TCOW
Tribal Compliance and Operations Workgroup

September 11, 2019

Washington State Health Care Authority

TCOW Agenda

- Integrated Managed Care implementation in January, 2020
- Tribal FQHC and Apple Health
  - Tribal Health Billing Guide updated on July 1
  - Tribal FQHC Q&A from August TCOW
  - Tribal FQHC and Direct IHS/Tribal Clinic billing comparison and overview
- CPE Process for non-AI/AN SUD services
- FAQ & open discussion

Integrated Managed Care Implementation in January 2020

History of HCA and Managed care

- Prior to April, 2016 – Pre-integration, pre BHO
  - Physical Health, Below Access to Care Standard mental health – covered by "MCOs"
  - SUD – covered under "FFS"
  - Above Access to Care mental health – covered by RSNs
- April 2016 – December 2019 – Bifurcated Managed Care shifting towards Integrated Managed Care
  - Physical Health, Below Access to Care Standard mental health – covered by "MCOs"
  - SUD and Above Access to Care Standard mental health – now covered by "BHOs" and "IMCs" (IMC exists in the integrated regions)
- Beginning in January, 2020 – Integrated Managed Care begins
  - Physical Health, Mental Health, and SUD – covered by "MCOs" under Integrated Managed Care

Items in the blue font above – Tribe currently has *a choice* if the client is enrolled in Managed Care

- Bill P1 directly at the encounter rate (nonAI/AN SUD pays at the FMAP rate), or
- Bill the Managed Care plan then P1 for the balance of the encounter rate

The choice is there because the BHOs are not able to support the Tribes.
When the state adopts full integration and there are no more BHOs – there will no longer need to be *a choice* and services will need to be billed to the client's primary insurance.

Integrated Managed Care – January 2020

What changes occur when Integrated Managed Care is adopted?

- **Medical** – no changes. Medical services for Managed Care clients are currently billed to the MCO primary then P1 secondary
- **Dental** – no changes because there is no dental managed care
- **Mental Health** – MCO must be billed as the primary payer if the client is enrolled in a Managed Care Plan that covers the service
- **SUD** - MCO must be billed as the primary payer if the client is enrolled in a Managed Care Plan that covers the service

How do you know if the client is enrolled in a *Managed Care Plan that covers the service*?
The next slide will define the MCOs and the coverage

Integrated Managed Care – January 2020

If the Client is enrolled in any of these MCOs:

- AMG Fully Integrated Managed Care
- CCC Fully Integrated Managed Care
- CHPW Fully Integrated Managed Care
- Coordinated Care Healthy Options Foster Care
- MHC Fully Integrated Managed Care
- UHC Fully Integrated Managed Care

Then

- Medical, Mental Health and SUD services are billed to the MCO as the primary payer
- Dental is covered without a MCO

If the client is enrolled in any of these MCOs:

- AMG Behavioral Health Services Only
- CCC Behavioral Health Services Only
- CHPW Behavioral Health Services Only
- MHC Behavioral Health Services Only
- UHC Behavioral Health Services Only

Then

- Mental Health and SUD services are billed to the MCO as the primary payer
- Medical and Dental services are covered without a MCO

Tribal FQHC– Tribal Health Billing Guide updated in July

The Tribal Health Billing guide was updated on July 1, 2019 to reflect the Tribal FQHC option, a Tribe may enroll with Medicaid as a

A. **Direct IHS facility** (4-walls limitation, AI/AN in managed care are eligible for encounter rate. SS Act § 1932(h)(2)(C))

B. Tribal 638 facility, which is either a

   1. **Tribal Clinic** (4 walls limitation, AI/AN in managed care are eligible for encounter rate. SS Act § 1932(h)(2)(C)), or
   2. **Tribal FQHC** (not subject to 4 walls limitation, AI/AN **and** non-AI/AN in managed care are eligible for the encounter rate under an Alternative Payment Methodology. SS Act § 1902(bb))

C. Cost-Reporting FQHC (refer to the FQHC billing guide)

D. Fee-for-service provider, not eligible for the encounter rate

Tribal FQHC Q&A – Questions from August

Q. For Tribal FQHC, do we get the IHS encounter rate for services supplied to AI/AN **and non AI/AN** patients?
A. Yes, may need to bill MCO first if client is enrolled in an MCO but encounter rate is payable for both AI/AN **and** non-AI/AN clients (page 19 of Tribal Health Billing Guide) (SUD services continue to pay at the FMAP rate)

Q. Does it require a contract in place with the MCO and the Tribe to get the encounter rate for Non-Natives?
A. Yes, with clarification – for Direct IHS Clinics, Tribal Clinics **and** Tribal FQHCs It will require a contract with the MCO if the client is non-AI/AN but a contract is not required if the client is AI/AN. The difference is because WAC 284 170 200 #9 requires payment without contracting if the client is AI/AN but the same protection is not offered for non-AI/AN clients.

