MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Billing Maryland Medicaid: Guidance for SBHCs

An update for billers

Maureen Regan, Office of Health Services

Presentation Overview

Today's presentation will cover:

- Need-to-know terms and acronyms
- Medicaid 101
- SBHC definition, function, and scope of services
- Enrollment and Billing 101
- Resources
- Q&A

Terms Defined

You'll hear the following throughout today's presentation:

- 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

More Terms Defined

You'll hear the following throughout today's presentation:

- 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

What is the federal history of Medicaid?

- Enacted in 1965 under Title XIX of the Social Security Act
- Provides medical care to the poor and medically needy
- Jointly financed with Federal and State funds

  -50%/50% state/federal funding in Maryland
- Administered by states (within federal rules)
- Program has mandatory and optional beneficiaries and services

Maryland Medicaid 101

What is the history of Medicaid in Maryland?

- Began in 1966, provides:

  - Health Insurance for low-income families, children, the elderly, and people with disabilities

  - Long-term care for older Americans and individuals with disabilities; and

  - Supplemental coverage for low-income Medicare beneficiaries (e.g. payment of Medicare premiums, deductibles, and cost sharing)

Maryland Medicaid Coverage

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

What is an MCO?

MCO = Managed Care Organization

- Maryland Medicaid HealthChoice Program
- MCOs receive capitated monthly payment
  - per member per month (PMPM)
- MCOs pay providers on a FFS basis
- About 80% of MD Medicaid is enrolled in MCO
- Almost all children enrolled in MCO

Maryland Medicaid MCOs

UnitedHealthcare Community Plan

PRIORITY partners

Amerigroup RealSolutions in healthcare

MedStar Family Choice

KAISER PERMANENTE

riversidehealth

JAI MEDICAL SYSTEMS

MARYLAND physicians care

What is FFS Medicaid?

FFS = Fee-for-Service

- 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

"Carve Out" Services

Services "carved out" are not paid for by MCOs

- Providers bill Medicaid FFS or Administrative Service Organization (ASO)
- Some prescriptions: HIV/AIDS, specialty mental health, LTSS
- Behavioral health
- LTSS services
- Dental services for children (Dentaquest)

What is a "self-referred" provider?

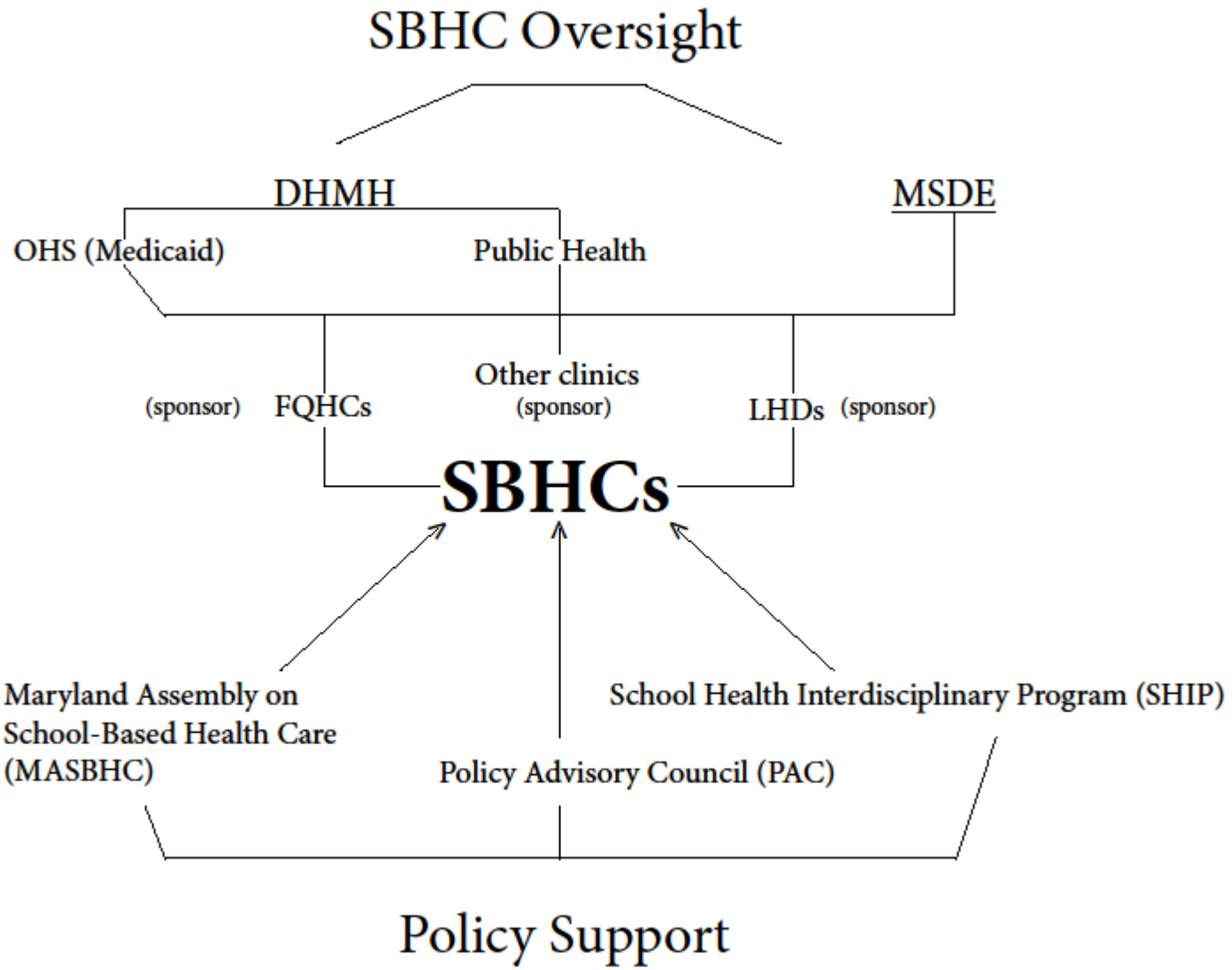
Self-referred providers do not contract with MCOs

