

PROVIDER ALERT

**Updated Guidance re: Payable Provider Types and Services in the ER
December 17, 2021**

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

Updated: 12/14/2021 - See highlighted portions below. This replaces prior Provider Alert(s) on this topic.

Issue:

The scope of this alert is specific to the Emergency Room (ER) and “who” to bill based on diagnosis and provider specialty as a mental health practitioner. This alert is a correction to the prior alerts issued on 11/10/2021. The Maryland Department of Health (MDH) is rescinding provider transmittal PT 21-22 dated 11/8/2021 and directing the Emergency Medicine provider types who meet the criteria below to bill the BHASO (Optum) when the primary diagnosis is a carved-out Mental Health Diagnosis as specified below.

Claims Processing Update:

- Optum has completed the necessary system updates to process professional claims for services provided in the ER rendered by Provider Type 20 with Emergency Medicine Specialty in their provider file.
- Optum will reprocess claims that were previously denied for providers ineligible for this service. If the denial was solely for that reason, these claims will be paid. If they were denied for another reason, the provider will receive notice of the new denial reason.
- New claims that meet the criteria outlined in this alert may now be submitted to the BHASO as of 12/17/2021.

Provider Action Required:

For the BHASO to identify providers with their Emergency Medicine Specialty, providers must ensure their provider file in ePrep includes the appropriate licensure/certification. Credentialing specialists must upload the documentation supporting this specialty into ePrep.

Based on the current regulations, provider types with the conditions referenced below will submit claims to the BHASO:

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 **or emergency medicine** specialty codes.

Providers may bill 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)
 - b. PT 20 (**Emergency Medicine specialty**)
 - c. PT 15 (Psychologist)
 - d. PT 23 (Certified Nurse Practitioner with Psychiatric Mental Health certification)
 - e. PT 24 (Nurse Psychotherapist); **and**
 2. **The service must be for a patient who has a primary 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.

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.

If you have questions about the information in this alert, please email:
mdh.mabehavioralhealth@maryland.gov

Thank you,

Optum Maryland Team