



Billing Maryland Medicaid: Guidance for SBHCs

An overview for novice billers

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Introductions

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- Megan Welter, Health Promotion Consultant, Amerigroup
- 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

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 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)



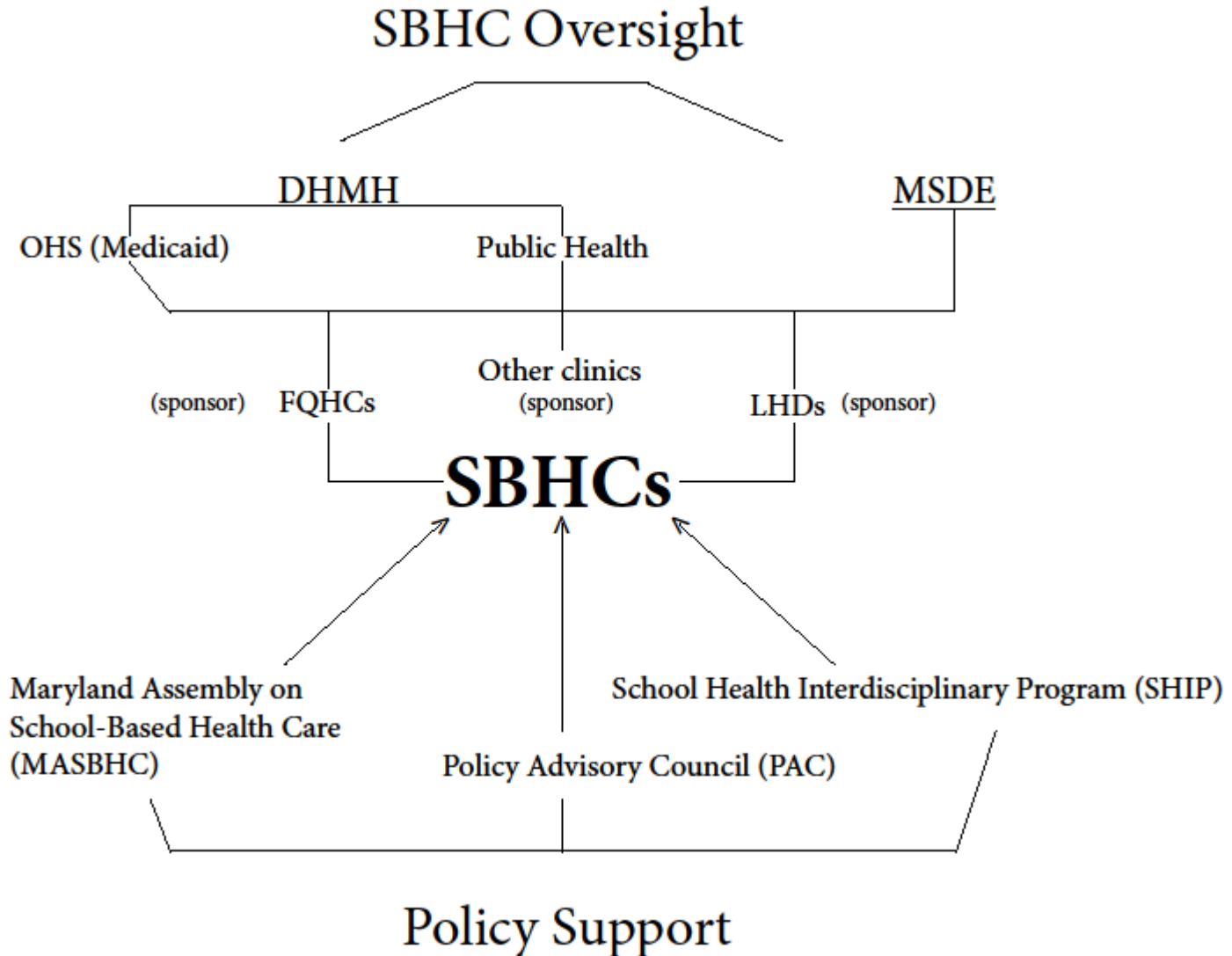
What is a “self-referred” provider?

