Billing Maryland Medicaid: Guidance for SBHCs

An overview for novice billers

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Introductions

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• Jeremy Randall, Manager, Medicaid Field Operations, Amerigroup

• Molly Marra, Deputy Director of Health Services Policy, Maryland Medicaid

• Maureen Regan, Lead Communications Analyst, Policy and Compliance, Maryland Medicaid
Presentation Overview

• Need-to-know terms and acronyms

• Medicaid 101

• SBHC definition, function, and scope of services

• Enrollment and Billing 101

• Resources

• Q&A
Exclusions and Afternoon Session

- Excluded today: IEPs, IFSPs, and IPEs

- This afternoon
  - New Medicaid initiatives
  - CMS 1500 and ICD-10 changes
  - In focus: SBHC/PCP relationship (Amerigroup)
  - Billing forum
Terms Defined

- **CMS**: Centers for Medicaid and Medicare Services
- **CMS-1500**: Paper form for billing
- **CPT**: Common procedural terminology
- **DHMH**: Department of Health and Mental Hygiene
- **EPSDT**: Early Periodic Screening, Diagnosis, and Treatment
- **EVS**: Eligibility verification system
Terms Defined (cont’d)

- **LHD**: Local health department
- **FQHC**: Federally Qualified Health Center
- **FFS**: Fee-for-service
- **MA**: Medical Assistance, Medicaid, or the Program
- **MCO**: Managed care organization
- **NPI**: National Provider Identifier
Medicaid 101

• Began in 1965

• Jointly financed under State/Federal Funding (50/50 in Maryland), administered by State

• Mandatory and optional benefits and populations
Maryland Medicaid 101

• Began in 1966

• 1.2 Million

• 1 in 5 Marylanders

• Maryland offers one of the most comprehensive benefits packages
## Maryland Medicaid Coverage

<table>
<thead>
<tr>
<th>Mandated</th>
<th>Optional (but covered in MD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital care</td>
<td>Prescription drugs</td>
</tr>
<tr>
<td>Nursing facility care</td>
<td>Institutional care for individuals with intellectual disabilities</td>
</tr>
<tr>
<td>Physician services</td>
<td>Rehabilitation and other therapies</td>
</tr>
<tr>
<td>Immunization and EPSDT services</td>
<td>Clinic services</td>
</tr>
<tr>
<td>Family planning services</td>
<td>DMS/DME</td>
</tr>
<tr>
<td>Lab and X-ray services</td>
<td>Personal care and medical day care</td>
</tr>
<tr>
<td>FQHC and Rural Health services</td>
<td>Home and community based care (waivers)</td>
</tr>
<tr>
<td>Nurse Practitioner/Nurse Midwife services</td>
<td>Most mental health and SUD treatment services</td>
</tr>
<tr>
<td>Home Health services</td>
<td></td>
</tr>
</tbody>
</table>
What is FFS Medicaid?

- Fee-for-service: providers are paid for each service
- FFS services (e.g., specialty mental health)
- FFS populations (e.g., dually enrolled in Medicare)
- Rate for each service
- Providers bill Maryland Medicaid directly
What is an MCO?

• Managed Care Organizations contract with Maryland Medicaid

• HealthChoice

• MCO receive capitated monthly payment
  – per member per month (PMPM)

• MCOs pay providers on a FFS basis

• About 80% of MD Medicaid enrolled in MCO and also all children
Maryland Medicaid MCOs
“Carve Out” Services

• Services not paid for by MCOs

• Providers bill Medicaid FFS or Administrative Service Organization (ASO)

• Some prescriptions: HIV/AIDS, specialty mental health

• Specialty mental health

• Dental services for children (Dentaquest)
What is a “self-referred” provider?

• Providers do not need contract with MCO

• Improve access

• SBHCs are “self-referred” providers

• Other self-referred services include:
  – Family planning services
  – Substance use disorder treatment services
  – Renal dialysis services
  – Certain pregnancy and neonatal-related services
Role of SBHCs in Medicaid

• Part of care continuum/EPSDT screening follow-up
  – Especially for hard to reach children and teens

• Coordination with PCP

• Primary care, similar to care in private provider offices, including:
  – Acute/urgent visits;
  – Comprehensive well-child care according to HealthyKids/EPSDT standards (changed 2009); as well as,
  – Family Planning Services
SBHC Oversight

- DHMH
  - OHS (Medicaid)
  - Public Health
  - FQHCs
- MSDE
  - Other clinics (sponsor)
  - LHDs (sponsor)

SBHCs

- Maryland Assembly on School-Based Health Care (MASBHC)
- School Health Interdisciplinary Program (SHIP)
- Policy Advisory Council (PAC)

Policy Support
What is an FQHC?

