

# Washington State Health Care Authority

## HCA Tribal Affairs Billing Work Group

*January 14, 2014*

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**HCA Tribal Affairs Office**

# Agenda

## **Tribal Affairs Updates**

1. First Tribal SBIRT training was Friday  
January 17<sup>th</sup> SBIRT training Puyallup Tribal Health Authority
2. 2014 TBWG schedule – second Tuesdays, 9:00-11:00
3. Ongoing survey to guide TBWG
4. 2012 Encounter Data

## **Old Business**

1. Medicare and Mental Health and Medicare crossovers
2. Revised Tribal Billing Guide
3. Physical/Occupational/Speech Therapy Encounters

## **New Business**

1. Dental/Orthodontic billing
2. New Paper CMS1500/Dental claim forms

# SBIRT Training

- First Training was January 10<sup>th</sup>
- Next Training is January 17<sup>th</sup> at Puyallup Tribal Health Authority. There is room for approximately 25 more people – first come, first served
- SBIRT codes (99408 99409) are to be used with diagnosis code V65.42 (any position, does not have to be primary)
- Not applicable to mental health interns
- Newly trained providers mail or fax Training certificate to  
Provider Enrollment  
PO box 45562  
Olympia, Wa. 98504-5562  
Fax 360-725-2144

# 2014 TBWG schedule

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

# Survey Says...

Let us know what is not working for you.

1. What type of Encounter are you currently having the most difficulty with?

Medical, Dental, Mental Health, CD

2. Let us know what you would like to have in future billing workgroups

# 2012 Encounter data

- During routine analysis of Encounter claims we noticed a significant decrease in Encounter claims for the last quarter of 2012
- Almost exclusively Chemical Dependency claims
- What can we do to help with rebilling claims? We have a 1 year timely rule for initial billing and then up to 2 years for reprocessing

# Medicare Issues

- Mental health
  - work in progress, more to come...
- 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.

# Revised MPG Tribal Billing Guide

- New Billing Guide → Target date Fall 2014
  - Mostly updating and cleaning up to reflect current billing practices
  - Major billing change is potentially a single way to designate AI/AN or NN across encounter categories (medical, dental, CD, MH)
- AI/AN or NN designation
  - If we adopt an authorization number to designate AI/AN or NN the ProviderOne HIPAA Help Desk will help with testing claims prior to the change.
- Review survey questions
  - The survey will drive the process of updating the Tribal Health Program Medicaid Provider Guide



# Physical/Speech/Occupational Therapy

- System update in early February
- Encounter eligible retroactive to 10/01/2012
- Let's make sure it is working for you! Bill some claims and then send me your claim numbers.

# Dental Program

- Adult Dental Benefit is now restored to the previous (2010) levels
- Some Dental Services are eligible for multiple encounters because the service requires multiple visits but is only billable once (eg, at crown seat date or banding date or denture final try-in date)

# Dental Encounters

- D-Dental codes are 'always' billed at 1 unit
- Crowns (D2710-D2799) and root canals (D3310-D3330) qualify for 2 encounters (per crown/root canal). The D-code is billed at 1 unit and the T1015 code is billed at 2 units (assuming that there were 2 client visits)
- Dentures/Partials (D5110-D5226) qualify for up to 5 encounters (per denture), depending on the number of visits that were required to get to the final seating
- Orthodontic (D8010 D8020 D8030 D8050 D8060 D8070 D8080)
  - Banding qualifies for 5 encounters
  - Each follow up visit qualifies for 2 encounters

In order to avoid billing for services that have not been rendered it is necessary to bill at the end of the global period (with the date of service being the date that the service was rendered)

# Orthodontic billing made easy

Timeline for billing orthodontics can be found at

[http://www.hca.wa.gov/medicaid/provider/documents/fs\\_howtobillorthomadeeasy.pdf](http://www.hca.wa.gov/medicaid/provider/documents/fs_howtobillorthomadeeasy.pdf)

## Limited Orthodontic treatment (D8010 D8020 D8030)

- Client gets braces on 01/01/2014, bill at end of global period (April 1)
  - Date of service and appliance placement date is 01/01/2014
  - The global period is the next 3 months (January 1 to March 31)
- 1<sup>st</sup> follow up claim: bill at the end of the next global period (July 1)
- 2<sup>nd</sup> follow up claim: bill at the end of the next global period (October 1)
- 3<sup>rd</sup> follow up claim: bill at the end of the next global period (January 1)

# Comprehensive Ortho

- **Comprehensive Orthodontic treatment**
- Client gets braces on 01/01/2014, bill at end of global period (July 1)
  - Date of service and appliance placement date is 01/01/2014
  - The global period is the next 6 months (January 1 to June 30)
- 1<sup>st</sup> follow up claim: bill at the end of the next global period (October 1, 2014)
- 2<sup>nd</sup> follow up claim: bill at the end of the next global period (January 1, 2015)
- 3<sup>rd</sup> follow up claim: bill at the end of the next global period (April 1, 2015)
- 4<sup>th</sup> follow up claim: bill at the end of the next global period (July 1, 2015)
- 5<sup>th</sup> follow up claim: bill at the end of the next global period (October 1, 2015)
- 6<sup>th</sup> follow up claim: bill at the end of the next global period (January 1, 2016)
- 7<sup>th</sup> follow up claim: bill at the end of the next global period (April 1, 2016)
- 8<sup>th</sup> follow up claim: bill at the end of the next global period (July 1, 2016)

# HCA WILL NOT ACCEPT the new paper CMS & dental claim forms

- Will HCA accept the new CMS1500 (version 02/12) or 2012 Dental (#J430)? **No!**
- HCA has not adopted and will not accept the CMS 1500 (02/12) or new ADA (J430) form. HCA only accepts the forms listed in the ProviderOne Billing and Resource Guide.
- If a provider submits a version other than what is listed in the ProviderOne Billing and Resource Guide , it will be returned to the provider. If a form other than what is listed in the ProviderOne Billing and Resource Guide slips through and is scanned, we cannot guarantee the form will be OCR'd or adjudicated correctly.
- Mike has copies of both old and new forms and is able to assist with questions like 'what field does item XYZ go on the paper claim form?' and will help with the field numbers/letters for both old and new claim forms.