- 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/EPSTD 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/EPSTD standards (changed 2009); as well as,
 - Family Planning Services





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 Home

← → ↻ 🏠 🔒 <https://encrypt.emdhealthchoice.org/emedicaid/logon> 🔍 ☆ ☰

🔑 Do you want Google Chrome to save your password?



You are currently signed in as
4605080P0027 Molly Marra

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?](#)



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
4605080P0027 Molly Marra
[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



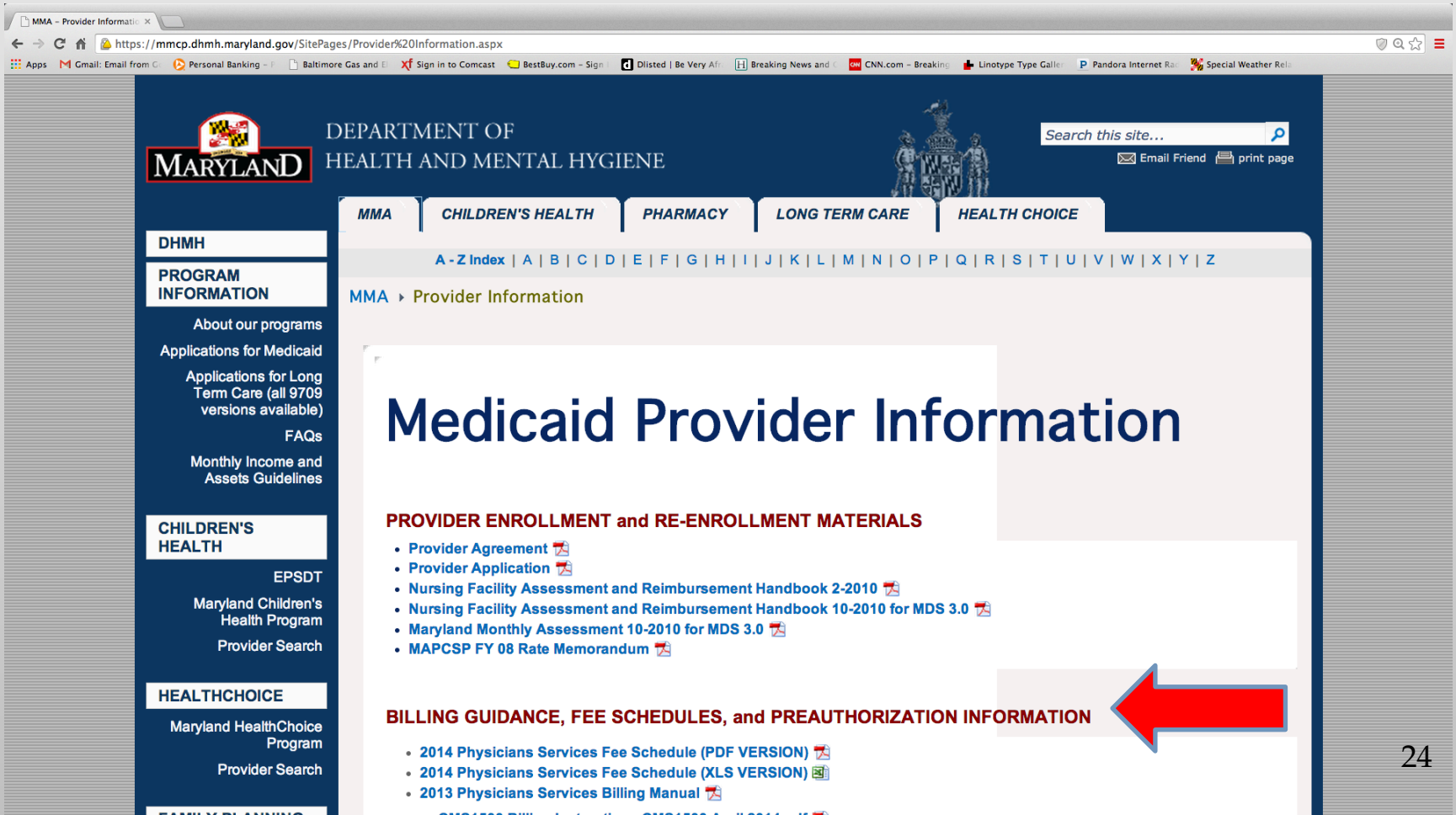
2014 Physician Fee Schedule

- (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



The screenshot shows a web browser window displaying the Department of Health and Mental Hygiene's website. The browser's address bar shows the URL: https://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx. The website header includes the Maryland logo and the text "DEPARTMENT OF HEALTH AND MENTAL HYGIENE". A search bar is located in the top right corner. Below the header, there are navigation tabs for "MMA", "CHILDREN'S HEALTH", "PHARMACY", "LONG TERM CARE", and "HEALTH CHOICE". The "MMA" tab is selected, and the page title is "MMA > Provider Information". The main content area features a large heading "Medicaid Provider Information". Below this heading, there are two main sections: "PROVIDER ENROLLMENT and RE-ENROLLMENT MATERIALS" and "BILLING GUIDANCE, FEE SCHEDULES, and PRAUTHORIZATION