Washington State Health Care Authority

HCA Tribal Affairs Billing Work Group

February 11, 2014

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HCA Tribal Affairs Office

Agenda

Tribal Affairs Updates

1. Children's Mental Health, EOB B7
2. SBIRT Billing Cheat Sheets

Old Business

1. Medicare and Mental Health
2. Medicare Crossovers
3. Physical Therapy
4. Medicaid Provider Guide: Tribal Health Program Update
5. New CMS 1500 Claim Form
6. 2014 TBWG and M3 Schedule - Revised

New Business

1. Maternity Support Services (MSS) with Guest Speaker
2. Managed Care Wraparound Billing
3. Open Questions from Last Month's TBWG and New Questions/Issues

Children's Mental Health, EOB B7

- If claims deny with EOB B7
  - Let Mike know. He will check your provider files to make sure that everything is set up correctly and will get your claims reprocessed.

Screening, Brief Intervention & Referral to Treatment (SBIRT)

- New physician's billing guide has billing information
  - http://www.hca.wa.gov/medicaid/billing/documents/physicianguides/physician-related_services_mpg.pdf
- Eligible as a medical, dental or mental health encounter
- Provided in a primary care setting
- Rendering provider must:
  - Complete SBIRT training
  - Send to HCA Provider Enrollment (SBIRT * in P1)
- Limit: 4 sessions (+ screening)

SBIRT for CD providers

- May bill SBIRT:
  - CD Providers that are embedded in a primary care setting – as part of a care team. Need SBIRT * in P1.
- May NOT bill SBIRT:
  - CD providers that work in DBHR licensed CD Treatment facilities. This is because their scope of practice is not primary care – they work at a higher level.

SBIRT Billing

Procedure code	Short description	Diagnosis code	Billing taxonomy
CPT 99408	Brief intervention for alcohol and substance abuse; 15 to 30 minutes	V65.42	Medical – 208D00000x or 2084P0800x Mental Health – 2083P0901x Dental – 122300000x
CPT 99409	Brief intervention for alcohol and substance abuse; greater than 30 minutes	V65.42	Medical – 208D00000x or 2084P0800x Mental Health – 2083P0901x Dental – 122300000x

- Diagnosis can be primary or secondary
- Dental encounters for SBIRT are billed on a CMS1500/HCFA/professional claim
- http://www.hca.wa.gov/medicaid/billing/documents/physicianguides/physician-related_services_mpg.pdf

Medicare and Mental Health

- Tribal mental health claims that have:
  - Billing taxonomy 2083P0901x, and
  - Servicing provider taxonomy 101YM0800x, 104100000x, or 106H00000x
  - Will no longer deny to bill Medicare as of March 17th (processing date)
  - Retroactive to 10/01/2012
  - No need to rebill (for date of service 10/01/2012 or greater)
  - Prior to 10/01/2012 need claim note : performing provider not certified by Medicare
- Claim note is no longer required
- Claim note is no longer required
- If you do not see that I have reprocessed your claims by mid-late April let me know, all I need is one claim number and a guess to the number of claims that I missed.

Medicare and Mental Health

- Why did this take so long to update?
- Medicare indicates that they do not enroll/pay Mental Health Counselors (101YM0800x)
- I found that Medicare is paying claims with this taxonomy
- We can't waive the Medicare requirement for this taxonomy
- Does this mean that Medicare is paying for Mental Health counselors? Probably not, I noticed that the providers that Medicare paid for were enrolled with more than 101YM0800x
- Update submitted to waive Medicare requirement if provider is 101YM0800x (etc) and provider is not enrolled with other taxonomies

Medicare Crossovers

- Work in progress….
- Crossovers
  - Medicare does not recognize/forward our Tribal modifiers/T1015 line.
  - I need to work with CMS to determine if Medicare will forward an authorization number.
  - Best case scenario (short term) is that the Medicare crossover comes to Apple Health without the T1015 and will need to be reprocessed to add the T1015 line. This may be easier than the current method

Physical Therapy Encounters

- P1 update to pay PT claims almost complete
- Test claims are paying correctly
- More next month
- Taxonomy & billing tips: 12/2013 TBWG PPT
  http://www.hca.wa.gov/tribal/Pages/index.aspx

Medicaid Provider Guide (MPG): Tribal Health Program

Proposed Timeline:

- Internal revisions have begun
- Draft to circulate: April 2014
- Workgroup: May-July
  - Volunteers to host?
- Target date for complete revision: fall 2014

CMS-1500 Claim Form (02/12)

- Will HCA accept CMS-1500 claim form?
- Who submits paper claims to HCA currently?