- Improve access
- SBHCs are "self-referred" providers
- Other self-referred services include:
  - Family planning services-
  - Renal dialysis services
  - Certain pregnancy and neonatal-related services

Role of SBHCs in Medicaid

SBHCs play a critical role in reaching Medicaid populations

- 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
MSDE
OHS (Medicaid)
Public Health
(sponsor)
FQHCs
Other clinics
(sponsor)
LHDs
(sponsor)
SBHCs
Maryland Assembly on School-Based Health Care (MASBHC)
Policy Advisory Council (PAC)
School Health Interdisciplinary Program (SHIP)
Policy Support

What is an FQHC?

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

Additional entities working to deliver services with SBHCs include:

- Local Health Departments
- State university (UMD)
- School systems

Before you start billing Medicaid…

It is essential to ensure the following steps are met:

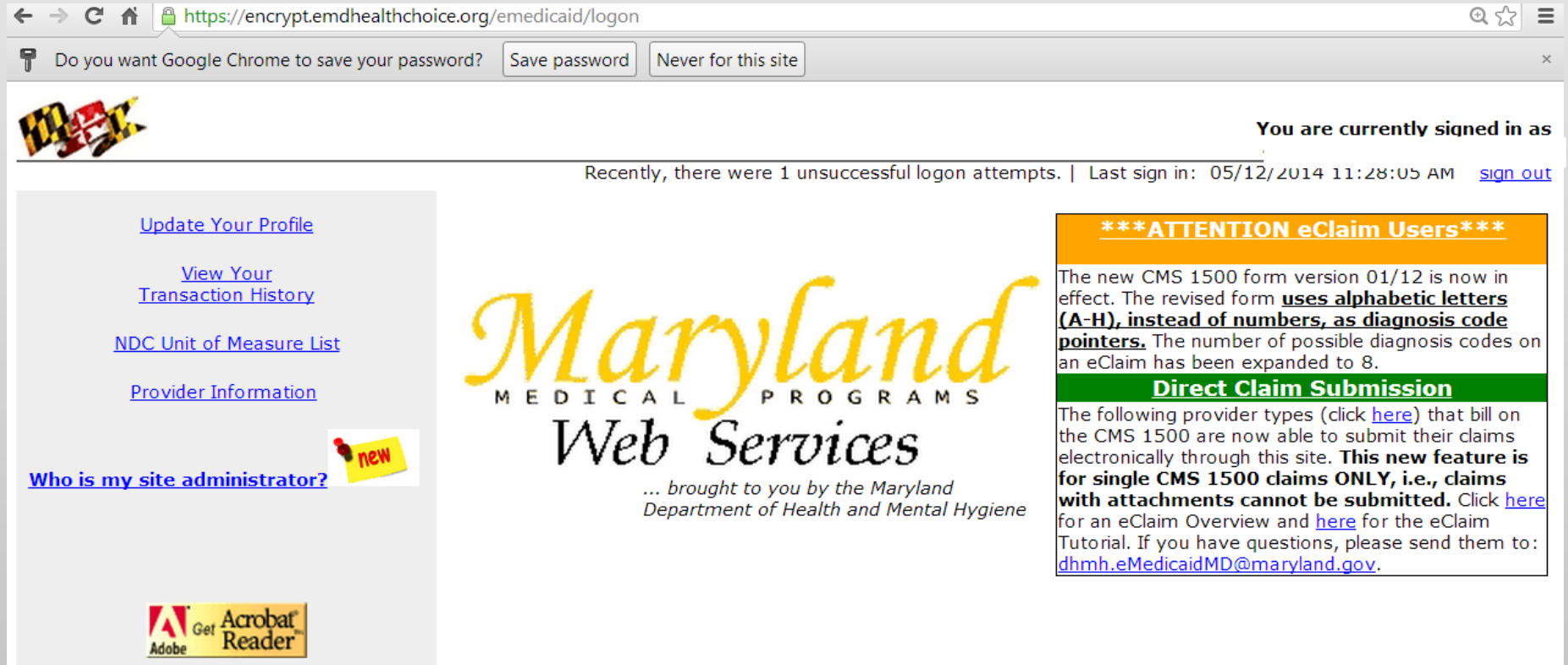
- Apply to become SBHC through MSDE
- Apply for NPI through NPPES
- Apply for MA number through Medicaid
- Obtain EPSDT certification
- Make sure your info is added to the SELF-REFERRAL LIST!

