

# Washington State Health Care Authority

## Medicaid Provider Guide

Title XIX (Medicaid)  
HIV/AIDS Case Management

[Chapter 182-539-0300 and 0350 WAC]



Washington State  
Health Care Authority

**A Billing Instruction**

## About This Publication

This publication supersedes all previous Agency *Title XIX (Medicaid) HIV/AIDS Case Management Billing Instructions* published by the Health Care Authority (the Agency).

**This document is to be used for billing purposes only.** Please refer to the Department of Health's *Statewide Standards for Medical HIV Case Management* (DOH publication #410-014) for a complete guide to the HIV/AIDS Case Management Program. Refer to the *Important Contacts* section of these billing instructions to find out how to order this DOH publication.

**Note:** The Agency now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

## Effective Date

The effective date of this publication is: **05/09/2010**.

## What Has Changed?

Reason for Change	Effective Date	Section/ Page No.	Subject	Change
[impetus behind change, such as email #, # memo, WAC]	[date]			

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# Important Contacts

**Note:** This section contains important contact information relevant to the HIV/AIDS Case Management program. For more contact information, see the Agency [Resources Available](#) web page

Topic	Contact Information
Becoming a provider	Department of Health HIV Client Services 1-360-236-3457
Submitting a change of address or ownership	See the Agency <a href="#">Resources Available</a> web page
Finding out about payments, denials, claims processing, or Agency managed care organizations	
Electronic or paper billing	
Finding Agency documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Agency managed care	
Questions about provider participation, case management standards, and reporting requirements	Department of Health HIV Client Services PO Box 47841 Olympia WA 98501-7841 1-360-236-3457
Getting a copy of DOH's <i>Statewide Standards for Medical HIV Case Management?</i>	Department of Health HIV Client Services PO Box 47841 Olympia WA 98504-7841 1-360-236-3457 <a href="#">Website</a>

# Definitions & Abbreviations

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This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the [Medical Assistance](#) Glossary for a complete list of definitions.

**AIDS** - Acquired Immunodeficiency Syndrome. A disease caused by the Human Immunodeficiency Virus (HIV).

**Department of Health (DOH)** - The state Department of Health which, in accordance with an interagency agreement, administers the daily operations of Title XIX targeted HIV/AIDS case management.

**HIV** - Human Immunodeficiency Virus.

**HIV/AIDS Case Management** - Services which assist persons infected with HIV to: live as independently as possible; maintain and improve health; reduce behaviors that put the client and others at risk; and gain access to needed medical, social, and educational services.

**HIV Client Services** - The office of the Division of Community & Family Health, Department of Health, which oversees the daily operation of the Title XIX HIV/AIDS Case Management Program.

**ISP – Individual Service Plan** – Identifies and documents the client’s unmet needs and the resources needed to assist in meeting the client’s needs.

**Maximum Allowable** - The maximum dollar amount that the Agency will pay a provider for specific services, supplies, and equipment.

**Usual & Customary Fee** - The rate that may be billed to the Agency for a certain service or equipment. This rate may not exceed:

- 1) The usual and customary charge that you bill the general public for the same services; or
- 2) If the general public is not served, the rate normally offered to other contractors for the same services.

# About the Program

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## **What Is the Purpose of the Title XIX (Medicaid) HIV/AIDS Case Management Program?** [Refer to WAC 388-539-0300]

The purpose of the Title XIX HIV/AIDS case management program is to assist persons infected with HIV to:

- Live as independently as possible;
- Maintain and improve health;
- Reduce behaviors that put the client and others at risk; and
- Gain access to needed medical, social, and educational services.

The Health Care Authority (the Agency) has an interagency agreement with the Department of Health (DOH) to administer the HIV/AIDS Case Management program for eligible Agency clients. [Refer to WAC 388-539-0300(2)]

## **Who Provides Title XIX HIV/AIDS Case Management Services?** [Refer to WAC 388-539-0300(3)]

Agencies approved by DOH's HIV Client Services.

## **How Does an Agency Request Approval from DOH to Provide These Services?**

An agency requests approval from DOH by completing all of the steps in the Title XIX Provider Application Process and submitting all required documents to DOH.

## **Where Can an Agency Get the Information Needed to Complete the Provider Application Process?**

Refer to DOH's: *Statewide Standards for Medical HIV Case Management* for specifics on provider requirements, or call HIV Client Services at 1-360-236-3457. Refer to *Important Contacts* for information on ordering a copy of this DOH publication.

# Client Eligibility

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## Who Is Eligible to Receive Title XIX HIV/AIDS Case Management? [Refer to WAC 388-539-0300(1)]

To be eligible for Title XIX-paid HIV/AIDS case management services, an individual must:

- Have a current medical diagnosis of HIV or AIDS;
- **Not be receiving** concurrent Title XIX HIV/AIDS case management services through another program;
- Require:
  - ✓ Assistance to obtain and effectively use necessary medical, social, and educational services; or
  - ✓ 90 days of continued monitoring (see Section C for more information).

-AND-

- Have a Benefit Service Package that covers HIV/AIDS Case Management.

**Note:** Refer to the [Scope of Coverage Chart](#) for an up-to-date listing of Benefit Service Packages.

Please see the Agency [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility.

