person's health record as appropriate to identify if any linkages or resources are needed to support the person.

Verification of Eligibility

Medical Assistance Eligibility is determined by the County Assistance Office and is highly variable and dependent upon the recipient's personal circumstances. Beacon strongly encourages providers to verify eligibility at the time of each visit to confirm.



Prior to Service Delivery:

Before providing services, verification of eligibility is the first step to confirm if the member is eligible for services under Pennsylvania Medicaid and/or HealthChoices.

Eligibility verification can be completed in a variety of ways:

- Eligibility verification information is provided by OMAP and EDS free of charge for download from the OMAP website.
 - ⇒ **Web Interactive** – A Web eligibility window is available to approved providers and other agencies. The Web address for this is <http://promise.dpw.state.pa.us/>
 - ⇒ **Eligibility Verification System (EVS)** – The Medical Assistance HIPAA compliant PROMISE™ ready software referred to as Provider Electronic Solutions Software can be downloaded at: <https://promise.dpw.state.pa.us/ePROM/ProviderSoftware/softwareDownloadForm.asp?m=1>
 - ⇒ **Telephone** – Requires your 13-digit PROMISE™ Provider Identification Number. Providers utilizing the telephone access method should dial 1-800-766-5387 to check recipient eligibility via phone.
- ProviderConnect® (Beacon Health Options' Provider Services Web portal) should be used to obtain online access to check member eligibility, request inpatient/outpatient authorization, view and submit claims, and to view payment vouchers. ProviderConnect is easy to use, secure, and is available 24/7: <https://providerconnect.beaconhealthoptions.com/pc/eProvider/providerLogin.do>
- Batch Eligibility Submission: PA DHS has provisions for providers to submit "batch eligibility" requests. Providers utilizing this method would submit either all clients to be seen that day or all clients they are serving to DHS in a single "batch" file. DHS will then respond with detailed eligibility information on each client in the file. This method can save days of administrative time each month. Also, when eligibility is lost in between appointments or services, case managers and others can work with the client to assure eligibility is restored before the next visit. A provider using "batch" submissions must complete a technically challenging certification process with DHS. The good news is there are vendors in Western Pennsylvania who will, for a reasonable fee, facilitate the batch submission process for providers.



Items of Interest and Upcoming Trainings for Providers

- [19-152: Final Public Notice for Fee Schedule Rates and Department Established Fees](#)
- [19-151: Now Available! Virtual Trainings and Virtual Office Hours December 2019](#)
- [Person Centered Thinking Professional Training Sessions Available](#)

Place of Service (POS) Codes Billing Requirements

All HealthChoices' claims billed via an 837 Professional File or CMS-1500 require a valid place of service (POS) code for adjudication. All valid POS codes listed with the service code/modifier combination are reimbursable by Beacon Health Options.

Please note that outpatient services conducted at a school that is a licensed outpatient clinic satellite of a facility should be coded POS 49, not POS 03. This information can be reviewed at: <http://s18637.pcdn.co/wp-content/uploads/sites/9/Provider-Covered-Services-Grid.pdf>. Listed below are the valid POS codes and their descriptions.

Code	Place of Service Description	Code	Place of Service Description	Code	Place of Service Description
03	School	24	Ambulatory Surgical Center	56	Psychiatric RTF
11	Office	31	Skilled Nursing Facility	57	Non-Residential Substance Abuse Treatment Facility
12	Home	32	Nursing Facility	65	End-Stage Renal Disease Treatment Facility
15	Mobile Unit	49	Independent Clinic	72	Rural Health Clinic
21	Inpatient Hospital	50	Federally Qualified Health Center	81	Independent Laboratory
22	Outpatient Hospital	52	Psychiatric Facility - PH	99	Other POS
23	Emergency Room—Hospital	54	ICF/MR		

Please visit the CMS website for a more robust list of place of service codes and descriptions <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Website-POS-database.pdf>.

Beacon Health Options is committed to maintaining the integrity of the HealthChoices program in the state of Pennsylvania. Appropriate coding of services for both financial and encounter data reporting is mandatory. Timely and accurate reporting is our goal. Always review your program-specific fee schedule in tandem with the most recent [Provider Covered Services Grid](#).

Providers should bill with the appropriate place of service code according to their approved provider type and specialty for the service billed. **Claims that are incorrect will be denied.** Resubmissions create financial delays, so it is important to submit correctly the first time.

How to Read the Covered Services Grid

The Beacon Health Options of Pennsylvania's Covered Services Grid lists all the services covered by HeathChoices and paid by Beacon. The grid includes all the service classes for authorizations, services codes, modifiers, and place of services for billing purposes. It also provides guidance on what services need authorizations as well as what form a claim needs to be submitted.