The Importance of EVS

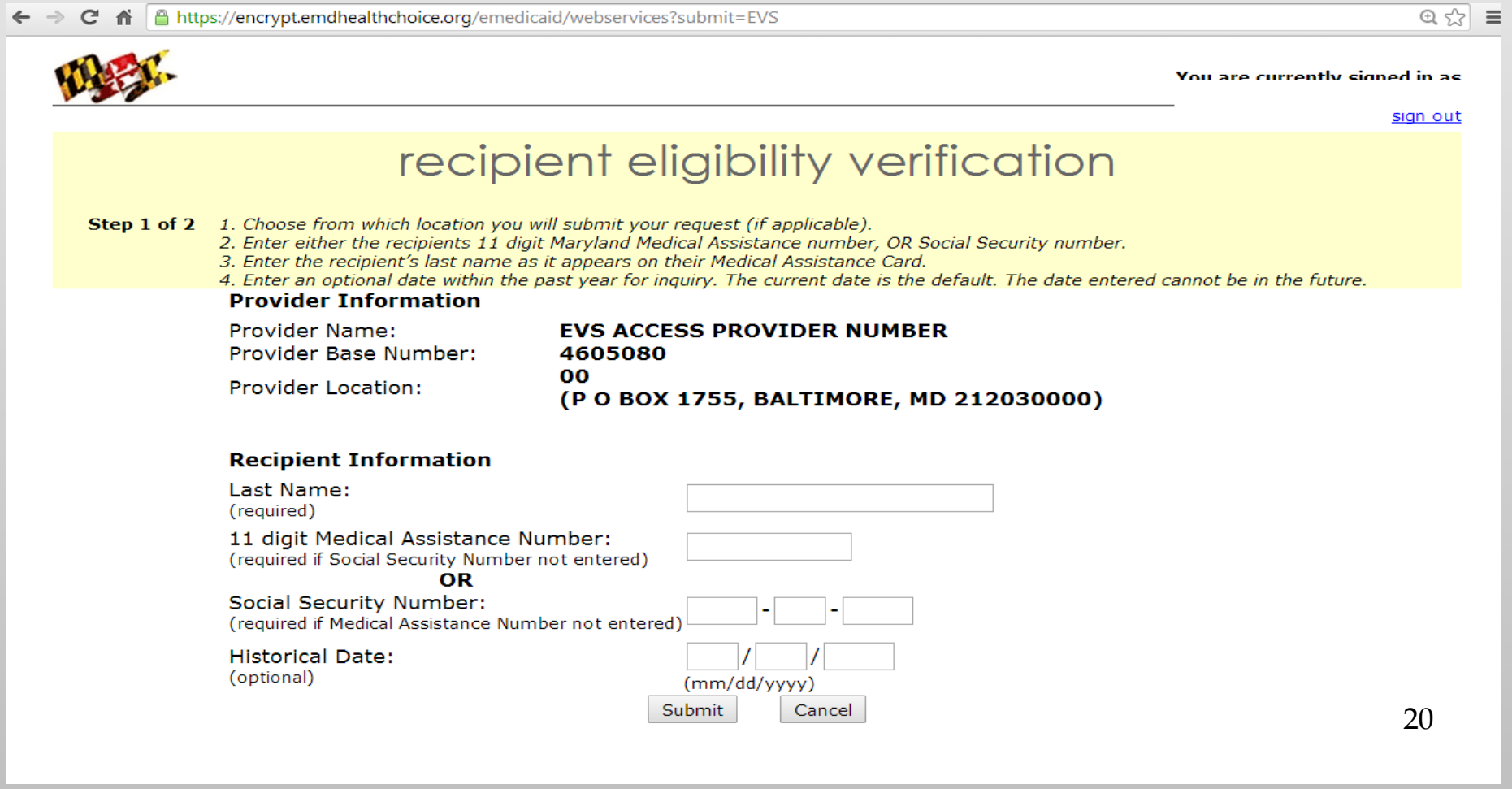
EVS = Eligibility Verification System

- Check via phone or web
- 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 Home