Q. Are Tribal FQHCs eligible to receive reimbursement for SUD and mental health for Non-AI/AN clients?
A. Yes, the client will most likely be enrolled in a managed care plan that covers the service and the MCO will be the primary payer & P1 may be billed for the balance of the IHS Encounter rate (SUD services pay at the FMAP rate) (page 19 of Tribal Health Billing Guide)

Q. Will tribes be able to provide opioid treatment facility patients as part of the tribal FQHC?
A. Yes, with explanation

- **Medical** – *The agency pays for office visits related to buprenorphine/naloxone* (page 53 of the Physician-Related Billing Guide)
- **SUD** – SUD services may continue to be billed following the services that are covered in the SUD Billing Guide, the only change in 2020 is that the MCO will be the primary payer if the client is enrolled in a managed care plan that covers the service

Tribal FQHC Q&A – Questions from August

Q. Does the Tribe have to be the PCP for the Non-Native client?
A. Clients not enrolled in an MCO - No, the PCP concept does not apply to P1 claims
Clients enrolled in an MCO – stay tuned, question forwarded to the Managed Care team at HCA

Q. In a Tribal FQHC, are Physical Therapy services provided by PT an encounter rate service?
A. Yes (page 35 of the Tribal Health Billing Guide)

Q. Does self-attest apply to MCO's as native since MCO's are taking over Medicaid?
A. no, self attest does not apply to P1 either. Clarification is needed:

- AI/AN (definition from Tribal Health Billing Guide) - *A person having origins in any of the original peoples of North America*
- AI/AN for Medicaid billing purposes – The client must be IHS-eligible. This is not self-attest. P1 does not know which clients are IHS-eligible, that's why we need those modifiers on our claims. Future Tribal Health Billing guide will clarify the difference

Q. What does a tribe need to do to become a tribal FQHC and is there a deadline?
A. Send the request to HCA, a template Tribal FQHC request letter attached to today's webinar.
Deadlines:
1. The 4-walls rule (from the FAQ) *CMS has no present intention to review claims by Tribal "clinic services" providers for services furnished outside of the "four walls" before January 30, 2021 unless there is clear evidence of bad faith efforts to engage in improper claiming procedures in violation of this guidance*
2. non-AI/AN at the encounter rate deadlines
   a) medical & mental health – must be Tribal FQHC before billing medical services for non-AI/AN at the encounter rate (Tribal Health billing guide.p19)
   b) SUD – must be Tribal FQHC before 01/01/2020 because services will need to be billed to the MCO's for MCO enrolled clients beginning in January

Tribal FQHC Q&A – Questions from August

Q. Are the MCOs adopting the 5 encounters a day and self-attest and/or state tribes as native? Also do both still apply to FQHC?
A. Yes, the (up to) 5-encounter per day rule applies to both FFS and managed care and applies to Direct IHS Clinics, Tribal Clinics, and Tribal FQHCs
Self-attest (in regards to AI/AN status) does not apply to billing, clients must be IHS eligible in order to bill as AI/AN clients

Q. I am still a little confused: do state-only RAC codes get the IHS encounter rate under the one facility/one rate statement?
A. No, the state-only RACs (the list on page 26 of the Tribal Health Billing Guide) are not encounter eligible, otherwise – if the client has a RAC that is not in the list (eg. RAC 1201) then the services are encounter eligible for both AI/AN and nonAI/AN clients (if Tribal FQHC)

Q. Do we still do the CPE certification for non-natives under FQHC?
A. yes, no changes to the CPE process

Q. As a tribal FQHC, do we get the encounter rate for ~~behavioral~~ /mental health services provided to non AI/AN patients provided by a LCSW?
A. Yes, LCSW (and M&F Therapist, Counselors) are eligible for the encounter rate for Direct IHS Clinics, Tribal Clinics, and Tribal FQHCs (Tribal Health Billing Guide, page 16)

Tribal FQHC Q&A – Questions from August

Q. Do both Integrated plans and MCOs pay the encounter rate to Tribes for Non-Natives?
A. This might help – the MCOs (Amerigroup, CHPW, Coordinated Care, Molina and United) are all also Integrated Plans.
For now the claims will need to be billed to the MCO and then P1 for the balance of the encounter rate. Hopefully by this time next year we no longer have to 'bill twice' and the P1 updates to allow the MCOs to pay at the encounter rate have successfully launched

