

Commonwealth of Massachusetts Executive Office of Health and Human Services Division of Medical Assistance 600 Washington Street Boston, MA 02111

MassHealth Mental Health Center Bulletin 27 August 2003

- **TO:** Mental Health Centers Participating in MassHealth
- **FROM:** Douglas S. Brown, Acting Commissioner

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RE: Crisis Intervention Services Provided to Dually Entitled Members

Background	This bulletin outlines billing instructions for submitting claims for a crisis- intervention behavioral-health service for a dually entitled (Medicare/MassHealth) member. These instructions supersede the "Claims for Emergency Services" section of Mental Health Center Bulletin 24, dated November 1996. The information in this bulletin contains specific MassHealth electronic billing guidelines, which are not described in the HIPAA implementation guides for the 837 professional transaction, as well as instructions for paper submissions.
837P Transaction	 When submitting an 837 professional (837P) transaction for a crisis- intervention behavioral-health service provided to a dually entitled (MassHealth/Medicare) member, follow the instructions below. Submit the claim to Medicare using the appropriate behavioral-health service code. Medicare will automatically forward the crossover claim to MassHealth to process the Division's responsibility of the coinsurance/deductible.
	 After Medicare approves the claim and the Division processes its responsibility of the coinsurance/deductible, providers may submit the 837P transaction to MassHealth with one of the following service codes to obtain any additional payment for the crisis-intervention service:
	For dates of service through September 30, 2003: X5539 (emergency psychiatric services, crisis intervention); or X5538 (emergency psychiatric services in nursing home).
	For dates of service on and after October 1, 2003:
	H2011 (crisis intervention service, per 15-minutes); billed with the appropriate place-of-service code.

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837P Transaction (cont.)	 Populate the sum of the Medicare paid amount and the Division's payment toward the coinsurance/deductible in the patient paid amount field (2300-AMT02 where 2300-AMT01 = F5 (patient paid amount)). Populate the other payer loops (2320 and 2330) in the transaction with Medicare's information and the MassHealth-assigned carrier code of 085. Do not populate any Medicare payments, coinsurance, or deductible in the other payer loops (2320 and 2330) in the
	transaction. In addition, do not populate the service-line-adjudication in the 2430 loop.
Paper Submission	When submitting a paper claim for an emergency behavioral-health service provided to a dually entitled (MassHealth/Medicare) member, follow the instructions below.
	• Submit the claim to Medicare using the appropriate behavioral-health service code. Medicare will automatically forward the crossover claim to MassHealth to process the Division's responsibility of the coinsurance/deductible.
	• After Medicare approves the claim and the Division processes its responsibility of the coinsurance/deductible, providers may submit the claim to MassHealth on the medical-services (no. 9) claim form with one of the following service codes to obtain any additional payment for the crisis-intervention service:
	For dates of service through September 30, 2003:
	X5539 (emergency psychiatric services, crisis intervention); or X5538 (emergency psychiatric services in nursing home).
	For dates of service on and after October 1, 2003:
	H2011 (crisis intervention service, per 15-minutes); billed with the appropriate place-of-service code.
	Providers must enter the sum of the Medicare paid amount and the Division's payment of the coinsurance and deductible in the other paid amount field (Item 33) of claim form no. 9.
	• Attach the explanation of Medicare benefits (EOMB) to the medical- services claim form (no. 9), and submit the package to MassHealth.

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Questions

If you have any questions about the information in this bulletin, please contact MassHealth Provider Services at 617-628-4141 or 1-800-325-5231.