https://encrypt.emdhealthchoice.org/emedicaid/logon
Do you want Google Chrome to save your password?
Save password
Never for this site
You are currently signed in as
Recently, there were 1 unsuccessful logon attempts. | Last sign in: 05/12/2014 11:28:05 AM
sign out
Update Your Profile
View Your Transaction History
NDC Unit of Measure List
Provider Information
Who is my site administrator?
new
Get Acrobat Reader
Maryland
MEDICAL PROGRAMS
Web Services
... brought to you by the Maryland Department of Health and Mental Hygiene
ATTENTION eClaim Users
The new CMS 1500 form version 01/12 is now in effect. The revised form uses alphabetic letters (A-H), instead of numbers, as diagnosis code pointers. The number of possible diagnosis codes on an eClaim has been expanded to 8.
Direct Claim Submission
The following provider types (click here) that bill on the CMS 1500 are now able to submit their claims electronically through this site. This new feature is for single CMS 1500 claims ONLY, i.e., claims with attachments cannot be submitted. Click here for an eClaim Overview and here for the eClaim Tutorial. If you have questions, please send them to: dhmh.eMedicaidMD@maryland.gov.
Recipient Eligibility Verification

EVS Landing


https://encrypt.emdhealthchoice.org/emedicaid/webservices?submit=EVS
You are currently signed in as
sign out
recipient eligibility verification
Step 1 of 2
1. Choose from which location you will submit your request (if applicable).
2. Enter either the recipients 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