INFORMATION". The "PROVIDER ENROLLMENT and RE-ENROLLMENT MATERIALS" section lists several links: "Provider Agreement", "Provider Application", "Nursing Facility Assessment and Reimbursement Handbook 2-2010", "Nursing Facility Assessment and Reimbursement Handbook 10-2010 for MDS 3.0", "Maryland Monthly Assessment 10-2010 for MDS 3.0", and "MAPCSP FY 08 Rate Memorandum". The "BILLING GUIDANCE, FEE SCHEDULES, and PRAUTHORIZATION INFORMATION" section lists: "2014 Physicians Services Fee Schedule (PDF VERSION)", "2014 Physicians Services Fee Schedule (XLS VERSION)", "2013 Physicians Services Billing Manual", and "CMS1500 Billing Instructions CMS1500 April 2014.pdf". A red arrow points to the "BILLING GUIDANCE, FEE SCHEDULES, and PRAUTHORIZATION INFORMATION" section.

MMA - Provider Information x

https://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx

DEPARTMENT OF
HEALTH AND MENTAL HYGIENE

Search this site...

Email Friend print page

MMA CHILDREN'S HEALTH PHARMACY LONG TERM CARE HEALTH CHOICE

A - Z Index | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

MMA > Provider Information

Medicaid Provider Information

PROVIDER ENROLLMENT and RE-ENROLLMENT MATERIALS

- [Provider Agreement](#)
- [Provider Application](#)
- [Nursing Facility Assessment and Reimbursement Handbook 2-2010](#)
- [Nursing Facility Assessment and Reimbursement Handbook 10-2010 for MDS 3.0](#)
- [Maryland Monthly Assessment 10-2010 for MDS 3.0](#)
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- [CMS1500 Billing Instructions CMS1500 April 2014.pdf](#)



