Notice: We launched a new web site. As a result, past versions of the billing guide, such as this one, have broken hyperlinks. Please review the current guide for the correct hyperlinks.

HIV/AIDS Case Management Provider Guide

July 1, 2014

About this guide*

This publication takes effect July 1, 2014, and supersedes earlier guides to this program.

This document is to be used for billing purposes only. Refer to the Department of Health's (DOH) Statewide Standards for Medical HIV Case Management for a complete guide to the HIV/AIDS Case Management Program.

> Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

What has changed?

Subject	Change	Reason for Change
No change at this time		

How can I get agency provider documents?

To download and print agency provider notices and provider guides, go to the agency's Provider Publications website.

Copyright disclosure

Current Procedural Terminology copyright 2013 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

* This publication is a billing instruction.

Table of Contents

Alert! The page numbers in this table of contents are now "clickable"—simply hover over on a page number and click to go directly to the page. As an Adobe (.pdf) document, the guide also is easily navigated by using bookmarks on the left side of the document. (If you don't immediately see the bookmarks, right click on the document and select Navigation Pane Buttons. Click on the bookmark icon on the left of the document.)

Resources Available

Topic	Resource
Becoming a provider	Department of Health HIV Client Services PO Box 47841 Olympia WA 98501-7841 360-236-3457 www.doh.wa.gov/hivcare
Questions about provider participation, case management standards, and reporting requirements	
Submitting a change of address or ownership	See the agency's list of Resources Available.
Finding out about payments, denials, claims processing, or Health Care Authority managed care organizations	
Electronic or paper billing	
Finding Health Care Authority documents (e.g., billing instructions, provider notices, fee schedules)	
Private insurance or third-party liability	
Medicaid Assistance Customer Service Center	800-562-3022

Program Overview

Purpose

The intended outcomes of Title XIX HIV/AIDS Targeted Medical Case Management are to assist persons living with HIV/AIDS to:

- Gain and maintain access to primary medical care and treatment.
- Gain and maintain access to antiretroviral medications.
- Maintain adherence to treatment and medications.
- Live as independently as possible.

The Health Care Authority (Medicaid agency) has an agreement with the Department of Health (DOH) to administer the HIV/AIDS Case Management program for eligible clients (WAC 182-539-0300). HIV Client Services oversees the daily operation of the Title XIX HIV/AIDS Case Management Program. HIV Client Services is located in the office of Disease Control and Health Statistics at the Department of Health.

How can I apply to provide HIV/AIDS case management services?

(WAC 182-539-0300)

Only agencies approved by DOH's HIV Client Services can provide HIV/AIDS case management services. To request approval from DOH, complete the Title XIX provider application process and submit the required documents to DOH. See Statewide Standards for Medical HIV Case Management for specifics on provider requirements, or call HIV Client Services at 360-236-3457.

Client Eligibility

Who is eligible for HIV/AIDS case management?

(WAC 182-539-0300)

To be eligible for HIV/AIDS case management services, a client must:

- Have a current medical diagnosis of HIV or AIDS.
- Not be receiving concurrent HIV/AIDS case management services through another program.
- Require assistance obtaining and effectively using necessary medical, social, and educational services; or need 90 days of continued monitoring.
- Have a benefit service package that covers HIV/AIDS case management.

Are managed-care clients eligible?

Yes, provided the client meets the above criteria. When verifying eligibility using ProviderOne, if the client is enrolled in an HCA managed care organization (MCO), 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 MCO. Use these billing instructions to bill the HCA directly.

How can I verify a patient's eligibility?

Providers must verify that a patient has Washington Apple Health coverage for the date of service, and that the client's benefit package covers the applicable service. This helps prevent delivering a service the agency will not pay for.

Verifying eligibility is a two-step process:

Step 1. **Verify the patient's eligibility for Washington Apple Health.** For detailed instructions on verifying a patient's eligibility for Washington Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's current ProviderOne Billing and Resource Guide.

If the patient is eligible for Washington Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.

Step 2. **Verify service coverage under the Washington Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Washington Apple Health client's benefit package, see the agency's Health Care Coverage—Program Benefit Packages and Scope of Service Categories web page.

Note: Patients who are not Washington Apple Health clients may submit an application for health care coverage in one of the following ways:

1. By visiting the Washington Healthplanfinder's website at: www.wahealthplanfinder.org
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:
   Washington Healthplanfinder
   PO Box 946
   Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit www.wahealthplanfinder.org or call the Customer Support Center.

Billable Services

The Medicaid agency pays HIV/AIDS case management providers for the following services.

Comprehensive assessment

The Medicaid agency pays for only one comprehensive assessment per client unless:

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

The assessment must cover the areas outlined in Statewide Standards for HIV Medical Case Management (see also WAC 182-539-0300).

HIV/AIDS case management – full month

The Medicaid 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 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. (See also WAC 182-539-0300). Monitoring can be billed under case management – full month.

HIV/AIDS case management – partial month

Providers may request the partial-month payment for any month in which the criteria in WAC 182-539-0300 have been met and an ISP has been in place for fewer than 20 days in that month.

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

Monitoring

Monitoring is a service reserved for stable clients who no longer need an ISP with active elements, but who have a history of recurring need and will likely require active case management in the future.

Case management providers may bill the Medicaid agency for up to 90 days of monitoring after the last active service element of the ISP has been completed if the following criteria have been met:

- The provider documented the client's history of recurring need.
- The provider assessed the client for possible future instability.
- The provider contacted the client monthly to monitor the client's condition.

Moving from monitoring to active case management

A client who meets the requirements in WAC 182-539-0300 can shift from monitoring to active case management if there is a documented need to resume active case management.

Coverage Table

When billing HIV/AIDS case management services or monitoring, use the following procedure codes with the appropriate modifier. The Health Care Authority pays full-month fees during monitoring. Modifiers U8 and U9 are payer-defined modifiers. U8 means "full month" and U9 means "partial month."

Note: Due to its licensing agreement with the American Medical Association, the agency publishes only the official, short CPT® code descriptions. To view the full descriptions, please refer to a current CPT book.

Procedure Code	Modifier	Diagnosis Code	Short Description	Comments
T2022	U8	Limited to 042 or V08	Case management, per month	Full Month. A full-month rate applies when: A. The criteria in WAC 182-539-0300 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	Partial Month. A partial-month rate applies when: A. The criteria in WAC 182-539-0300 have been met. B. An individual service plan (ISP) has been in place fewer than 20 days in that month. Taxonomy: 251B0000X
T1023		Limited to diagnosis 042 or V08	Program intake assessment	Full Month. A full-month rate applies when: A. The criteria in 182-539-0300 have been met. B. An individual service plan (ISP) has been in place 20 days or more in that month. Taxonomy: 251B0000X

CPT® codes and descriptions only are copyright 2013 American Medical Association. All Rights Reserved.

Billing and Claim Forms

Providers must follow the billing requirements listed in the Health Care Authority's ProviderOne Billing and Resource Guide. The guide explains how to complete the CMS-1500 Claim Form.

HIV/AIDS case management services require additional documentation. See Case Management: Statewide Standards for HIV Medical Case Management for details.

See the fee schedule for HCA's current maximum allowable fees.