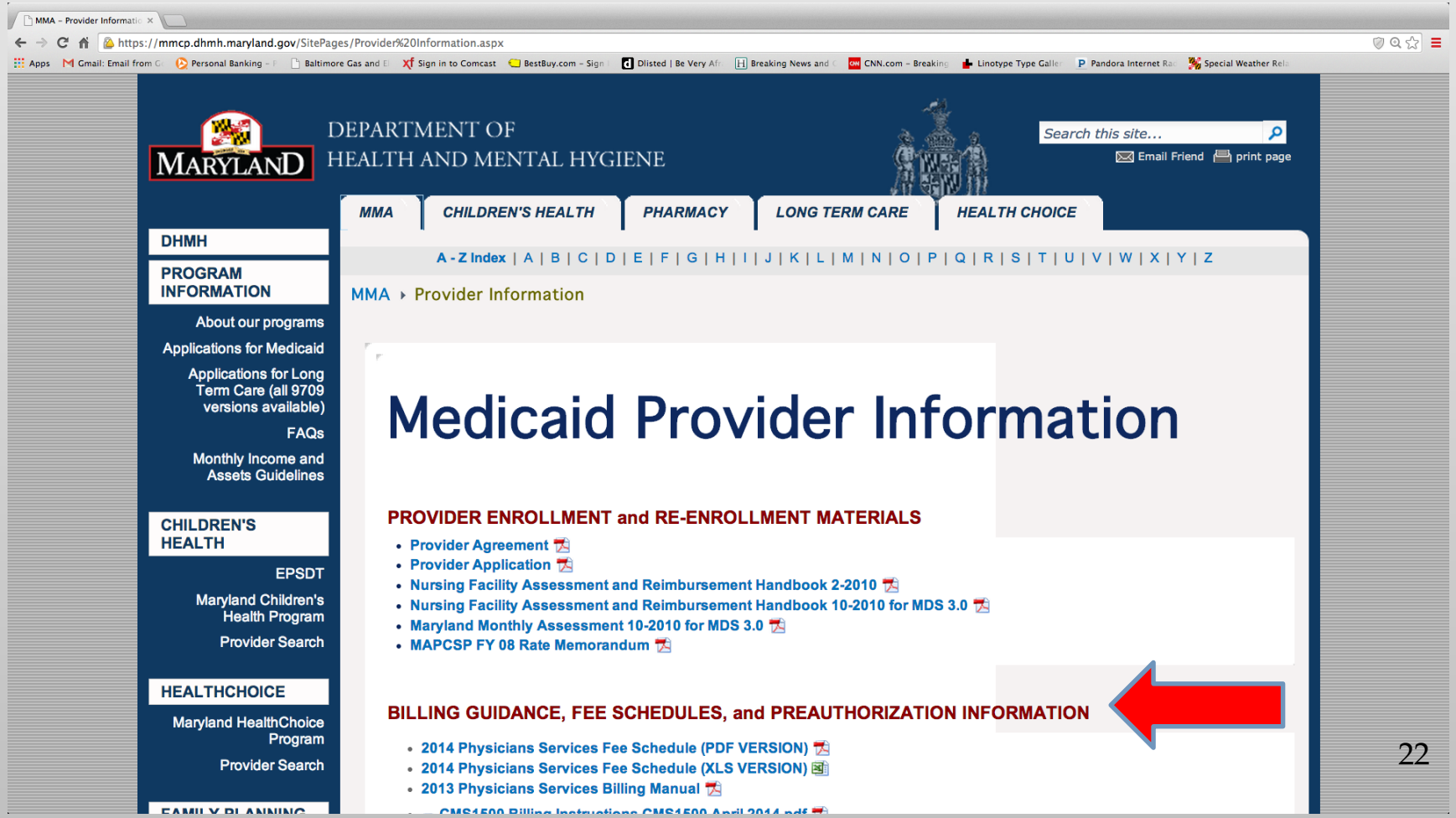
2015 Physician Fee Schedule

The Physician Fee Schedule is the State's service rate:

- (Generally) changes annually
- MCOs must pay as a minimum to contracted providers
- MCO use FFS Fee Schedule for self-referred providers
- Rates for 2015 at 87% of Medicare rate
- LHDs now paid using Physician Fee Schedule

dhmh.maryland.gov/providerinfo

dhmh.maryland.gov/providerinfo



Common CPT and ICD-9s for SBHCs

CPT = Current Procedural Terminology (procedure)

ICD = International Classification of Disease (diagnosis)

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

Why Transition from ICD-9 to 10?

The ICD-10 transition has been long-coming:

- ICD-9 is outdated (adopted in 1979)
- World Health Organization (WHO) adopted ICD-10 in 1990
  -U.S. is the last developed country still using ICD-9
- Better support for analysis, reporting, risk, severity
- Mandated compliance by **October 1, 2015**

Two Types of ICD-9/10 codes

SBHCs use diagnosis codes only:

- Diagnosis Codes (CM)
  - All health providers, all settings
  - WHO involvement
- Procedure Codes (PCS)
  - Institutional procedures only
  - No WHO involvement

Difference in Diagnosis Codes

ICD-9 Diagnosis Codes

- 3 to 5 digits
- Alpha on 1st Character only
- Limited severity parameters
- Does not include laterality
- Limited combination codes

- **~ 14,000 codes**

ICD-10 Diagnosis Codes

- 7 digits
- Alpha or Numeric on ANY
- Extensive severity parameters
- Common use of laterality
- Common combination codes

- **~ 70,000 codes**

Example: ICD-9

A provider sees a patient in a subsequent encounter for a non-union of an [**open**] [**fracture**] of the right [**distal**] [**radius**] with intra-articular extension and a minimal opening with minimal tissue damage.

ICD-9 Code	Description
81352	*Open Other Fracture of Distal End of Radius (Alone)*

Example: ICD-10

While hospitalized, a patient has a procedure done through an [**endoscope**] inserted [**through the skin**] to [**bypass**] the blood flow from the [**abdominal aorta**] to the [**right**] [**renal artery**] using a [**synthetic material**]

ICD-10 Code	Description
04104J3	*Bypass Abdominal Aorta to Right Renal Artery with Synthetic Substitute, Percutaneous Endoscopic Approach*

When to Start Using ICD-10

You can't begin using ICD-10 until October 1, 2015

- Dates of service through September 30, 2015 should continue to use ICD-9 diagnosis codes
- Dates of service October 1, 2015 and after MUST use ICD-10 diagnosis codes
- IMPORTANT FOR TIMELY FILING

Refer to dhmh.maryland.gov/icd10info for resources and updates

Common Procedure Codes: E&M

Procedure	CPT Code
Office visit, New patient, minimal (10 minutes)	99201
Office visit, New patient, moderate (20 minutes)	99202
Office visit, New patient, extended (30 minutes)	99203
Office visit, New patient, comprehensive (45 minutes)	99204
Office visit, New patient, complicated (60 minutes)	99205
Office visit, Established patient, minimal (5 minutes)	99211
Office visit, Established patient, moderate (10 minutes)	99212
Office visit, Established patient, extended (15 minutes)	99213
Office visit, Established patient, comprehensive (25 minutes)	99214
Office visit, Established patient, complicated (40 minutes)	99215

Common Procedure Codes: Preventative Medicine

Procedure	CPT Code
New patient 1 – 4 years	99382
New patient 5 – 11 years	99383
New patient 12 – 17 years	99384
New patient 18 – 39 years	99385
Established patient 1 – 4 years	99392
Established patient 5 – 11 years	99393
Established patient 12 – 17 years	99394
Established patient 18 – 39 years	99395

