



PROVIDER ALERT

CLARIFICATION ON SERVICES FOR SUMMER THERAPEUTIC PROGRAMS

MAY 12, 2017

Based on routine data reports, Beacon has identified an increase in child/adolescent claims during the summer months. The Department has been asked to clarify whether and how providers may bill for services rendered during a time period when individuals have more availability for therapy.

To be considered reimbursable, services in the PBHS must be individualized, based on medical necessity criteria (MNC), and directly related to the individual treatment plan developed by the clinician with the individual/guardian.

Regardless of service type rendered (individual or group), there must be an indication of need based on medical necessity. In general, it would rarely be clinically necessary for an individual of any age to see a therapist daily, regardless of modality, without meeting a need for a more intensive level of treatment (i.e., IOP).

As always, Beacon will monitor claims submission throughout the summer. If a questionable or excessive increase in billing is identified, the provider may be scheduled for an audit to further review the services being rendered and to ensure that MNC is met.