Washington State Health Care Authority

Washington Apple Health (Medicaid)

HIV/AIDS Case Management Billing Guide

January 1, 2020

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an agency rule arises, the agency rules apply.

About this guide*

This publication takes effect January 1, 2020, and supersedes earlier guides to this program.

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

This document is to be used for billing purposes only. Refer to the Department of Health's (DOH) HIV Community Services Provider Manual 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
Behavioral Health Organization (BHO)	Removed this section	Effective January 1, 2020, behavioral health services in all regions will be provided under integrated managed care.
Integrated Managed Care Regions	Effective January 1, 2020, integrated managed care is being implemented in the last three regions of the state: • **Great Rivers** (Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum counties) • **Salish** (Clallam, Jefferson, and Kitsap counties) • **Thurston-Mason** (Mason and Thurston counties)	Effective January 1, 2020, HCA completed the move to whole person care to allow better coordination of care for both body (physical health) and mind (mental health and substance use disorder treatment, together known as "behavioral health"). This delivery model is called Integrated Managed Care (IMC).

* This publication is a billing instruction.

How can I get agency provider documents?

To access provider alerts, go to the agency's provider alerts webpage.

To access provider documents, go to the agency's provider billing guides and fee schedules webpage.

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Resources Available

Topic	Resource
Becoming a provider	Department of Health HIV Client Services PO Box 47841 Olympia WA 98501-7841 360-236-3437
Questions about provider participation, case management standards, and reporting requirements	
Submitting a change of address or ownership	See the agency's Billers and Providers website.
Finding out about payments, denials, claims processing, or Health Care Authority managed care organizations	
Electronic 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 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 HIV Community Services Provider Manual for specifics on provider requirements, or call HIV Client Services at 360-236-3437.

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.

Most Apple Health clients are enrolled in an agency-contracted managed care organization (MCO). This means that Apple Health pays a monthly premium to an MCO for providing preventative, primary, specialty, and other health services to Apple Health clients. Clients in managed care must see only providers who are in their MCO's provider network, unless prior authorized or to treat urgent or emergent care. See the agency's Apple Health managed care page for further details.

It is important to always check a client's eligibility prior to providing any services because it affects who will pay for the services.

How do I verify a client's eligibility?

Check the client's Services Card or follow the two-step process below to verify that a client has 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 Apple Health.** For detailed instructions on verifying a patient's eligibility for Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in the agency's ProviderOne Billing and Resource Guide.

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

Step 2. Verify service coverage under the Apple Health client's benefit package. To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see the agency's Program Benefit Packages and Scope of Services webpage.

Note: Patients who are not 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.

Are clients who are enrolled in an agency-contracted managed care organization (MCO) eligible?

Yes, if the client meets the criteria under Who is eligible for HIV/AIDS case management in this guide. 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 agency directly.

All medical services covered under an agency-contracted MCO must be obtained by the client through designated facilities or providers. The MCO is responsible for:

- Payment of covered services
- Payment of services referred by a provider participating with the plan to an outside provider

Note: A client's enrollment can change monthly. Providers who are not contracted with the MCO must receive approval from **both** the MCO and the client's primary care provider (PCP) prior to serving a managed care client.

Send claims to the client's MCO for payment. Call the client's MCO to discuss payment prior to providing the service. Providers may bill clients only in very limited situations as described in WAC 182-502-0160.

> **Note:** To prevent billing denials, check the client's eligibility **prior** to scheduling services and at the **time of the service**, and make sure proper authorization or referral is obtained from the agency-contracted MCO, if appropriate. See the agency's ProviderOne Billing and Resource Guide for instructions on how to verify a client's eligibility.

Managed care enrollment

Apple Health (Medicaid) places clients into an agency-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. This eliminates a person being placed temporarily in FFS while they are waiting to be enrolled in an MCO or reconnected with a prior MCO. This enrollment policy also applies to clients in FFS who have a change in the program they are eligible for. However, some clients may still start their first month of eligibility in the FFS program because their qualification for MC enrollment is not established until the month following their Medicaid eligibility determination.

New clients are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health managed care. Renewing clients are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

Checking eligibility

- Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to the Washington Healthplanfinder's Get Help Enrolling page.

- MCOs have retroactive authorization and notification policies in place. The provider must know the MCO's requirements and be compliant with the MCO's policies.

Apple Health – Changes for January 1, 2020

Effective January 1, 2020, the Health Care Authority (HCA) completed the move to whole-person care to allow better coordination of care for both body (physical health) and mind (mental health and substance use disorder treatment, together known as "behavioral health"). This delivery model is called Integrated Managed Care (formerly Fully Integrated Managed Care, or FIMC, which still displays in ProviderOne and Siebel).

IMC is implemented in the last three regions of the state:

- **Great Rivers** (Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum counties)
- **Salish** (Clallam, Jefferson, and Kitsap counties)
- **Thurston-Mason** (Mason and Thurston counties)

These last three regions have plan changes, with only Amerigroup, Molina, and United Healthcare remaining. There are changes to the plans available in these last three regions. The only plans that will be in these regions are Amerigroup, Molina, and United Healthcare. If a client is currently enrolled in one of these three health plans, their health plan will not change.