Common Procedure Codes: Lab

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

Common Procedure Codes: Family Planning

***V25 diagnosis code**

Procedure	CPT Code
Office visit, new patient, minimal (10 minutes)	99201
Office visit, new patient, moderate (20 minutes)	99202
Office visit, new patient, extended (30 minutes)	99203
Office visit, new patient, comprehensive (45 minutes)	99204
Office visit, new patient, complicated (60 minutes)	99205
Office visit, established patient, minimal (5 minutes)	99211
Office visit, established patient, moderate (10 minutes)	99212
Office visit, established patient, extended (15 minutes)	99213
Office visit, established patient, comprehensive (25 minutes)	99214
Office visit, established patient, complicated (40 minutes)	99215
Child office visit, new patient, preventative (age 12-17)	99384
Adult office visit, new patient, preventative (age 18-39)	99385
Child office visit, established patient (age 12-17)	99394
Adult office visit, established patient (age 18-39)	99395

General Billing Protocol

Consider the following when billing for services:

- 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

More General Billing Protocol

More to consider when billing for services:

- 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

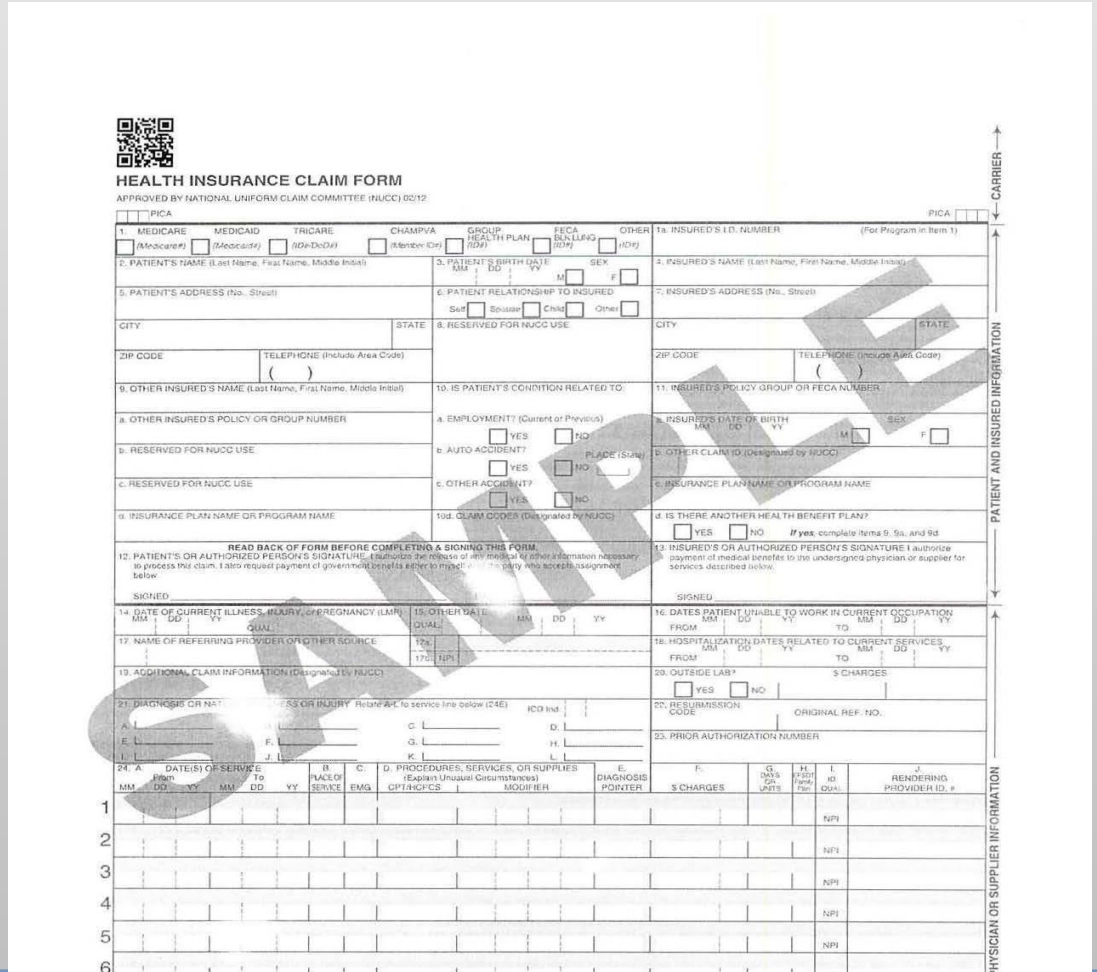
If you follow instructions, EVS, and continue to experience problems, WE WANT TO KNOW

Billing for Mental Health Services

Billing for behavioral health services is "carved out"

- Child must be registered with our ASO, ValueOptions
- Pre-auth required, unlike self-referral for somatic services (emergency exceptions)
- Coordination of care is essential
- Behavioral health = Substance Use Disorder (SUD) and mental health treatment, carved-out as of January 1, 2015

Current CMS 1500 Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES NO PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE MM DD YY QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E) ICD Ind.