Key Points:

1. The **service class** is what you see on your authorization. You do not bill with this, but it can be used as a reference to locate the service codes that you will utilize on your claims.
2. Find the **service code** and **modifier** for the services rendered.
3. Look for your PROMISe Provider Type/PROMISe Specialty Code.
4. Read across the line to see which Place of Service (POS) the provider type/specialty can bill. If you bill with a POS that is not allowed for your provider type/specialty, your claim will deny.
5. **Form Type:** If the field is blank the services must be billed on an 837P/HCFA.
6. **Does the service require an authorization?** If yes, follow the authorization process for those services. If no, bill the claim after services are rendered.
7. **DX Class:** Indicates if the service is only payable for psychiatric or substance abuse diagnosis. If listed with PSY, it can only be billed with a psychiatric diagnosis. If listed with SUB, it can only be billed with a substance abuse diagnosis.
8. **TPL exempt.** If no, the claim should first be submitted to the primary insurance and then to Beacon with the EOB from the primary carrier.
9. **Timely filing. DOS:** Claim must be billed within 90 days of the date of services or primary EOB. **DOD:** claim must be billed 90 days from the date of discharge or primary EOB.

Below is an example:

Provider rendered an individual therapy session for 30 minutes. Provider is an outpatient mental health clinic.

Service Class	Description	Provider Service Code	Prov Mod 1	Prov Mod 2	Prov Mod 3	PROMISe Provider Type	PROMISe Specialty Code	POS	Unit	Form Type (blank = 837P/HCFA)	Auth Req?	Dx Class	TPL Exempt	Timely Filing (Date of Service or Date of Discharge)
OUT	Individual Psychotherapy	90832				08	110	12	30 min		N	PSY	N	DOS
OUT	Individual Psychotherapy	90832				08	110	49	30 min		N	PSY	N	DOS
OUT	Individual Psychotherapy	90832	U1			09	103	11	30 min		N	PSY	N	DOS
OUT	Individual Psychotherapy	90832				19	190	11	30 min		N	PSY	N	DOS
OUT	Individual Therapy MD	90832	U1			31	339	11	30 min		N	PSY	N	DOS
OUT	Individual Psychotherapy (Masters Level)	90832	AJ			11	112	99	30 min		N	PSY	N	DOS

Article continued on page 5.



A Fond Farewell ...

On December 31st, Dr. Mark Fuller, CEO, will be leaving Beacon Health Options after 13 years of dedicated service with our Pennsylvania Engagement Center. Dr. Fuller's dedication to Beacon's mission, our provider community, and the most vulnerable populations is unsurpassed. His many important contributions are a legacy of which he can be proud. Please join us in expressing him best wishes for the future.

How to Read the Covered Services Grid (continued)

The service code is 90832. The PROMISe type is 08, PROMISe Specialty is 110.

There are two POS that are allowed to be billed with 90832 for provider type/specialty 08/110. They are 12 or 49. These are the only POS that are allowable per the State Reporting Grid.

No authorization is required. Only psychiatric diagnosis codes are allowed for 08/110 provider.

The service code is not TPL exempt. Meaning if the member has primary insurance, the claim should first be submitted to the primary insurance and then to Beacon with the EOB from the primary carrier.

Timely Filing: DOS means that the claim must be submitted to Beacon within 90 days of the date of service.

Psychological Evaluations

In light of the transition from BHRS to IBHS, Beacon Health Options of Pennsylvania (Beacon) recognizes that many psychologists have questions as to whether psychological evaluations will still be reimbursable since they are no longer required to enter into services.

Beacon wants to reassure our psychologists that we highly value the role of the psychological evaluation in the diagnosis and treatment planning of our members. As such, we strongly encourage our members to obtain a comprehensive psychological evaluation for the purposes of identifying an accurate diagnosis and referral of the member to services that can effectively support the behavioral health needs they experience.

We hope with the transition to IBHS that a broader array of members will obtain psychological evaluations to help elucidate the treatments that may be of most benefit to them across the lifespan and we will absolutely continue to reimburse for these essential services.



The following Provider Alert was emailed to our Provider Network on December 9, 2019. We are publishing this in our newsletter for your reference as well.

PROVIDER ALERT

Alert # 9.19.12
December 9, 2019

Interpreter Services

This alert serves as an amendment to your existing contract with Beacon Health Options of Pennsylvania. All providers will have the ability to bill this procedure code effective January 1, 2020.