- Provider submits print files (CMS-1500) to clearinghouse for claims submission
- Clearinghouse submits electronic file (837P) to HCA for Medicaid claims
- With above process, talk with clearinghouse about revised CMS-1500

Tribal Billing Workgroup (TBWG)

2nd Tuesday, 9:00-11:00 AM unless noted*

- February 11
- March 11
- April 8
- May 13
- June 10
- July 8
- August 12
- September 9
- October 14
- November 12 * (Wednesday)
- December 9

Medicaid Monthly Meeting(M3)

4th Tuesday, 1:00-3:00 PM unless noted*

- February 26 * (Wednesday)
- March 25
- April 29 *(5th Tuesday)
- May 27
- June 16 *(Monday, 10 AM-12 PM)
- July 22
- August 26
- September 23
- October 28
- November 18 * (Wednesday)
- December 16 * (3rd Tuesday)

Revised as of 01/30/2014. Register or download files online!
http://www.hca.wa.gov/tribal/Pages/index.aspx

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First Steps Program

First Steps Program

Maternity Support Services (MSS)

Infant Case Management (ICM)

Childbirth Education (CBE)

What is Maternity Support Services (MSS)?

MSS is designed to provide preventive health, education services, basic health messages, and brief interventions to clients as early in a pregnancy as possible.

Goals of MSS include increasing early access to prenatal and newborn care and decreasing:

- low birth-weight (LBW) babies
- premature births
- infant morbidity and mortality rates
- health disparities
- the number of unintended pregnancies and repeat pregnancies within two years of delivery

MSS Interdisciplinary Team

MSS services are delivered to high risk pregnant women by an **Interdisciplinary Team**

The interdisciplinary team includes:

Registered Nurse
Behavioral Health Specialist
Dietitian

Screening for Risk Factors

Clients are screened for **risk factors** to determine the level of service they can receive.

Targeted **High Risk Factors** include:

-Tobacco use
-Unhealthy weight at screening
-Prior preterm or LBW baby
-Cognitive Deficit
-Developmental Disability
-African American or Native American race
-Hypertension
-Substance abuse
-Severe mental illness
-Failure to gain weight

Level of Service

HCA limits the # of service units that can be claimed per client:

Level of Service	Number of Units	
	MSS	**ICM**
Basic	7	4
Expanded	14	6
Maximum	30	9

Providers must bill P1 in units of service

1 unit of service = 15 minutes, delivered face-to-face

Current Tribal MSS Providers

- Seattle Indian Health Board
- Lower Elwha Klallam Tribe (Clallam County)
- Colville Confederated Tribal Health Clinics (Ferry and Okanogan Counties)

Reimbursement for MSS

Procedure Code	Service Description	Maximum Allowable Office Setting	Maximum Allowable Home Setting	Policy
96152	Behavioral Health Specialist	$25.00	$35.00	1 unit = 15 minutes during a MSS Behavioral Health Visit
S9470	Nutritional Counseling, Dietician visit	$25.00	$35.00	1 unit = 15 minutes during a MSS Dietician Visit
T1002	RN services	$25.00	$35.00	1 unit = 15 minutes during a MSS Community Health Nursing Visit
T1027	Family training and counseling for child development	$14.00	$18.00	1 unit = 15 minutes during a MSS Community Health Worker Visit

Encounter Rate

- MSS services are **not** encounter eligible
- MSS services are reimbursed under the fee-for-service (FFS) system

Want to be a MSS Provider?

