

Washington Apple Health (Medicaid)

HIV/AIDS Case Management Billing Guide

April 1, 2021

Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and a Health Care Authority rule arises, the rule applies.

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, please check the most recent version of the guide. If this is the most recent guide, please notify us at askmedicaid@hca.wa.gov.

About this guide*

This publication takes effect **April 1, 2021**, and supersedes earlier billing guides to this program. Unless otherwise specified, the program in this guide is governed by the rules found in [Chapter 182-539 WAC](#).

The Health Care Authority 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.

Refer also to HCA's [ProviderOne billing and resource guide](#) for valuable information to help you conduct business with the Health Care Authority.

How can I get HCA Apple Health provider documents?

To access provider alerts, go to HCA's [provider alerts webpage](#).

To access provider documents, go to HCA's [provider billing guides and fee schedules webpage](#).

Where can I download HCA forms?

To download an HCA form, see HCA's [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: 13-835).

* This publication is a billing instruction.

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What has changed?

Subject	Change	Reason for Change
HIV Community Services Provider Manual	Updated the link throughout the guide for the most up-to-date provider manual.	Updated 2021 version of the HIV Community Services Provider Manual .

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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	Department of Health HIV Client Services PO Box 47841 Olympia WA 98501-7841 360-236-3437
Submitting a change of address or ownership	See HCA's Billers and Providers website
Finding out about payments, denials, claims processing, or Health Care Authority managed care organizations	See HCA's Billers and Providers website
Electronic billing	See HCA's Billers and Providers website
Finding Health Care Authority documents (e.g., billing instructions, provider notices, fee schedules)	See HCA's Billers and Providers website
Private insurance or third-party liability	See HCA's Billers and Providers website
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 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?

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.

How do I verify a client's eligibility?

Most Apple Health clients are enrolled in an HCA-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 HCA'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.

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 HCA 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 HCA'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 HCA'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](#).
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 the [Washington Healthplanfinder's website](#) or call the Customer Support Center.

Are clients enrolled in an HCA-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. Most Medicaid-eligible clients are enrolled in one of HCA's contracted managed care organizations (MCOs). For these clients, managed care enrollment will be displayed on the client benefit inquiry screen in ProviderOne. HIV/AIDS Case Management services do not require a referral from the client's MCO. Use these billing instructions to bill the Health Care Authority directly.

All medical services covered under an HCA-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](#).

Managed care enrollment

Apple Health (Medicaid) places clients into an HCA-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.

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.

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](#) webpage.

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

Some Medicaid clients do not meet the 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 HCA-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 HCA-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 [FFS])

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 Health Care Authority's (HCA) [American Indian/Alaska Native webpage](#).

For more information about the services available under the FFS program, see HCA's [Mental Health Services Billing Guide](#) and the [Substance Use Disorder Billing Guide](#).

For full details on integrated managed care, see HCA's [Apple Health managed care webpage](#) and scroll down to "Changes to Apple Health managed care."

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 HCA'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 HCA's [Mental Health Services Billing Guide](#), under *How do providers identify the correct payer?*

Billable Services

The Health Care Authority pays HIV/AIDS case management providers for the following services.

Comprehensive assessment

The Health Care Authority 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 Health Care Authority 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 Health Care Authority 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 Health Care Authority 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	<p>Full Month. A full-month rate applies when:</p> <ul style="list-style-type: none"> The criteria in WAC 182-539-0300 have been met; and An individual service plan (ISP) has been in place 20 days or more in that month. <p>Taxonomy: 251B00000X</p>
T2022	U9	Limited to diagnosis B20 or Z21	Case management, per month	<p>Partial Month. A partial-month rate applies when:</p> <ul style="list-style-type: none"> The criteria in WAC 182-539-0300 have been met; and An individual service plan (ISP) has been in place fewer than 20 days in that month. <p>Taxonomy: 251B00000X</p>
T1023		Limited to diagnosis B20 or Z21	Program intake assessment	<p>Full Month. A full-month rate applies when:</p> <ul style="list-style-type: none"> The criteria in WAC 182-539-0300 have been met; and An individual service plan (ISP) has been in place 20 days or more in that month. <p>Taxonomy: 251B00000X</p>

Billing

All claims must be submitted electronically to the Health Care Authority, except under limited circumstances.

For more information, see the Health Care Authority'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.