Background:

It is the policy of Beacon Health Options of Pennsylvania (Beacon) that persons with Limited English Proficiency (LEP) or who are deaf/hard of hearing have access to participate in services and activities covered by HealthChoices for behavioral healthcare. Beacon expects providers to utilize competent bilingual staff to serve members or the providers will engage with agencies providing professional interpreter services as necessary in order to provide meaningful services to a member.

Key Points:

- Beacon will reimburse providers for the formal use of interpreter services during face-to-face treatment activities in accordance with the prevailing fee schedule.
- Providers are not required to obtain an authorization or notify Beacon in advance in order to bill for interpreter.
- Provider should bill H0046 UB, 15 minutes.
- The reimbursement rate is \$16.25.
- The interpreter procedure code is covered only when the claim is accompanied with a compensable service on the same day.
- The provider must make all necessary arrangements with the interpreter or translator services and the provider pays the interpreter/translator directly.
- Providers will utilize competent bilingual staff to serve members or providers will engage with agencies providing professional interpreter services whenever it would be necessary in order to provide meaningful services to a member.
- Members may request the use of family members or friends to provide interpretation services; however, the risks regarding confidentiality, competency, privacy, and conflict of interest should be considered.
- To ensure confidentiality and proper clinical boundaries, under no circumstance should a child, other service recipient at the location, or resident of a provider be used to interpret for a member.
- The use of interpreter services must be documented in the member's clinical record. Documentation must include start/stop time of the services and the name of the interpreter.

Please Note: This alert serves as an amendment to your existing contract with Beacon. All providers will have the ability to bill this procedure code effective January 1, 2020.

Beacon appreciates your participation in the HealthChoices network and we look forward to a continued mutually successful working relationship.

As a provider, you are accountable for the information in this alert and when applicable, it will be incorporated into the Beacon Health Options of Pennsylvania's Provider Manual.

The following Provider Alert was emailed to our Provider Network on October 18, 2019. We are publishing this in our newsletter as a reminder.

PROVIDER ALERT

Alert # 7.19.10
October 18, 2019

Updated Outpatient Authorization Requirements

In response to the request from providers to streamline the authorization process and in an effort to reduce the administrative burden on providers, Beacon Health Options of Pennsylvania (Beacon) is changing authorization requirements for traditional outpatient services for our in-network Behavioral Health and Substance Use Disorder providers. We value the outpatient level of care tremendously and want to ensure our procedures support our providers' abilities to focus primarily on the treatment of our members.

As such, on November 1, 2019, in-network providers will no longer be required to submit authorization requests for the following services:

1. **EXM - Outpatient Evaluations**
2. **RXM - Behavioral Health Medication Management/Evaluation Services**
3. **OUT - Individual, Group and Family Psychotherapy**
4. **DXM - Substance Use Disorder Medication Management/Evaluation Services**
5. **OPR - Substance Use Disorder Individual, Group and Family Psychotherapy**

Providers should refer to the [Beacon Covered Services Grid](#) for the service codes and modifiers for each service class listed.

Although in-network providers will not be required to request authorizations or register members in ProviderConnect to deliver any of the services listed in 1-5 above, providers must be able to demonstrate [medical necessity](#) per Beacon criteria if requested. Additionally, providers will be required to follow current compliance and quality documentation standards for each service provided to a HealthChoices member.

In-network providers may bill Beacon for any service rendered under the service classes 1-5 above, without having an authorization on file.

Any existing authorizations for the above listed services will be end-dated as of October 31, 2019, as they will no longer be necessary to pay a claim.

If you have any questions, please contact Beacon Health Options' Provider Services line at 877-615-8503.

As a provider, you are accountable for the information in this alert and when applicable, it will be incorporated into the Beacon Health Options of Pennsylvania's Provider Manual.

Updated Provider Relations Staff Assignments

Provider Relations Staff assignments changed slightly. Below are the updated assignments. You may also visit our website to get contact information: <https://pa.beaconhealthoptions.com/contact-us/#pfc>

Provider Relations Management

Charlotte Chew

Provider Relations Director

Charlotte.Chew@beaconhealthoptions.com

724-744-6313 Phn

412-215-2650 Cell

Lisa Ciccarelli

Provider Relations Manager

Lisa.Ciccarelli@beaconhealthoptions.com

724-744-6345 Phn

Provider Field Coordinators

Contact your Provider Field Coordinator (PFC) according the county or state in which your main location resides.