- Complete the online Provider Enrollment process
- Read and Sign the Core Provider Agreement
- Obtain a federal National Provider Identifier (NPI) number
- Complete MSS/ICM Provider Application and Agreement

Website & Contacts

First Steps Website

- http://www.hca.wa.gov/medicaid/firststeps/pages/index.aspx

Questions

- Stacey Bushaw, Family Health Care Services Supervisor stacey.bushaw@hca.wa.gov

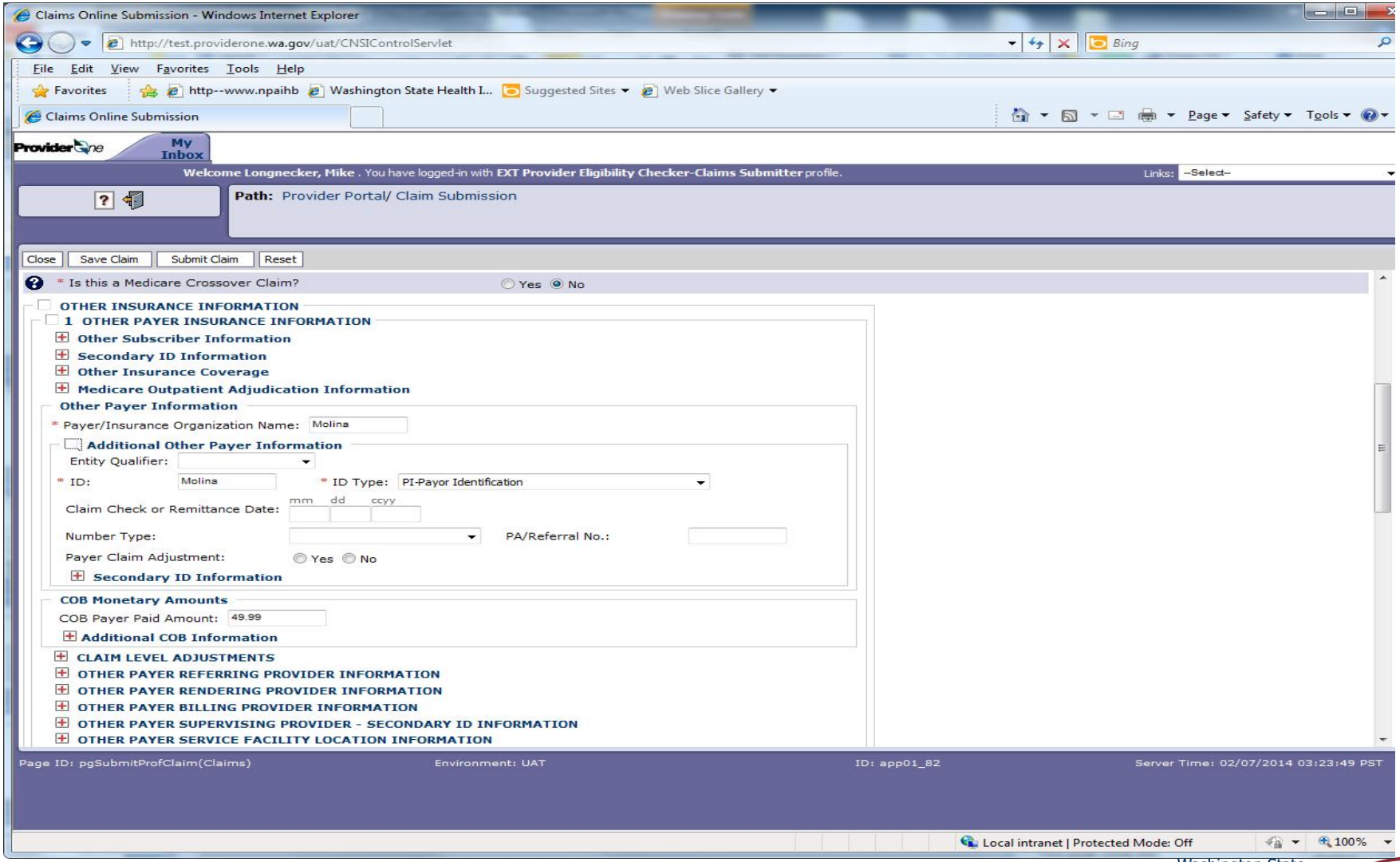
Managed Care Wraparound

- Most AI/AN clients opt out of managed care
- Tribal Health Clinic can receive the encounter rate for AI/AN managed care clients:
  - bill the managed care plan first, and then
  - bill HCA the wraparound claim (explained on next slide)