• Federally Qualified Health Center

• Expand access to medically underserved areas/populations

• Primary care, preventative care, oral health, mental health and SUD treatment services

• FQHC-specific rates

• T1015: all-inclusive code
Other SBHC Sponsor Relationships

- Local Health Department
- State University
- School Systems
- Hospitals
Before you start billing…

- Apply to become SBHC through MSDE
- Apply for NPI through NPPES
- Apply for MA number through Medicaid
- Obtain EPSDT certification
- Make sure your info is added to the SELF-REFERRAL LIST!
The importance of EVS

• Eligibility verification system

• Check on the date of service
  – Wrong way: check once a year or assuming continuous enrollment

• Step-by-step instructions are provided on pages 6-7 of your SBHC billing manual
EVS Landing

recipient eligibility verification

Step 1 of 2
1. Choose from which location you will submit your request (if applicable).
2. Enter either the recipient’s 11 digit Maryland Medical Assistance number, OR Social Security number.
3. Enter the recipient’s last name as it appears on their Medical Assistance Card.
4. Enter an optional date within the past year for inquiry. The current date is the default. The date entered cannot be in the future.

Provider Information
Provider Name: EVS ACCESS PROVIDER NUMBER
Provider Base Number: 4605080
Provider Location: 00
(P O BOX 1755, BALTIMORE, MD 212030000)

Recipient Information
Last Name: (required)
11 digit Medical Assistance Number: (required if Social Security Number not entered)
OR
Social Security Number: (required if Medical Assistance Number not entered)
Historical Date: (optional) (mm/dd/yyyy)

Submit Cancel
2014 Physician Fee Schedule

• (Generally) changes annually
• MCO use FFS Fee Schedule for self-referred providers
• Rates increase to 100% Medicare for ‘13 and ’14
• LHDs now paid using Physician Fee Schedule

dhmh.maryland.gov/providerinfo
dhmh.maryland.gov/providerinfo
Common CPT and ICD-9s for SBHCs

- Billing codes included in manual:
  - E&M office visit
  - Preventative medicine
  - VFC administration (refer to manual)
  - Lab
  - Family Planning
# Common Procedure Codes: E&M

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT Code</th>
</tr>
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<tbody>
<tr>
<td>Office visit, New patient, minimal (10 minutes)</td>
<td>99201</td>
</tr>
<tr>
<td>Office visit, New patient, moderate (20 minutes)</td>
<td>99202</td>
</tr>
<tr>
<td>Office visit, New patient, extended (30 minutes)</td>
<td>99203</td>
</tr>
<tr>
<td>Office visit, New patient, comprehensive (45 minutes)</td>
<td>99204</td>
</tr>
<tr>
<td>Office visit, New patient, complicated (60 minutes)</td>
<td>99205</td>
</tr>
<tr>
<td>Office visit, Established patient, minimal (5 minutes)</td>
<td>99211</td>
</tr>
<tr>
<td>Office visit, Established patient, moderate (10 minutes)</td>
<td>99212</td>
</tr>
<tr>
<td>Office visit, Established patient, extended (15 minutes)</td>
<td>99213</td>
</tr>
<tr>
<td>Office visit, Established patient, comprehensive (25 minutes)</td>
<td>99214</td>
</tr>
<tr>
<td>Office visit, Established patient, complicated (40 minutes)</td>
<td>99215</td>
</tr>
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</table>
## Common Procedure Codes: Preventative Medicine

<table>
<thead>
<tr>
<th>Procedure</th>
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</tr>
</thead>
<tbody>
<tr>
<td>New patient 1 – 4 years</td>
<td>99382</td>
</tr>
<tr>
<td>New patient 5 – 11 years</td>
<td>99383</td>
</tr>
<tr>
<td>New patient 12 – 17 years</td>
<td>99384</td>
</tr>
<tr>
<td>New patient 18 – 39 years</td>
<td>99385</td>
</tr>
<tr>
<td>Established patient 1 – 4 years</td>
<td>99392</td>
</tr>
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</table>
## Common Procedure Codes: Lab