A. B. C. D. E. F. G. H. I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1										NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

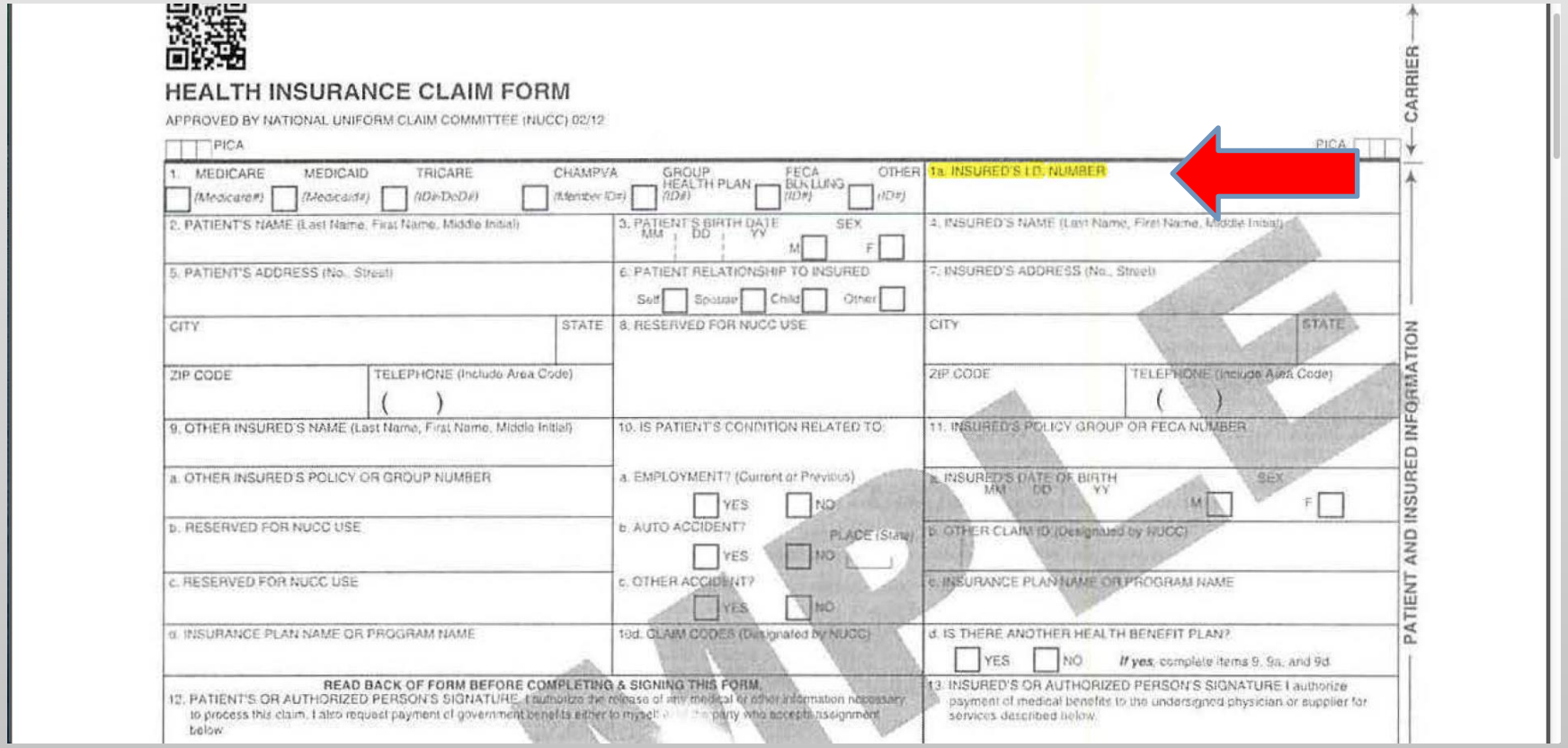
SAMPLE

Critical CMS 1500 Elements

You must include the following on the CMS 1500 when submitting claims

- NPI
- EVS'd MA Number
- Correct CPTs and ICD-9s (or ICD-10s effective 10/1/2015)
- Any exceptions criteria (review in Manual)
- Place of Service: 03

CMS 1500: MA Number



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1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)	1a. INSURED'S I.D. NUMBER
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M F					4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other					7. INSURED'S ADDRESS (No., Street)
CITY	STATE	8. RESERVED FOR NUCC USE					CITY STATE
ZIP CODE	TELEPHONE (Include Area Code)						ZIP CODE TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) YES NO					a. INSURED'S DATE OF BIRTH MM DD YY SEX M F
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? YES NO PLACE (State)					b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES NO					c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.