Q. Is $0 for Tribal FQHC as well?
A. Yes, this is in regards to the billed amount on the T1015 – Direct IHS Clinics, Tribal Clinic and Tribal FQHCs all follow this rule for the T1015 -- the billed amount on the T1015 does not matter to P1 – it could be $0, $0.01, $455.00 or even $1,000,000 – P1 ignores the billed amount. The Accounts Receivables folks at the clinic may prefer claims to be billed a certain way though

Q. Taxonomy Code: For FQHC SUD we have to add 2 Taxonomy codes? How would I do that?
A. Fortunately, the taxonomy codes for Direct IHS Clinics, Tribal Clinics and Tribal FQHCs are all exactly the same as they have been – there are no changes to taxonomy codes on the claims

Tribal FQHC – Billing Comparisons and Overview

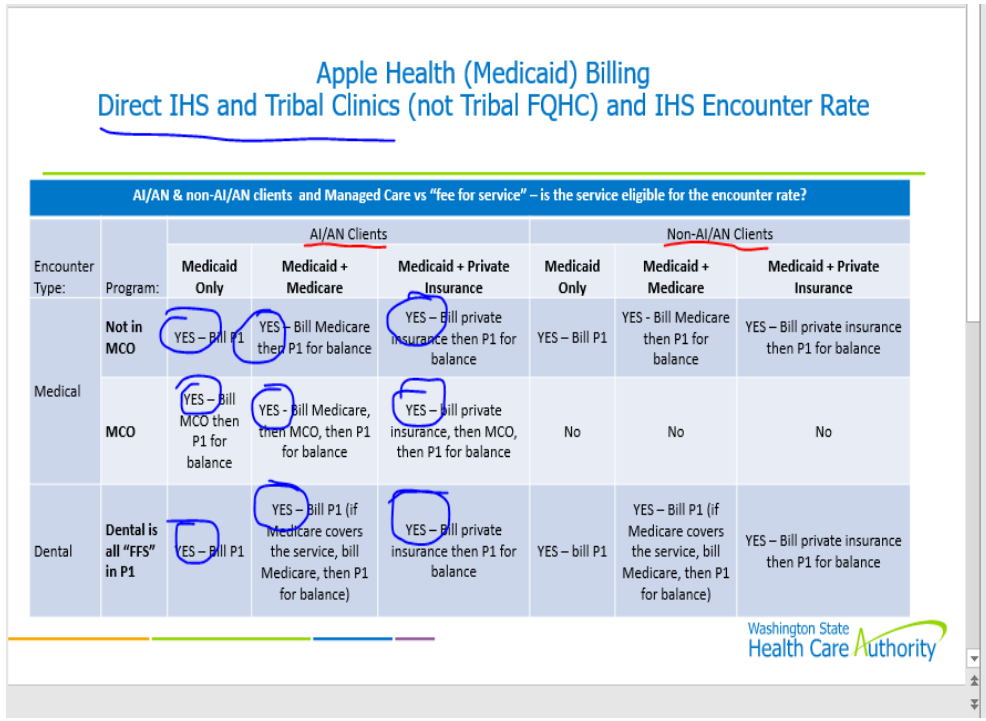
The next two slides present the “Draft IHS Encounter Payment Table” that the mike has shared for a few years. The table is now split into 2 separate tables

1. Direct IHS Clinics and Tribal Clinics
2. Tribal FQHC

Tribal FQHC – Billing Comparisons and Overview

The slides will go into greater detail on the next two slides
These slides ask if the combination of parameters (eg. Managed care vs FFS, AI/AN vs NonAI/AN, etc) are eligible for the IHS Encounter Rate

- Left side is Direct IHS and Tribal Clinic -- Right side is Tribal FQHC
- Notice that the AI/AN column answer is always “yes”
- Notice that the non-AI/AN column answer is sometimes “no” for Direct IHS and Tribal Clinic and always “yes” for Tribal FQHC