Billing HCA the MC Wrap Around

- Only American Indian and Alaska Natives Medicaid eligible clients served in Tribal facility are eligible for the wrap around
- Bill the claim just like regular encounter claims
  - Make sure you include all of the same code lines that were billed to the MC plan, plus the encounter line (if eligible) and Tribal modifiers
- Enter the MC payment as if it were a commercial insurance payment at the claim level
  - CMS1500, MC payment goes in box 29
  - P1 screens, MC payment goes in 'other payer information' field (screen shot on next slide)
  - HIPAA 837P, MC payment is in loop 2320
- Add claim note "AI/AN MC tribal encounter"
- Payment will be up to the encounter rate

Managed Care Wrap Around



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Open questions from last month

Q. Has the match for CD been discussed?
A. Discussions are occurring
Q. Has there been anymore discussion about the up-billing on claims with the encounter rate and codes
A. Can I have the question again ?
Q. Can we bill for ABP (Alternative Benefit Plan) designees
A. yes. Refer to the P1 Billing Guide, page 55-57 for a current list of the ACES coverage groups

http://www.hca.wa.gov/medicaid/provider/Documents/provideroneguide/providerone_billing_and_resource_guide.pdf
Q. medicare cross-overs are being denied because of lack of modifers
A. yes, at this time CMS is not forwarding modifiers/T1015 line. I have a call in to Noridian to determine if the EPA model/T1015 will alleviate. Until then the only way to get the wraparound is to bill HCA. I can help with cheat-sheets (P1 screens and/or HIPAA-speak, I'm trying to get ahold of an RPMS 101)

Discussion was the decrease in quarterly payments during last quarter of 2012. the decrease was limited almost exclusively to CD claims.
Q. The CD match change was an issue for us as a tribe.
Q. Many claims paid FFS instead of encounter
A. Want me to pull the data out of ProviderOne and share individually? Just ask.

Q. we are completely separating out our BH billing from the clinic. I know we're in touch regularly, but just so you know to get me our information also and that it doesn't go exclusively to the clinic.
A. Send me a reminder and I will try to make sure that both/all entities are in the mailing lists

Discussion on Medicare vs Mental Health. HCA is denying to bill Medicare but provider is not eligible to enroll with Medicare
Q. We have many Medicare/Medicaid pending mental health claims that have been billed, will these be reprocessed when/if CMS makes a decision
A. Yes

Open questions from last month

Discussion concerning the new paper claim forms

Q. It's not just the paper form but the EC claim transmission format. We will have problems if HCA does not accept but all other require

A. I re-sent the question & impact analysis is being started

Q. I'd love a site visit, especially with our new biller present

A. that's on my agenda, I would like to visit everybody sometime within the next year.

Discussion concerning the newly eligible clients

Q. What is the ACES coverage group code, the NO5 is what I've been consistently seeing, ACES what does it mean N11

A. Consider them as "CNP"/full scope

check out page 55-56 on http://www.hca.wa.gov/medicaid/provider/Documents/provideroneguide/providerone_billing_and_resource_guide.pdf

Q. Spend-down (from previous month)

A. I am trying to get a contact name for the spend-down expert. I'm having difficulty understanding what the issue is.

Try this HCA site first http://www.hca.wa.gov/medicaid/provider/documents/fs_spenddownstepbystep.pdf

Recent question – is an IUD (cost is about $700) bundled in to the encounter payment.

A. no, an IUD is billable separately. Please do not bill the IUD (J7300/J7302) on the same claim as the encounter because it will bundle in, please bill separately

Send your questions in to Mike or Karol, we will either answer directly or add it to the TBWG. We'll keep your questions anonymous

Thank you

Send TBWG comments and questions to:

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