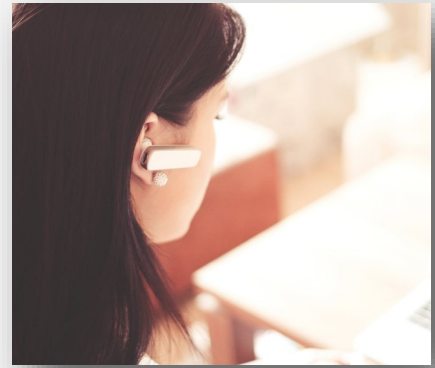
<p>Andrea Poole andrea.poole@beaconhealthoptions.com 724-430-1377 Phn 1-855-541-5211 Fax</p>	<p>All Fayette providers and Somerset, Bedford, Fulton, Franklin, Adams, York, Lancaster, Chester, Delaware, Philadelphia *<i>Special Assignments: Southwest Behavioral Care, The Care Center, Axiom</i></p>
<p>David Pino david.pino@beaconhealthoptions.com 724-744-6536 Phn 1-855-439-2448 Fax</p>	<p>All Butler, Lawrence, and Washington providers and Elk, Cameron, Clinton, Lycoming, Sullivan, Columbia, Luzerne, Carbon, Northampton, Monroe *<i>Special Assignments: Pyramid, Discovery House, White Deer Run</i></p>
<p>Dawn Mueseler dawn.mueseler@beaconhealthoptions.com 339-227-7070 Phn 1-855-541-5211 Fax</p>	<p>All Beaver providers and Clarion, Jefferson, Clearfield, Cambria, Center, Mifflin, Union, Snyder, Montour, Northumberland, Schuylkill, Lehigh, Bucks *<i>Special Assignments: Gateway, Pinnacle, Primary Health Network</i></p>
<p>Jill Piasecki jill.piasecki@beaconhealthoptions.com 412-713-0448 Phn 1-855-850-9831 Fax</p>	<p>All Greene, Armstrong, Indiana and Westmoreland providers and West Virginia, Blair, Huntingdon, Juniata, Perry, Cumberland, Dauphin, Lebanon, Berks, Montgomery. *<i>Special Assignments: Wesley Family Services, Family Behavioral Resources, Medmark</i></p>
<p>Kurt Fay kurt.fay@beaconhealthoptions.com 724-744-6574 Phn 1-855-439-2448 Fax</p>	<p>All Crawford, Venango and Mercer providers Allegheny and Ohio, Erie, Warren, Forest, McKean, Potter, Tioga, Bradford, Susquehanna, Wyoming, Lackawanna, Wayne, Pike. *<i>Special Assignments: Pressley Ridge, NHS, Western Psychiatric Institute and Clinic</i></p>

***Special Assignments:** These are large providers that cross many counties. In order to promote consistency in communication and alleviate confusion, the assigned Provider Field Coordinator will be the point of contact for all Provider Relations activities regardless of county i.e., contract/procedure code questions, program expansion and notifications of provider changes in licensure, capacity and location. Pro-active outreach is delivered to providers at the time of their re-credentialing should our local office find that the provider is not responding to our national credentialing office.

Please note that the Provider Field Coordinators are often out in public conducting new provider education, credentialing/recredentialing site visits and field visits with existing providers. The first and last of these are new activities that we've been doing this year to increase our effectiveness and provider awareness. We've seen positive results and want to build on the momentum in 2020. If providers call in for a PFC, the PFC may not be available for a same-day call back. Outgoing voice and email messages state that the PFC's goal is to respond within 48 hours of their return. PFCs are not the first point of contact for questions of a clinical or billing nature. For clinical or claims questions, please contact Beacon Health Options' Customer Service at 1-877-615-8503 to receive immediate assistance.

Assistance with Claims Questions

Providers are able to check on the status of their claims and/or address any questions or concerns about claims issues via one of the following methods:



1. Beacon Health Options® Online Provider Services*

- Go to pa.beaconhealthoptions.com
- Click on “For Providers”
- Next to “Provider Online Services” click “Login”
- Enter the submitter identification number and password to login
- Select “Claims Inquiry” to check on the claim status
- Enter the member’s 9-digit Medical Assistance identification number
- Enter the member’s date of birth in ‘MM/DD/YYYY’ format
- Enter the begin date of service in ‘MM/DD/YYYY’ format
- Enter the end date of service in ‘MM/DD/YYYY’ format

* In order to be able to access the system, providers must first obtain a User ID and Password by clicking on Register, which is next to the Login button.