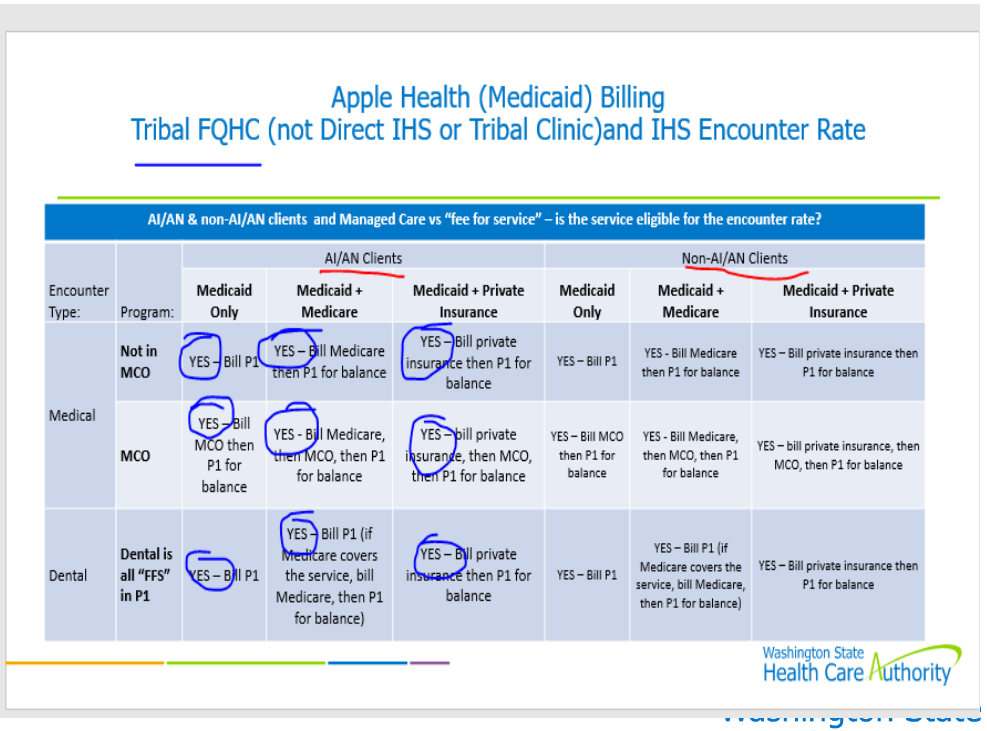


Apple Health (Medicaid) Billing
Direct IHS and Tribal Clinics (not Tribal FQHC) and IHS Encounter Rate

AI/AN & non-AI/AN clients and Managed Care vs “fee for service” – is the service eligible for the encounter rate?							
		AI/AN Clients			Non-AI/AN Clients		
Encounter Type:	Program:	Medicaid Only	Medicaid + Medicare	Medicaid + Private Insurance	Medicaid Only	Medicaid + Medicare	Medicaid + Private Insurance
Medical	Not in MCO	YES – Bill P1	YES – Bill Medicare then P1 for balance	YES – Bill private insurance then P1 for balance	YES – Bill P1	YES - Bill Medicare then P1 for balance	YES – Bill private insurance then P1 for balance
	MCO	YES – Bill MCO then P1 for balance	YES - Bill Medicare, then MCO, then P1 for balance	YES – bill private insurance, then MCO, then P1 for balance	No	No	No
Dental	Dental is all “FFS” in P1	YES – Bill P1	YES – Bill P1 (if Medicare covers the service, bill Medicare, then P1 for balance)	YES – Bill private insurance then P1 for balance	YES – bill P1	YES – Bill P1 (if Medicare covers the service, bill Medicare, then P1 for balance)	YES – Bill private insurance then P1 for balance

Washington State Health Care Authority

Thumbnails



Apple Health (Medicaid) Billing
Tribal FQHC (not Direct IHS or Tribal Clinic)and IHS Encounter Rate

AI/AN & non-AI/AN clients and Managed Care vs “fee for service” – is the service eligible for the encounter rate?							
		AI/AN Clients			Non-AI/AN Clients		
Encounter Type:	Program:	Medicaid Only	Medicaid + Medicare	Medicaid + Private Insurance	Medicaid Only	Medicaid + Medicare	Medicaid + Private Insurance
Medical	Not in MCO	YES – Bill P1	YES – Bill Medicare then P1 for balance	YES – Bill private insurance then P1 for balance	YES – Bill P1	YES - Bill Medicare then P1 for balance	YES – Bill private insurance then P1 for balance
	MCO	YES – Bill MCO then P1 for balance	YES - Bill Medicare, then MCO, then P1 for balance	YES – bill private insurance, then MCO, then P1 for balance	YES – Bill MCO then P1 for balance	YES - Bill Medicare, then MCO, then P1 for balance	YES – bill private insurance, then MCO, then P1 for balance
Dental	Dental is all “FFS” in P1	YES – Bill P1	YES – Bill P1 (if Medicare covers the service, bill Medicare, then P1 for balance)	YES – Bill private insurance then P1 for balance	YES – Bill P1	YES – Bill P1 (if Medicare covers the service, bill Medicare, then P1 for balance)	YES – Bill private insurance then P1 for balance

