

Behavioral Health Provider Types 14 and 82

Effective Sept. 1, 2010: New enrollment procedures were implemented for behavioral health provider types 14 and 82. The following information assists newly enrolled and re-enrolled behavioral health providers in requesting prior authorizations and billing for services.

NOTE: All of the national provider identifiers (NPIs) of the individual servicing providers (QMHPs, QMHAs and QBAs) must be linked to the group/billing NPI or your enrollment/re-enrollment process will not be complete.

Before your re-enrollment process is complete, please follow these billing instructions:

- If you obtained your prior authorization (PA) using your atypical provider identifier (API), then bill with your API.
- If you obtained your PA using your group/billing NPI (specialty 000), then bill with the servicing provider's individual NPI in Field 24J (Rendering Provider ID) and the group/billing NPI in Field 33a (Billing Provider Info) of the CMS-1500 paper claim form.

Instructions for new prior authorizations after your enrollment/re-enrollment process is complete:

- Once you have completed the enrollment/re-enrollment process and all individual NPIs are linked to the group/billing NPI, use your group/billing NPI to request PA for QMHP, QMHA and QBA services.
- PAs must be requested with the group/billing NPI regardless of the service being requested. Provider qualifications required for services provided remain unchanged and are specified in the Medicaid Services Manual (MSM) Chapter 400.
- Services requested under each PA should be validated for the correct NPI.
- On and after Aug. 1, 2011, all PAs must be requested with the group/billing NPI regardless of the service being requested. Do not request a PA with an API or an individual NPI.

Information regarding active prior authorizations after your enrollment/re-enrollment process is complete:

If your active PAs were authorized with an API, please be aware:

- There is no impact on the active PA.
- PA on an API will be valid through the end date on the PA. Do not submit data corrections on these authorizations.
- Requests for PA will not be authorized with an API on and after Aug. 1, 2011.
- APIs will terminate in the Medicaid Management Information System (MMIS) on Oct. 31, 2011.

Questions regarding Dental and Personal Care prior authorizations may be directed to (800) 648-7593; for all other PA types except Pharmacy, (800) 525-2395; and for PASRR/PAUM, (800) 648-7593.