Clients have a variety of options to change their plan:

- **Available to clients with a Washington Healthplanfinder account**:
  Go to Washington HealthPlanFinder website.

- **Available to all Apple Health clients:**

  ✓ Visit the ProviderOne Client Portal website:

  ✓ Call Apple Health Customer Service at 1-800-562-3022. The automated system is available 24/7.

  ✓ Request a change online at ProviderOne Contact Us (this will generate an email to Apple Health Customer Service). Select the topic "Enroll/Change Health Plans."

For online information, direct clients to HCA's Apple Health Managed Care web page.

Clients who are not enrolled in an agency-contracted managed care plan for physical health services

Some Medicaid clients do not meet he qualifications for managed care enrollment. These clients are eligible for services under the FFS Medicaid program. In this situation, each Integrated Managed Care (IMC) plan will have Behavioral Health Services Only (BHSO) plans available for Apple Health clients who are not in managed care. The BHSO covers only behavioral health treatment for those clients. Clients who are not enrolled in an agency-contracted managed care plan are automatically enrolled in a BHSO, with the exception of American Indian/Alaska Native clients. Some examples of populations that may be exempt from enrolling into a managed care plan are Medicare dual-eligible, American Indian/Alaska Native, Adoption support and Foster Care alumni.

Integrated managed care

Clients qualified for managed care enrollment and living in integrated managed care (IMC) regions will receive all physical health services, mental health services, and substance use disorder treatment through their agency-contracted managed care organization (MCO).

American Indian/Alaska Native (AI/AN) clients have two options for Apple Health coverage:

- Apple Health Managed Care; or
- Apple Health coverage without a managed care plan (also referred to as fee-for-service [FSS]).

If a client does not choose an MCO, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavioral health services. See the agency's American Indian/Alaska Native webpage.

For more information about the services available under the FFS program, see the agency's Mental Health Services Billing Guide and the Substance Use Disorder Billing Guide.

For full details on integrated managed care, see the agency's Apple Health managed care webpage and scroll down to "Changes to Apple Health managed care."

Integrated managed care regions

Clients residing in integrated managed care regions and who are eligible for managed care enrollment must choose an available MCO in their region. Details, including information about mental health crisis services, are located on the agency's Apple Health managed care webpage.

Region	Counties	Effective Date
Great Rivers	Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum	January 1, 2020
Salish	Clallam, Jefferson, Kitsap	January 1, 2020
Thurston-Mason	Thurston, Mason	January 1, 2020
North Sound	Island, San Juan, Skagit, Snohomish, and Whatcom	July 1, 2019
Greater Columbia	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Yakima, and Whitman	January 1, 2019
King	King	January 1, 2019
Pierce	Pierce	January 1, 2019

Region	Counties	Effective Date
Spokane	Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties	January 1, 2019
North Central	Grant, Chelan, Douglas, and Okanogan	January 1, 2018 January 1, 2019 (Okanogan)
Southwest	Clark, Skamania, and Klickitat	April 2016 January 1, 2019 (Klickitat)

Integrated Apple Health Foster Care (AHFC)

Children and young adults in the Foster Care, Adoption Support and Alumni programs who are enrolled in Coordinated Care of Washington's (CCW) Apple Health Foster Care program receive both medical and behavioral health services from CCW.

Clients under this program are:

- Under the age of 21 who are in foster care (out of home placement)
- Under the age of 21 who are receiving adoption support
- Age 18-21 years old in extended foster care
- Age 18 to 26 years old who aged out of foster care on or after their 18th birthday (alumni)

These clients are identified in ProviderOne as "**Coordinated Care Healthy Options Foster Care.**"

The Apple Health Customer Services staff can answer general questions about this program. For specific questions about Adoption Support, Foster Care or Alumni clients, contact the agency's Foster Care Medical Team at 1-800-562-3022, Ext. 15480.

Fee-for-service Apple Health Foster Care

Children and young adults in the fee-for-service Apple Health Foster Care, Adoption Support and Alumni programs receive behavioral health services through the regional Behavioral Health Services Organization (BHSO). For details, see the agency's Mental Health Services Billing Guide, under *How do providers identify the correct payer*?

Billable Services

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

Comprehensive assessment

The 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 the HIV Community Services Provider Manual (see also WAC 182-539-0300).

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 the HIV Community Services Provider Manual 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 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 agency 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 diagnosis B20 or Z21	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 B20 or Z21	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: 251B00000X
T1023		Limited to diagnosis B20 or Z21	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: 251B00000X

Billing

All claims must be submitted electronically to the agency, except under limited circumstances. For more information, see the agency's ProviderOne Billing and Resource webpage, *Paperless billing at HCA*.
For providers approved to bill paper claims, see the *Paper Claim Billing Resource*.

Providers must follow the billing requirements listed in the Health Care Authority's ProviderOne Billing and Resource Guide.

HIV/AIDS case management services require additional documentation. See the HIV Community Services Provider Manual for details.

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