Washington State Health Care Authority

I/T

Washington State Health Care Authority

Apple Health (Medicaid) Billing
Direct IHS and Tribal Clinics (not Tribal FQHC) and IHS Encounter Rate

AI/AN & non-AI/AN clients and Managed Care vs "fee for service" – is the service eligible for the encounter rate?							
		AI/AN Clients			Non-AI/AN Clients		
Encounter Type:	Program:	**Medicaid Only**	**Medicaid + Medicare**	**Medicaid + Private Insurance**	**Medicaid Only**	**Medicaid + Medicare**	**Medicaid + Private Insurance**
Medical	**Not in MCO**	YES – Bill P1	YES – Bill Medicare then P1 for balance	YES – Bill private insurance then P1 for balance	YES – Bill P1	YES - Bill Medicare then P1 for balance	YES – Bill private insurance then P1 for balance
	MCO	YES – Bill MCO then P1 for balance	YES - Bill Medicare, then MCO, then P1 for balance	YES – bill private insurance, then MCO, then P1 for balance	No	No	No
Dental	**Dental is all "FFS" in P1**	YES – Bill P1	YES – Bill P1 (if Medicare covers the service, bill Medicare, then P1 for balance)	YES – Bill private insurance then P1 for balance	YES – bill P1	YES – Bill P1 (if Medicare covers the service, bill Medicare, then P1 for balance)	YES – Bill private insurance then P1 for balance

Apple Health (Medicaid) Billing
Direct IHS and Tribal Clinics (not Tribal FQHC) and IHS Encounter Rate

AI/AN & non-AI/AN clients and Managed Care vs "fee for service" – is the service eligible for the encounter rate?							
Encounter Type:	Program:	AI/AN Clients			Non-AI/AN Clients		
		Medicaid Only	**Medicaid + Medicare**	**Medicaid + Private Insurance**	**Medicaid Only**	**Medicaid + Medicare**	**Medicaid + Private Insurance**
Mental Health	**Not in MCO**	YES – Bill P1	YES - Bill Medicare then P1 for balance	YES – Bill private insurance then P1 for balance	YES – Bill P1	YES - Bill Medicare then P1 for balance	YES – Bill private insurance then P1 for balance
	MCO	YES – Bill MCO then P1 for balance	YES –Bill MCO then P1 for balance (if Medicare covers the service, bill Medicare before MCO)	YES - Bill private insurance, then MCO, then P1 for balance	No	No	No
Substance Use Disorder	**Not in MCO**	YES – Bill P1	YES – Bill P1 (if Medicare covers the service, bill Medicare, then P1 for balance)	YES – Bill private insurance then P1 for balance	YES – bill P1 at the FMAP rate (CPE required)	YES – Bill P1 at the FMAP rate (if Medicare covers the service, bill Medicare then P1) (CPE required)	YES – Bill private insurance then P1 for balance of the FMAP rate (CPE required)
	MCO	YES –Bill MCO then P1 for balance	YES –Bill MCO then P1 for balance (if Medicare covers the service, bill Medicare before MCO)	YES – Bill private insurance, then MCO, then P1 for balance	No	No	No

Apple Health (Medicaid) Billing
Tribal FQHC (not Direct IHS or Tribal Clinic)and IHS Encounter Rate

AI/AN & non-AI/AN clients and Managed Care vs "fee for service" – is the service eligible for the encounter rate?							
		AI/AN Clients			Non-AI/AN Clients		
Encounter Type:	Program:	**Medicaid Only**	**Medicaid + Medicare**	**Medicaid + Private Insurance**	**Medicaid Only**	**Medicaid + Medicare**	**Medicaid + Private Insurance**
Medical	**Not in MCO**	YES – Bill P1	YES – Bill Medicare then P1 for balance	YES – Bill private insurance then P1 for balance	YES – Bill P1	YES - Bill Medicare then P1 for balance	YES – Bill private insurance then P1 for balance
	MCO	YES – Bill MCO then P1 for balance	YES - Bill Medicare, then MCO, then P1 for balance	YES – bill private insurance, then MCO, then P1 for balance	YES – Bill MCO then P1 for balance	YES - Bill Medicare, then MCO, then P1 for balance	YES – bill private insurance, then MCO, then P1 for balance
Dental	**Dental is all "FFS" in P1**	YES – Bill P1	YES – Bill P1 (if Medicare covers the service, bill Medicare, then P1 for balance)	YES – Bill private insurance then P1 for balance	YES – Bill P1	YES – Bill P1 (if Medicare covers the service, bill Medicare, then P1 for balance)	YES – Bill private insurance then P1 for balance