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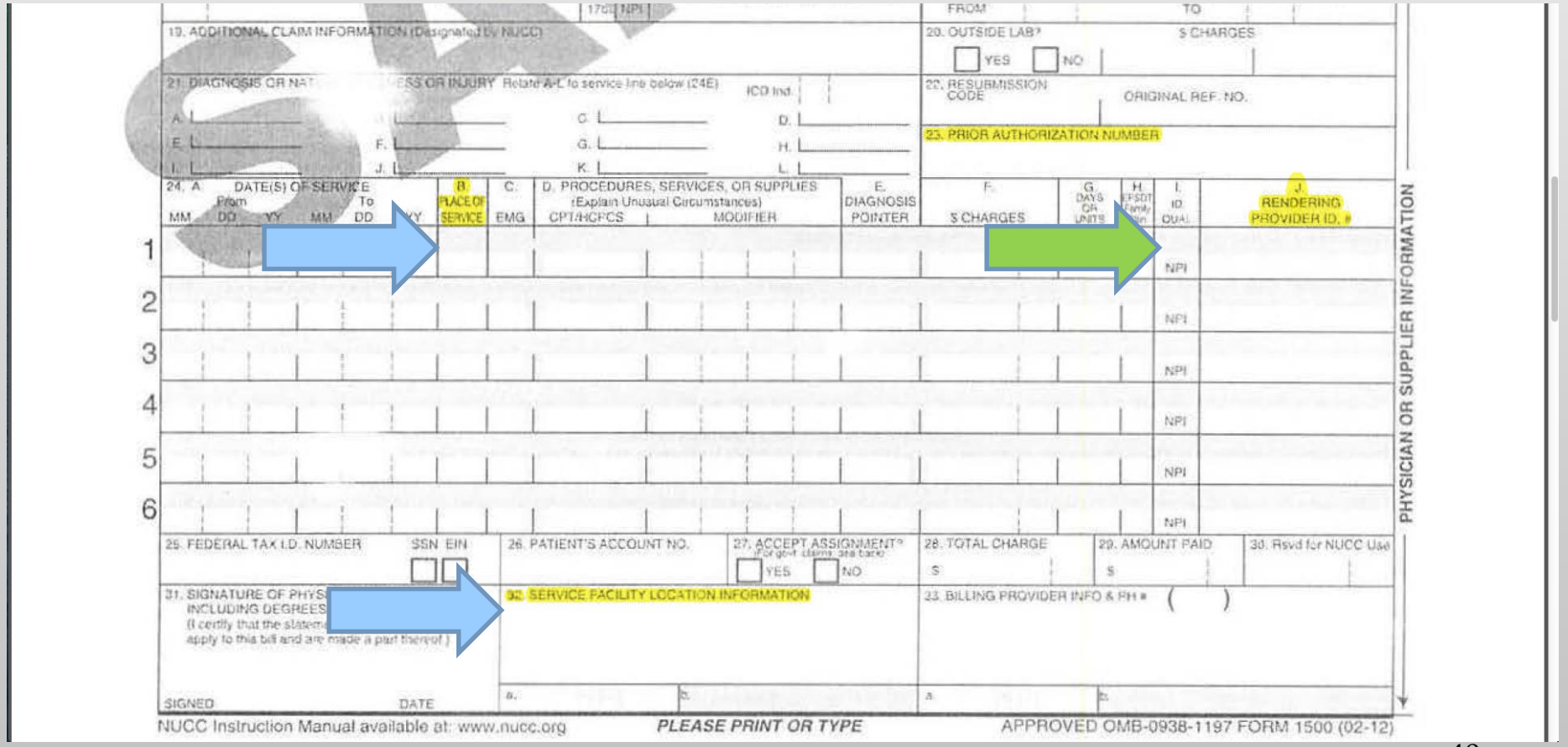
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

CARRIER

PATIENT AND INSURED INFORMATION

SAMPLE

CMS 1500: NPI, Place of Service



Federal Free Care Policy

What is the Federal Free Care Policy?

- **Formerly:** billing Medicaid was not allowable for services that are provided free of charge to the general public
- Providers wished to bill for services provided to uninsured patients

December 15, 2014: Outgoing CMS director issues letter to all Medicaid Directors to "remove any ambiguity about the application of the 'free care' policy"

Federal Free Care Policy: Impact

Providers impacted, already billing Medicaid for services:

- You, the SBHCs!
- Dental hygienists
- Mental health providers

Providers potentially impacted, not yet billing Medicaid for services:

- Community health workers
- Home visiting programs
- Transportation providers

Federal Free Care Policy: Progress

Implementing the changes:

- Changes to regulations
  - 31 chapters of regs impacted
  - Role of sliding scale payment
- Next steps
  - Package smaller, specific updates
  - Package this update into other necessary updates

Problem Resolution

Try the following if you encounter billing issues:

- 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/

More Resources

- 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

Questions?

maureen.regan@maryland.gov