

On August 5th, Optum, the State's Administrative Service Organization (ASO) for the Public Behavioral Health System (PBHS) issued an [alert](#), which had the effect of limiting reimbursement by ER physicians for treating mental health and substance use disorders. MDACEP alerted the Maryland Department of Health (MDH) to the negative consequences of this policy and questioned the legality. Coincidentally, MDH has issued a [clarification](#) regarding payment responsibility between the PBHS and MCOs (Clarification Transmittal Attached). The ASO is responsible when a specialty mental health provider as defined in 10.09.59.04 renders the service. Because ER physicians are not specialty mental health providers, they would bill their professional fee to the managed care organization (MCO) for the service rendered which is medical in nature, even if the diagnosis is a carved out behavioral health diagnosis. This policy is laid out in 10.67.08.02I, which addresses non-facility specifically credentialed provider types. The provider alert incorrectly stated that ER physicians would need to bill the MCOs with a somatic diagnosis. If you need assistance in resolving any denied claims, please send a [secure email](#) with the ICNs, dates of service, HealthChoice recipient IDs, provider, and MCO information for the denied claims to mdh.healthchoiceprovider@maryland.gov. MDH will work with the provider and the MCO to coordinate reimbursement.

PROVIDER ALERT

Reminder of Payable Provider Types and Services in the ER August 5, 2021

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

The scope of this alert is specific to the Emergency Room (ER) and “who” to bill based on provider specialty as a mental health practitioner.

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 specialty codes.

Providers may bill to 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 specialty)
 - b. PT 15 (Psychologist)
 - c. PT 23 (Certified Nurse Practitioner with Psychiatric Mental Health certification)
 - d. PT 24 (Nurse Psychotherapist); **and**
 2. The service must be a 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.
- Providers need to ensure their provider file in ePrep includes appropriate licensure/certification so claims can be paid by the appropriate payer

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.

Claim Denials:

When an individual or rendering provider does not have the specialty as noted in the Billing Practice above, then Optum will deny the claim with the following reason:

'Payment is Denied when billed by this Provider Type.'

*Please note this only means Optum is denying payment because the claim should not be billed to Optum but may be reimbursable if it meets all criteria if billed to the MCO with the appropriate *medical* diagnosis.

- For example:
 - Physician Provider Type 20, Specialty 43 (Emergency Medicine) billing procedure codes 99281 – 99285, the claim will be denied with the reason: ***"Payment is Denied when billed by this Provider Type."***

In the above scenario, the MCO is responsible (or Fee-for-service (FFS) if no MCO). If you get a denial for this reason, submit the claim to the MCO with the appropriate somatic diagnosis.

If you have questions about the information in this alert, please contact Optum Maryland Customer Services at 1-800-888-1965.

Thank you,

Optum Maryland Team

**DEPARTMENT OF HEALTH**

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Hospital Transmittal No. 286
Managed Care Organizations Transmittal No. 147
November 8, 2021

TO: Hospitals
Managed Care Organizations
Behavioral Health Administrative Services Organization

FROM: Alex Shekhdar, Acting Director *Alexander Shekhdar*
Medical Benefits Management

RE: Clarification of Payment Responsibility of Emergency Medicine Professional Fees in Emergency Department Settings

NOTE: **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.**

The purpose of this transmittal is to clarify payment responsibility between HealthChoice managed care organizations (MCOs) and the behavioral health administrative service organization (BHASO) for services rendered by emergency medicine providers for patients with mental health diagnoses.

Services from emergency medicine providers in emergency department settings, regardless of diagnosis, are the responsibility of the HealthChoice MCOs and not the BHASO. The care provided by an emergency medicine clinician would be considered a primary behavioral health service, and they would bill their professional fee to the MCO for the service rendered, even if the diagnosis is part of the behavioral health carve out as described in COMAR 10.67.08.02M. All other conditions for MCO payment must be met, including meeting the definition of emergency services outlined in 10.67.01.01B and satisfying the requirements of the federal Emergency Medical Treatment and Active Labor Act (EMTALA).

The BHASO is responsible when a specialty mental health provider as defined in 10.09.59.04 renders the service.

This policy is consistent with 10.67.08.02I (which addresses non-facility specifically credentialed provider types and the behavioral health carve out), 10.67.08.02L (<http://www.dsd.state.md.us/comar/comarhtml/10/10.67.08.02.htm>), and COMAR 10.67.05.08F (which addresses MCO coverage of emergency department visits and services).

For any questions about MCO billing, please contact mdh.healthchoiceprovider@maryland.gov.