Apple Health (Medicaid) Billing
Tribal FQHC (not Direct IHS or Tribal Clinic)and IHS Encounter Rate

AI/AN & non-AI/AN clients and Managed Care vs "fee for service" – is the service eligible for the encounter rate?							
Encounter Type:	Program:	AI/AN Clients			Non-AI/AN Clients		
		Medicaid Only	**Medicaid + Medicare**	**Medicaid + Private Insurance**	**Medicaid Only**	**Medicaid + Medicare**	**Medicaid + Private Insurance**
Mental Health	**Not in MCO**	YES – Bill P1	YES - Bill Medicare then P1 for balance	YES – Bill private insurance then P1 for balance	YES – Bill P1	YES - Bill Medicare then P1 for balance	YES – Bill private insurance then P1 for balance
	MCO	YES – Bill MCO then P1 for balance	YES –Bill MCO then P1 for balance (if Medicare covers the service, bill Medicare before MCO)	YES - Bill private insurance, then MCO, then P1 for balance	YES – bill MCO then P1 for the balance	YES –Bill MCO then P1 for balance (if Medicare covers the service, bill Medicare before MCO)	YES, bill private insurance, then MCO then P1 for the balance
Substance Use Disorder	**Not in MCO**	YES – Bill P1	YES – Bill P1 (if Medicare covers the service, bill Medicare, then P1 for balance)	YES – Bill private insurance then P1 for balance	YES – Bill P1 at the FMAP rate (CPE required)	YES – Bill P1 at the FMAP rate (if Medicare covers the service, bill Medicare then P1) (CPE required)	YES – Bill private insurance then P1 for balance at the FMAP rate (CPE required)
	MCO	YES –Bill MCO then P1 for balance	YES –Bill MCO then P1 for balance (if Medicare covers the service, bill Medicare before MCO)	YES – Bill private insurance, then MCO, then P1 for balance	YES –Bill MCO then P1 for balance of the FMAP rate (CPE required)	YES –Bill MCO then P1 for balance of the FMAP rate (if Medicare covers the service, bill Medicare before MCO) (CPE required)	YES – Bill private insurance then MCO then P1 for balance at the FMAP rate (CPE required)

CPE Process for non-AI/AN SUD Services in Lieu of Intergovernmental Transfer

After Consultation with the Tribes last year, HCA replaced the IGT process (sending checks back and forth) to the CPE process (no more checks, Tribe attests that it has spent the tribal match)

The CPE data is based on P1 claims and accounts for claim adjustments and voids and the 3 possible FMAP rates (classic Medicaid, ABP and SSI)

Mike Longnecker has been sending the CPE Attestations

- 6 out of 16 Tribes are currently in compliance with the CPE requirements
- 10 out of 16 Tribes are not currently in compliance with CPE requirements

HCA anticipates to be in compliance with CPE requirements by the end of 2019 --

If the Attestations are not received before the end of the quarter the ability to receive payment for non-AI/AN SUD from P1 will be suspended until compliance is attained

