

Provider Notice

To: PerformCare Network Providers

From: PerformCare

Date: January 9, 2025

Subject: AD 25 102: Pre-Payment Claims Edits for Duplicate / Disallowed Services

Certain claims edits, listed on the following pages, have been effective since 2016 and were announced in AD 16 102, while others have been updated due to changes in services, billing codes and expectations over the years. When providers are serving members who are receiving additional services, it is important for providers to assess whether their service could be duplicative to another service that the Member is receiving.

In many cases, if clinically appropriate, the disallowed combination of services on the below list can be prior authorized as an adjunct service based on a medical necessity determination. Evidence Based Programs (EBPs) such as, Dialectical Behavioral Therapy (DBT), Functional Family Therapy (FFT), Multisystemic Therapy (MST), Parent Child Interactive Therapy (PCIT), etc. and others, should be considered standalone services and would require prior authorization for any additional therapy services to be delivered concurrently. If a member is receiving a service in the below tables listed on the left side and a provider would like PerformCare to consider a service listed on the right side as an adjunct service an adjunct form must be submitted. For unmatched Outpatient services listed below which do not typically require prior authorization, providers should not start services until an authorization approval is confirmed. For all other services that are normally prior authorized, the adjunct form must be submitted with the normal authorization process for the additional service to be approved as an adjunct service. If the adjunct services are prior authorized with PerformCare, payment will be approved to both services, assuming all other payment provisions are followed.

Claims edits are designed to address billing for duplicate or disallowed combinations of services, and it is important to note that these edits are applied throughout the treatment episode. For example, for the duration of a treatment episode of Mental Health Partial Hospitalization, separate billing for outpatient Evaluation & Management visits are disallowed as the Member's medication management is to be delivered as part of the partial hospitalization service. On Remittance Advices, any clinically duplicative claims will have denial reason "ZHO- Duplicate, disallowed, or unbundled service."

For further detail pertaining to claims edits, please refer to (i) Provider Notice AD13 103R NCCI Claims Edits (11/1/13); (ii) Policy Clarification PC-16, Lab Charges during Substance Abuse Treatment (12/1/14); and (iii) SA 12 100 Substance Abuse Intensive Outpatient Program Expectations (2/13/12). These documents are available at: http://pa.performcare.org/providers/resources-information/policies.aspx

Questions related to this Provider Notice and/or about specific disallowed CPT code combinations can be directed to your Account Executive.		
cc:	Lisa Hanzel, PerformCare Scott Suhring, Capital Area Behavioral Health Collaborative Missy Wileman, Tuscarora Managed Care Alliance PerformCare Account Executives	

patient Diagnostic Evaluations
patient Therapies (individual, family, group) MH
ent Evaluation & Management services
ric Rehabilitation Services
port Services (PSS)
Psychiatric Nursing (MPN)
Case Management (TCM)
patient Therapies (individual, family)
patient Diagnostic Evaluations
patient Therapies (individual, family, group)
patient Therapies (individual, family, The Incredible Years)
hild Interactive Therapy (PCIT)
patient Family Therapy MH
ent Group Therapy
edible Years
hild Interactive Therapy
patient Therapies (individual, family, group)
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hild Interactive Therapy (PCIT)
patient Diagnostic Evaluation (non-medical)
patient Therapies (individual, family, group)
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IBHS Group- Intensive Day Treatment (IDT)	MH Outpatient Therapies (individual, family, group)
IBHS Individual (Mobile Therapy only)	MH Outpatient Therapies (individual, family) The Incredible Years Parent Child Interactive Therapy (PCIT)
IBHS Individual - Functional Family Therapy (FFT)	MH Outpatient Therapies (individual, family) Other IBHS Levels of Care
IBHS Individual - Multi-systemic Therapy (MST)	MH Outpatient Therapies (individual, family, group) Other IBHS Levels of Care
IBHS Individual - Youth Fire-setter Assessment Consultation Treatment Service (YFACTS)	MH Outpatient Therapies (individual, family) Other IBHS Levels of Care The Incredible Years Parent Child Interactive Therapy (PCIT)
MH Partial Hospitalization	MH Outpatient Diagnostic Evaluations MH Outpatient Therapies (individual, family, group, The Incredible Years) MH Outpatient Evaluation & Management services Parent Child Interactive Therapy (PCIT)
MH Psychiatric Inpatient (including Extended Acute Care)	MH Outpatient Diagnostic Evaluations MH Outpatient Therapies (individual, family, group) MH Outpatient E&M services All Lab codes and physician consultation charges are disallowed as part of all-inclusive per diem unless specifically allowed by hospital contract.
Mobile Mental Health Therapy (MMHT)	MH Outpatient Therapies (individual, family, group)
Peer Support	Psychiatric Rehabilitation Assertive Community Treatment / Community Treatment Teams
Psychiatric Rehabilitation, Site Based	Mobile MH Treatment services Assertive Community Treatment / Community Treatment Teams Peer Support Services (PSS)

Residential Treatment Facility (RTF)	MH Outpatient Diagnostic Evaluations
	MH Outpatient Therapies (individual, family, group) MH
	Outpatient E&M services

If a Member is in the following Substance Use (SU) Service:	THEN the following services are disallowed during the Tx Episode:
SU Inpatient and Non-Hospital Withdrawal Management, Residential Rehabilitation and Halfway House	All Lab codes and physician consultation charges are disallowed as part of all-inclusive per diem unless specifically allowed by provider contract*
SU Intensive Outpatient Program (IOP)	SU Outpatient Therapies (individual, family, group), whether provided at same or different providers*
Methadone Maintenance	All Lab codes are disallowed during the duration of treatment except as allowed by regulation.* (See PerformCare Policy Clarification PC-16) SU Outpatient Therapies (individual, family, group), except when the modifier HF is used for approved unbundled Methadone clinics whether provided at same or different providers*
SU Partial Hospitalization	SU Outpatient Therapies (individual, family, group), whether provided at same or different providers

^{*}These disallowed services have been identified as high-risk areas for providers that have been subject to previous recovery of funds. Please evaluate Members in treatment for concurrent services. Prior authorization for adjunct services that meet medical necessity determination would be required for continuation of disallowed therapy services.

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