

Provider Notice

To: **All Network Providers**
From: **Dan Eisenhauer, Director of Operations**
Date: **September 3, 2024**
Subject: **AD 24 110: Claim Dates of Service Clarification**

Providers billing on CMS 1500 forms or submitting 837 P files are reminded that date ranges can only be billed for services that are paid on a per diem basis (e.g. SU Halfway House) in which the member is admitted and providers receive reimbursement for the day. Services which can be provided for multiple units per day like IBHS or Family Based cannot bill using date ranges since PerformCare needs to know how many units per day are provided to the member.

Additionally, for levels of care that require an authorization, providers must ensure the dates of the claim align with the dates on the authorization. If the claim date of service overlaps more than one date span on the authorization, the claim may deny for no authorization or not enough units since only one authorization can be tied to a claim in PerformCare's system.

For example, if the following dates were issued as part of an authorization,

| Auth Start Date | Auth End Date | Units Assigned |
|-----------------|---------------|----------------|
| 09/01/2023 | 09/01/2024 | 3600 |
| 09/02/2024 | 09/02/2025 | 3600 |

A claim could not be sent overlapping the end date of the first authorization date span and the start date of the second authorization. The last date of service pertaining to the authorization starting 9/1/2023 that could be put on a claim would be 9/1/2024, and the next claim would then need to start with the authorization starting 9/2/2024.

If you have any questions, please let your Account Executive know.

cc: Lisa Hanzel, PerformCare
Scott Suhring, Capital Area Behavioral Health Collaborative
Missy Wileman, Tuscarora Managed Care Alliance
PerformCare Account Executives