2. Beacon’s Toll-Free Provider Number

- Call the toll-free provider number at 877-615-8503 between the hours of 8:00 a.m. and 5:00 p.m. Eastern Time and a Member and Provider Service Representative will be glad to assist with any claims questions.

2019 Beacon Health Options Family Forum

The 2019 Beacon Health Options’ Family Forum was held on Thursday, October 3rd at the Ramada Hotel and Conference Center by Wyndham in Greensburg, PA, Westmoreland County. The day started with a welcome from Dr. Mark Fuller who introduced the Lakeside Global Institute’s facilitators, April Matt, Kristina Smith, and Brandon Brown. Their presentation was on training “Recognizing Vicarious & Secondary Trauma” for caregivers. It was an interactive training for parents and providers on how to care for yourself while taking care of others. The facilitators were praised by the 173 in attendance. In addition to the day’s activities, there were 28 exhibitors who provided a wealth of information for families.

After a brief break, the 2019 Exceptional Parent/Caregiver Award Ceremony began and nine awards were presented to deserving winners. We had 26 nominations overall, and the Family Advisory Committee had a difficult time choosing the award winners because all nominations were deserving. The award winners’ stories were both heartfelt and inspirational. Two county awards were given to Greene and Westmoreland counties for the most nominations submitted.

The afternoon plenary sessions included a presentation by two grandparents who are now raising their grandchildren after raising their own children in the mental health system. Following a question and answer session, TAAG (Transition Age Advisory Group) told their personal recovery stories which were both moving and encouraging. They openly answered questions which the audience appreciated.

The day ended with gift baskets giveaways and cheers to all who attended. Watch for the save the date for next year’s 2020 Beacon Health Options Family Forum on Thursday, October 1st.

Providers, please post in an area accessible to your members.



The Holidays—Depression and Suicide

The holidays are here—a time for family and fun, often inspiring feelings of warmth, joy, and belonging. However, for some the holidays are not a time for enjoyment and can evoke feelings of loneliness, stress, and anxiety. The holiday blues are different from mental illness, but short-term mental health problems should be taken seriously. They can lead to clinical anxiety, depression or suicide. It is a myth that suicides increase during the holidays. Research has shown they increase during the spring, but suicides do occur.

According to a recent survey, the National Alliance on Mental Illness (NAMI) reports that approximately 24% of people with a diagnosed mental illness find that the holidays make their condition “a lot” worse and 40% “somewhat” worse. (NAMI, 2014). Some people may have a small social circle of friends and family or lack opportunities to spend time with others. People who have feelings of disconnectedness often avoid family or social gatherings at holiday time. Unfortunately, withdrawing often makes the feelings of loneliness and symptoms of depression worse.

Some people may be missing the loss of a loved one during the holiday season while others may have financial difficulty and feel pressure and anxiety spending money during the holiday season. Whatever the reason, if you experience depression and have suicidal thoughts during this holiday season and it lasts longer than two weeks, please seek help. Call the **National Suicide Prevention Lifeline** at **1-800-273-8255**, text **HOME** to **741741** (www.crisistextline.org), or talk to a friend or family member about how you feel.

Sources:

NAMI <https://www.nami.org/holidayblues>

Psychology Today. What We Know About the Holiday Blues (December 8, 2017) <https://www.psychologytoday.com/us/blog/evidence-based-living/201712/what-we-know-about-the-holiday-blues>

Providers, please post in an area accessible to your members.



Other Benefits of Quitting Tobacco

The most important benefit from quitting smoking is preventing disease and early death. However, there are other reasons to quit. Tobacco and cigarette costs are expensive. The prices vary in different places, but can be anywhere from \$5—\$10 per tobacco product, plus tax. Imagine the money you could save just by not smoking or using tobacco products!

Tobacco stains on teeth, hands and skin can be unsightly and hard to remove. Not only will you have whiter teeth if you stop smoking but fresher breath. Tobacco users cannot taste foods as much as they did before using. They experience a dulling of smell and taste. After quitting the sense of smell and taste returns to normal.

Cigarette smoke smells bad. Most smokers are bothered about the way they smell of smoke. This smell can be in hair, clothes, car or home.

Tobacco use causes people to age early. Skin changes like rough looking skin and wrinkles happen to people who smoke cigarettes or use tobacco. Use of tobacco causes changes in the body that speed up the aging process. Tobacco users get sick easier with colds and flu. So, not only are you healthier, but you will look and feel better if you stop using tobacco.

If you would like to stop using tobacco, please call the **PA Free Quitline at 1-800-QUIT-NOW.**

Source:

Steven Schroeder, MD, director, Smoking Cessation Leadership Center, University of California, San Francisco