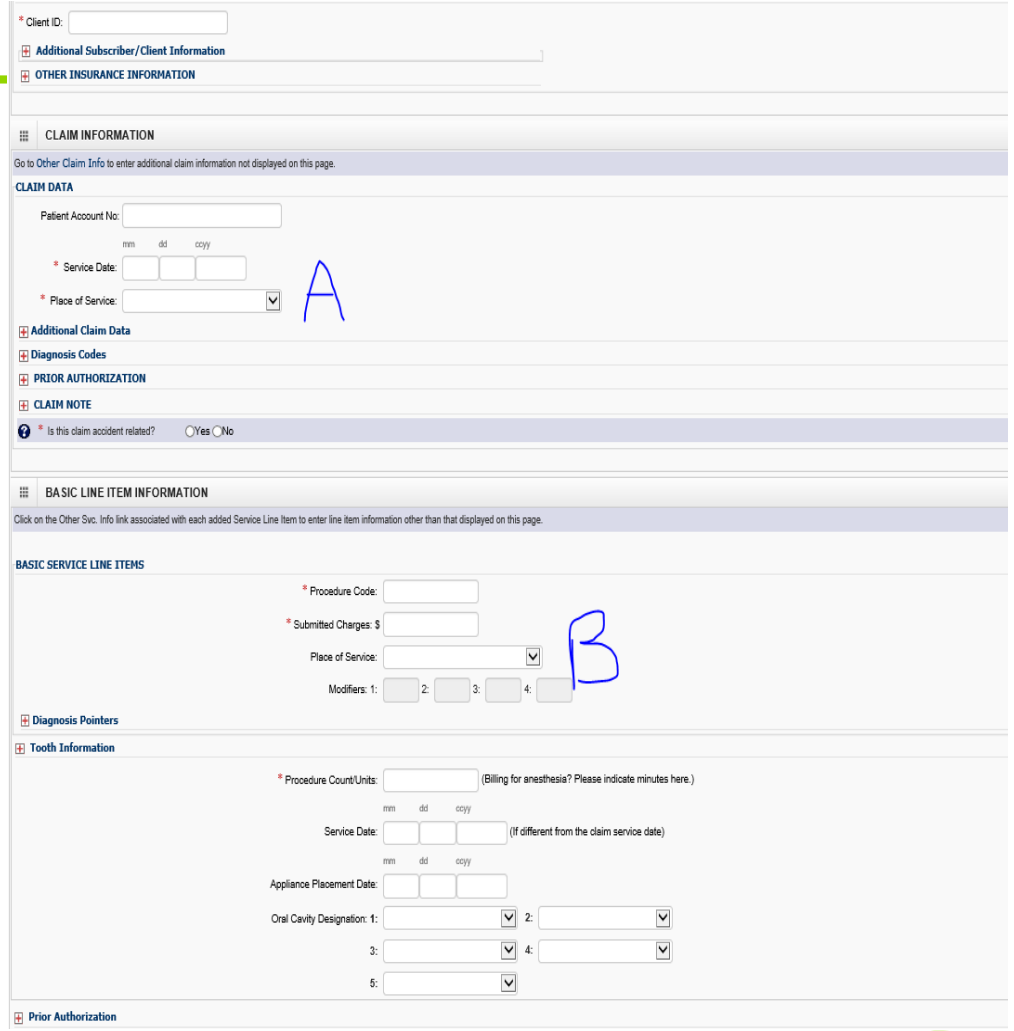
FAQ and Open Discussion

Q. How do we get credentialed to render SBIRT (Screening, Brief Intervention & Referral to Treatment)?
A. Refer to the HCA SBIRT website for more information on SBIRT, including the training

Q. Can we render SBIRT services in schools, hospitals, clinics, etc?
A. if the Tribe is a Direct IHS or Tribal Clinic (e.g. not a Tribal FQHC) – services must be rendered inside the 4-walls of the clinic that is on the facilities list in order to bill at the encounter rate.
If the Tribe is a Tribal FQHC there are no site of services restrictions for SBIRT on/after 01/01/2019 according to the Physician-related billing guide. As always, medical necessity criteria and privacy rules apply

FAQ and Open Discussion

Q. We corrected the place of service code on the Oral Hygiene Instructions (D1330) from office (07/11) to school (03) but P1 still rejected the claim with EOB N428 (*Not covered when performed in this place of service*). Isn't D1330 covered in a school setting?
A. D1330 **is** covered in a school (03). It is covered when *provided in a setting other than a dental office or clinic.* Dental billing guide, page 35. The claim rejected because of a P1 portal issue, the place of service was only halfway corrected. The image to the right is a P1 screen for a dental claim
A – place of service, document level. Required
B – place of service, line level. Not required unless different from A
The claim was reprocessed and '03' was entered into field A but P1 did not apply the '03' to the line items and when we look at the claim in P1 the '03' is not present anywhere.
The only way to correct place of service issues on dental claims is to enter in the correct place of service in item A **and** B due to P1 limitations



Washington State Health Care Authority

FAQ and Open Discussion

Q. The August SUD billing guide now has Peer Support for SUD. Is SUD peer support eligible for the encounter rate for both Outpatient and Residential SUD services?

A. Yes, with explanation

SUD Peer Support is HCPCS H0038 (+HF modifier), billed with taxonomy 261QR0405x

- Outpatient Peer Support services are encounter eligible, the taxonomy is one that the outpatient SUD billers are used to adding on to claims
- Peer Support is payable to residential SUD providers in addition to the residential SUD service/per-diem that are currently reimbursed. Peer support services meet the definition of an encounter and therefore are also encounter eligible when rendered in the residential setting but residential SUD does not use taxonomy 261QR0405x – P1 will require the 261QR0405x. Residential SUD billers who include the services of Peer Support Specialists – contact mike for help with billing issues

FAQ and Open Discussion

Q. Can an outpatient SUD facility bill Medicaid if the service was rendered outside of the DOH/DBHR approved outpatient facility?
A. Stay tuned, in the interim