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Venipuncture under 3 yrs, physician skill (e.g. blood lead)</td>
<td>36406</td>
</tr>
<tr>
<td>Venipuncture, physician skill, child 3 yrs and over (e.g. blood lead)</td>
<td>36410</td>
</tr>
<tr>
<td>Venipuncture, non-physician skill, all ages</td>
<td>36415</td>
</tr>
<tr>
<td>Capillary blood specimen collection, finger, heel, earstick (e.g.</td>
<td>36416</td>
</tr>
<tr>
<td>PKU, blood lead filter paper, hematocrit)</td>
<td></td>
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<tr>
<td>Urinalysis/microscopy</td>
<td>81000</td>
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<tr>
<td>Urine Microscopy</td>
<td>81015</td>
</tr>
<tr>
<td>Urine Dipstick</td>
<td>81005</td>
</tr>
<tr>
<td>Urine Culture (Female Only)</td>
<td>87086</td>
</tr>
<tr>
<td>Hematocrit (spun)</td>
<td>85013</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>85018</td>
</tr>
<tr>
<td>PPD – Mantoux</td>
<td>86580</td>
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</table>
**Common Procedure Codes: FP**

*V25 diagnosis code*

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<td>Office visit, established patient, comprehensive (25 minutes)</td>
<td>99214</td>
</tr>
<tr>
<td>Office visit, established patient, complicated (40 minutes)</td>
<td>99215</td>
</tr>
<tr>
<td>Child office visit, new patient, preventative (age 12-17)</td>
<td>99384</td>
</tr>
<tr>
<td>Adult office visit, new patient, preventative (age 18-39)</td>
<td>99385</td>
</tr>
<tr>
<td>Child office visit, established patient (age 12-17)</td>
<td>99394</td>
</tr>
<tr>
<td>Adult office visit, established patient (age 18-39)</td>
<td>99395</td>
</tr>
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General billing protocol

• Paper claims: CMS 1500 Billing Form
  – Electronic billing is faster.

• Timely filing:
  – MCOs: 6 months from date of service
  – FFS: 12 months from date of service

• “Payer of last resort”

• Rendering and pay-to provider NPIs
General billing protocol (cont’d)

• Establish provider and/or participant eligibility for DOS

• SBHC NPI # should be rendering provider, not individual practitioner

• Pages 10-15 of the SBHC Billing Manual: block-by-block billing instructions

If you follow instructions, EVS, and continue to experience problems, WE WANT TO KNOW
Billing for Mental Health Services

- FFS, “carve-out” (even for MCO enrolled kids)
- Enrolled with ASO, ValueOptions
- Pre-authorized required, unlike self-referral for somatic services (emergency exceptions)
- Coordination of care is essential
- Substance Use Disorder (SUD) treatment will be “carved-out” starting January 1, 2015
Updated CMS 1500 Form
Critical CMS 1500 Elements

- NPI
- EVS’ed MA Number
- Correct CPTs and ICD-9s
- Review exceptions criteria in Manual
- Place of Service: 03
CMS 1500: NPI, Place of Service
Federal Free Care Policy

• Providers may not bill Medicaid (or MCOs) for any services provided free of charge to general population

• Sliding fee scale—may slide to $0
  – FQHCs have this system in place

• Medicaid is “payor of last resort”
Problem Resolution

• Check with your MCO first

• Different resources for different problems and questions (SBHC Billing Manual, page 25-26)

• If all MCO avenues are exhausted, contact Medicaid FFS:

  dhmhhealthchoiceprovider@maryland.gov.
Resources

• SBHC Billing Manual

• SBHC Regulations: COMAR 10.09.68
  http://www.dsd.state.md.us/comar/subtitle_chapters/10_Chapters.aspx

• Self-referred services manual
  https://mmcp.dhmh.maryland.gov/docs/SELFREFERRALMAN.Current.update.08.10.pdf

• MSDE SBHC Application
  http://marylandpublicschools.org/MSDE/divisions/studentschoolsvcs/student_services_alt/school_based_health_centers/
Resources (cont’d)

• Physician Fee Schedule
  dhmh.maryland.gov/providerinfo

• HealthyKids/EPSDT info
  dhmh.maryland.gov/epsdt

• Non-emergency transportation services information
  https://mmcp.dhmh.maryland.gov/communitysupport/SitePages/ambulance.aspx
Forum Discussion

Questions?

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