



On or about August 24, 2016, you were sent a Notice of Recoupment titled “Refunds-Project 055882”. Cenpatico Behavioral Health is rescinding the project as the basis for the recoupment, which was cited as the loading of an incorrect rate into our payment system for CPT codes 90833, 90834, and 90837, was not clearly communicated to you. It is Cenpatico’s intent to issue new notifications to impacted providers at a later date.

The decision to recoup the overpayments resulted from post-payment reviews of claims billed using certain modifiers. It was determined that non-clinic providers billed CPT codes 90833, 90834, and 90837 using U modifiers. This modifier is intended for use by Community Service Boards (clinics/agency) to indicate the provider’s level and place of service. This is documented in Chapter 600 of the Part II Policies and Procedures for Community Behavioral Health Rehabilitation Services, SPECIAL CONDITIONS OF PARTICIPATION, Section 601 – Definition of Services, page 3:

*Community Behavioral Health Rehabilitation Services (CBHRS) are those services provided by outpatient mental health centers to persons of age 4 and above who are emotionally or mentally disturbed, drug or alcohol abusers.*

Additional references can be found in Chapter 900 of the Part II Policies and Procedures for Community Behavioral Health Rehabilitation Services, SCOPE OF SERVICES, Section 901 – Definition of Community Behavioral Health Services (CBHRS), page 9:

*CBHRS are those services/supports provided by outpatient behavioral health agencies offering a comprehensive range of mental health services or specialty services that meet conditions of the Medicaid Program (Care Management Organizations who utilize this program may have varied specifications to this rule which will be specified in CMO-Provider Agreements and to which providers shall adhere).*

As an individual practitioner, the correct billing guidelines and rates for services are documented in the Part II Policies and Procedures for Psychological Services Manual or other practitioner specific manuals (Physician, Nurse Practitioner, etc.). The rates published in the Psychological Services manual align with the Physician Fee Schedule and are intended for non-CSB providers. On August 10, 2016, we published a Provider Notification on the Cenpatico Provider Notification portal indicating that claims submitted by non-CSB providers using U modifiers are inappropriate and non-compliant.

We will reprocess claims submitted by individual provider that contain U modifiers at the appropriate non-clinic rates, which can be found on the Physician Fee Schedule. Our claims reprocessing will only apply to claims billed by individual practitioners paid within the past 12 months from the date our audit commences. Impacted providers will receive a new notice of recoupment that will reflect the date the audit commenced and a list of the claims that will be reprocessed.

A subsequent notification will be sent to impacted providers that will include the impacted claims and the amount of money to be recovered. Should you need to make extended payment arrangements, we will allow up to six (6) months for repayment through a repayment agreement.

We apologize for any confusion the previous letter may have generated. Our goal is to ensure accurate claims adjudication. Consequently, we have made several system updates to ensure current and future claims submitted by non-clinic providers with U modifiers are denied for payment. Denied claims can be resubmitted with the corrected information and will be reprocessed accordingly, if received within appropriate timeframes for resubmission.

Please contact Alethia Walters, Provider Relations Specialist, at 770-743-3812 should you have any questions.