PROVIDER ALERT
July 15, 2010

PSYCHIATRIC REHABILITATION PROGRAM (PRP) CLARIFICATION

1. PRP U2 = A child or an adult living with a legal guardian.
   PRP U3 = An adult.
   MHA has clarified that the only scenario under which an adult consumer, living at home under a parent/caretaker's care, may receive a "U2" authorization for PRP services is when the parent/caretaker has <u>legal guardianship</u> of the consumer.

2. Per MHA, QMB/SLMB consumers, defined in ProviderConnect as "SDUL" (dual eligible, state funded Medicare/Medicaid), may only be authorized for a three month time-span for PRP services.

3. There are three allowable Places of Service (POS) which can be entered in ProviderConnect when requesting PRP/RRP authorizations. They are:
   - "Mobil Unit" which equates to "offsite" and crosswalks to a POS 15
   - "Independent Clinic" which equates to "blended services" and crosswalks to POS 49
   - "Psychiatric Facility" which equates to onsite and crosswalks to POS 52

   Please see the examples below.

For offsite services:

Requested Services

*Place of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
MOBILE UNIT (OFFSITE)	h2018					12

Place of Service	CPT	Mod 1	Mod 2	Mod 3	Mod 4	Service Class	Description	Units/ Visits
15 ▲							OUTPATIENT/COMMUNITY BASED	0
			Total Units For Auth 071410-1-33 From 07/14/2010 To 01/14/2011				0	
			Total Units Authorized This Episode For 071410-1-33				0	

For blended services:

Requested Services

*Place of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
INDEPENDENT CLINIC (BLENDED)	h2018					12

Place of Service	CPT	Mod 1	Mod 2	Mod 3	Mod 4	Service Class	Description	Units/ Visits
49 ▲							OUTPATIENT/COMMUNITY BASED	0
			Total Units For Auth 071410-1-33 From 07/14/2010 To 01/14/2011					0
			Total Units Authorized This Episode For 071410-1-33					0

For onsite services:

Requested Services

*Place of Service	*CPT or HCPC Code	Modifier 1 (If Applicable)	Modifier 2 (If Applicable)	Modifier 3 (If Applicable)	Modifier 4 (If Applicable)	*Visits/ Units
PSYCHIATRIC FAC PARTIAL HOSPITALIZATION (ONSITE) ▼	h2018					12

Place of Service	CPT	Mod 1	Mod 2	Mod 3	Mod 4	Service Class	Description	Units/ Visits
52 ▲							OUTPATIENT/COMMUNITY BASED	0
			Total Units For Auth 071410-1-33 From 07/14/2010 To 01/14/2011					0
			Total Units Authorized This Episode For 071410-1-33					0