## Are Clients Enrolled in a Agency Managed Care Plan Eligible? [Refer to WAC 388-538-060 and 095 or WAC 388-538-063 for GAU clients]

**YES, provided the client meets the criteria on the previous page.** When verifying eligibility using ProviderOne, if the client is enrolled in a Agency managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen. HIV/AIDS Case Management services do not require a referral from the client's managed care plan. Use these billing instructions to bill the Agency directly.

# Billable Services

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## What Services Are Billable?

The Agency pays Title XIX HIV/AIDS case management providers for the following three services when performed in an office setting or the client's residence:

### 1. Comprehensive Assessment

The Agency pays for only one comprehensive assessment per client unless the client's situation changes as follows:

- a. There is a 50% change in need from the initial assessment; or
- b. The client transfers to a new case management provider.

The assessment must cover the areas outlined in DOH's **Case Management: "Statewide Standards for HIV Medical Case Management."** [Also listed in WAC 388-539-0300(1) and (5)]

The Agency pays for a comprehensive assessment in addition to a monthly charge for case management (either full-month or partial-month) if the assessment is completed during a month the client is eligible for Medical Assistance and the ongoing case management has been provided.

### 2. HIV/AIDS Case Management – Full Month

The Agency pays for one full-month case management fee per client, per month.

Providers may request the full-month payment for any month in which the criteria listed in DOH's *Case Management: Statewide Standards for HIV Medical Case Management* have been met and the case manager has an individual service plan (ISP) in place for 20 or more days in that month. [The criteria are also listed in WAC 388-539-0300.] Monitoring can be billed under this service.

### 3. HIV/AIDS Case Management – Partial Month

Providers may request the partial-month payment for any month in which the criteria in WAC 388-539-0300 have been met and an ISP has been in place for fewer than 20 days in that month. Monitoring can be billed under this service.

Partial month payment allows for payment of two case management providers when a client changes from one provider to another during the month.



## When Is Monitoring a Billable Service?

Monitoring is a term used when a client becomes stabilized and no longer needs an Individual Service Plan (ISP) with active elements. This applies to clients who have a history of recurring need and instability and will likely require further assistance at a later date.

Case management providers may bill the Agency for up to 90 days of monitoring past the time the last active service element of the ISP has been completed and the following criteria have been met:

- Document the client’s history of recurring need;
- Assess the client for possible future instability; and
- Provide monthly monitoring contacts.

## What Procedure Codes Must Be Used to Bill the Agency for Monitoring?

Use the following procedure codes, modifiers, and taxonomies to bill the Agency for monitoring:

HCPCS Code	Modifier	Description
T2022 Limited to dx 042 or V08	U8*	<b>Case management, per month.</b> Full month case management services Taxonomy: 251B00000X
T2022 Limited to dx 042 or V08	U9*	<b>Case management, per month.</b> Partial month case management services Taxonomy: 251B00000X

\*Modifiers U8 and U9 are payer-defined modifiers. The Agency defines modifier U8 as “full month” and U9 as “partial month.”

## When Can a Client Be Reinstated from a Monitoring Status to Active Case Management?

A client can shift from monitoring status (ISP without active elements) to active case management status upon documentation of need(s). Providers must meet the requirements in WAC 388-539-0300 when a client is reinstated to active case management.

# Coverage Table

Use the following procedure codes with the appropriate modifiers when billing for Title XIX HIV/AIDS case management services:

Procedure Code	Modifier	Diagnosis Code	Brief Description	Policy/ Comments
T2022	U8	Limited to 042 or V08	Case management, per month.	<b>[Full Month]</b> A full-month rate applies when: A. The criteria in WAC 388-539-0300 have been met; and B. An individual service plan (ISP) has been in place 20 days or more in that month. Taxonomy: 251B00000X
T2022	U9	Limited to diagnosis 042 or V08	Case management, per month.	<b>[Partial Month]</b> A partial month rate applies when: A. The criteria is WAC 388-539-0300 have been met; and B. An ISP has been in place fewer than 20 days in that month. Taxonomy: 251B00000X
<b>Note:</b> The Agency pays full or partial month fees during monitoring per WAC 388-539-0350.				
T1023		Limited to diagnosis 042 or V08	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter.	<b>(Use this code for the comprehensive assessment)</b> This service must meet the requirements of WAC-539-0300 (1) and (5) and is paid only <i>once</i> unless the client's condition changes as follows: A. There is a 50% change in need from the initial assessment; or B. The client transfers to a new case management provider. A comprehensive assessment is paid in addition to a monthly charge (either full or partial) if the assessment is completed during the month a client is Medicaid eligible and ongoing case management has been provided. Taxonomy: 251B00000X

## Fee Schedule

You may view the Agency HIV/AIDS Case Management Fee Schedule on-line at:  
<http://hrsa.dshs.wa.gov/RBRVS/Index.html#h>

# Billing and Claim Forms

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## What Are the General Billing Requirements?

Providers must follow the Agency ProviderOne Billing and Resource Guide at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html). These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Agency for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

## What Additional Records Must Be Kept Specific to the Title XIX HIV/AIDS Case Management Program?

Please refer to the Department of Health's **Case Management: Statewide Standards for HIV Medical Case Management** for required documentation specific to the Title XIX HIV/AIDS Case Management Program.

## Completing the CMS-1500 Claim Form

**Note:** Refer to the Agency ProviderOne Billing and Resource Guide at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for general instructions on completing the CMS-1500 Claim Form.