- The CMS 4-walls rule is applicable to Direct IHS and Tribal Clinics, services must be rendered inside the 4-walls of the facility that was on the annual funding agreement
- The CMS 4-walls rule does not apply to Tribal FQHCs and cost-reporting FQHCs

The SUD facility rules seem similar to the CMS 4-walls rule but they are different site of service rules

FAQ and Open Discussion

Q. From August TCOW - Are referrals required in P1? (Name of MCO) is rejecting our claims due to no referral. We are a Tribal Clinic, aren't we supposed to be exempt from referral requirements for seeing Tribal Members?
P1 answer

1. The services listed in item 2 require a referring NPI on the claim. Even if the service is not listed in item 2 – if a referring NPI is added to a claim and the NPI is not valid in P1 – P1 will reject the claim
2. The Professional services that require a referring NPI on the claim are
    1. Consultations (CPT 99241-99275)
    2. Taking an xray (CPT 70000 series with modifier TC)
    3. Physical, Speech, Occupational Therapy (billing/group taxonomy 225100000x, 235z00000x, 225x00000x)
    4. Other services (not applicable to TCOW audience) – examples: dietitian (billing taxonomy 133v00000x), DME (billing taxonomy 332b00000x), labs (291U00000x), pharmacy (333600000x) also require a referring NPI

Those are the only instances where a referring NPI is required on professional claims in P1

- Amerigroup
- CHPW *CHPW does not require referrals from our tribal providers. If this is happening from CHPW, can you let the Liaison know?*
- Coordinated Care
- Molina (mike translated) – Molina should not be rejecting for no referral, this might be a prior authorization issue though
- United *In almost all cases UHC does not require referrals. The only exception is if the member is managed by one of our delegated entities – HMSO or NPN. In these cases, the member's card will include either HMSO or NPN on the bottom right corner, and all referrals, authorizations, and claims should be coordinated through HMSO or NPN. The contact information for the correct delegate is listed on the back of the member's card.*

FAQ and Open Discussion

Q. Do you have to have a mental health assessment done in order to bill crisis codes for a client?

A. No, assessment is not required in order to bill for crisis services

FAQ and Open Discussion

Q For WVA vaccines we bill the vaccine code with modifier SL but how do we bill if the doctor provides counseling, codes 90460-90461? These should be paid at the encounter rate, face to face time with the doctor. Not eligible for the encounter rate but the FFS rate for 90460-90461 should pay higher then 90471-90472 but no way to report with the current rule of adding SL to the vaccine code
A. Stay tuned

FAQ and Open Discussion

Q: I saw acupuncture in the SUD billing guide but now it is gone. What happened?
A. The SUD billing guide has this listed under the definition of Group Therapy
Group therapy *- Planned therapeutic or counseling activity conducted by one or more certified CDPs or CDPTs to a group of two to 16 people. Acupuncture may be included as a group therapy activity if all of the following are met:*

- *A CDP or CDPT is present during the activity*
- *The provision of these services is written into the master treatment plan for the client*
- *The services are documented in the client case file in the progress notes*

Acupuncture (CPT 97810-97814) is not a covered service for HCA/P1.
The “acupuncture” comment has been in the SUD/CD billing guide for a few years even though it is not a separately payable service

Jessie Dean
Tribal Affairs Administrator
Phone: 360.725.1649
Email: jessie.dean@hca.wa.gov

Lucilla Mendoza
Tribal Behavioral Health Administrator
Phone: 360.725.1834
Email: lucilla.mendoza@hca.wa.gov

Mike Longnecker
Tribal Operations & Compliance Manager
Phone: 360.725.1315
Email: michael.longnecker@hca.wa.gov

Lena Nachand
Tribal Liaison – Medicaid Transformation
Phone: 360.725.1386
Email: lena.nachand@hca.wa.gov

Melissa Livingston
Senior Policy Analyst, Tribal Affairs
Phone: 360.725.9832
Email: melissa.livingston@hca.wa.gov

Raina Peone
Regional Tribal Liaison
Phone: 509.655.0319
Email: raina.peone@hca.wa.gov

Web: *http://www.hca.wa.gov/tribal/Pages/index.aspx*

Thank you!

- **The bottom-left corner of each slide will contain either I/T (impacts IHS and Tribal) or I/T/U (impacts IHS, Tribal and Urbans) or U (only impacts Urba**
- **If there is a difference between any information in this n) webinar and current agency documents (e.g. provider guides, WAC, RCW, etc), the agency documents will apply.**