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

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: FP

*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

- 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



DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Updated CMS 1500 Form



HEALTH INSURANCE CLAIM FORM

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

1. MEDICARE <input type="checkbox"/> (Medicare) MEDICAID <input type="checkbox"/> (Medicaid) TRICARE <input type="checkbox"/> (DoD/DoT) CHAMPVA <input type="checkbox"/> (Military Cho) GROUP HEALTH PLAN <input type="checkbox"/> (GHP) FECA HEALTH <input type="checkbox"/> (FECA) OTHER <input type="checkbox"/> (Other)		1a. INSURED'S I.D. NUMBER (For Programs in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (include Area Code)		6. PATIENT RELATIONSHIP TO INSURED (Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
8. OTHER INSURED'S POLICY OR GROUP NUMBER		A. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>	
9. RESERVED FOR NUCC USE		B. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State)	
C. RESERVED FOR NUCC USE		C. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
10. INSURANCE PLAN NAME OR PROGRAM NAME		10a. CLAIM CODE (Designated by NUCC)	
READ BACK OF FORM BEFORE COMPLETING AND SIGNING THIS FORM			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Indicate the title of all persons if other information necessary to process this claim. Also request payment of government benefits applicable to this claim, if any, also specify assignment below.)		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (authorize payment of medical benefits to the undersigned physician or supplier for services described below.)	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY) QUAL ()		15. OTHER DATE (MM DD YY) QUAL ()	
17. NAME OF REFERRING PROVIDER (OTHER SOURCE)		16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer back to services line below (20E)) (ICD-9-CM)			
24. A. DATE(S) OF SERVICE (FROM MM DD YY TO MM DD YY) B. PLACE OF SERVICE (EMG) C. PROCEDURES, SERVICES, OR SUPPLIES (Reasons (Special Circumstances) MODIFIER) D. DIAGNOSIS POINTER E. S. CHARGES (ICD-9-CM) F. S. CHARGES (ICD-9-CM) G. S. CHARGES (ICD-9-CM) H. S. CHARGES (ICD-9-CM) I. S. CHARGES (ICD-9-CM) J. REFERRING PROVIDER I.D. #			
1			
2			
3			
4			
5			

CARRIER
PATIENT AND INSURED INFORMATION
SIGNATURE OR SUPPLIER INFORMATION



Critical CMS 1500 Elements

- NPI
- EVS'd MA Number
- Correct CPTs and ICD-9s
- Review exceptions criteria in Manual
- Place of Service: 03



CMS 1500: MA Number



HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> PICA		<input type="checkbox"/> PICA	
1. MEDICARE <input type="checkbox"/> (Medicare#)		1a. INSURED'S ID NUMBER	
MEDICAID <input type="checkbox"/> (Medicaid#)		2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	
TRICARE <input type="checkbox"/> (ID#/DoD#)		3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M <input type="checkbox"/> F <input type="checkbox"/>)	
CHAMPVA <input type="checkbox"/> (Member ID#)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
GROUP HEALTH PLAN <input type="checkbox"/> (ID#)		5. PATIENT'S ADDRESS (No., Street)	
FECA BENEFIT <input type="checkbox"/> (ID#)		6. PATIENT RELATIONSHIP TO INSURED (Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>)	
OTHER <input type="checkbox"/> (ID#)		7. INSURED'S ADDRESS (No., Street)	
CITY STATE		CITY STATE	
ZIP CODE TELEPHONE (Include Area Code) ()		ZIP CODE TELEPHONE (Include Area Code) ()	
8. RESERVED FOR NUCC USE		8. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. INSURANCE PLAN NAME OR PROGRAM NAME		d. CLAIM CODES (Designated by NUCC)	
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 the party who accepts assignment below.		11. INSURED'S POLICY GROUP OR FECA NUMBER	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		12. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX (M <input type="checkbox"/> F <input type="checkbox"/>)	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		13. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9d.	

CARRIER

PATIENT AND INSURED INFORMATION





CMS 1500: NPI, Place of Service

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										FROM		TO		28. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO		29. \$ CHARGES					
21. DIAGNOSIS OR NATURAL CAUSE OR INJURY (Relate A-L to service line below (24E))										ICD-9		ICD-10		22. RESUBMISSION CODE		ORIGINAL REF. NO.					
A. _____ C. _____ D. _____										E. _____		F. _____		G. _____		H. _____					
E. _____ F. _____ G. _____										H. _____		I. _____		J. _____		K. _____					
L. _____										23. PRIOR AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. ICD-9/10		I. ID (UAL)		J. RENDERING PROVIDER ID, #	
From To																					
MM DD YY MM DD YY																					
1																					
2																					
3																					
4																					
5																					
6																					
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rsvd for NUCC Use					
31. SIGNATURE OF PHYSICIAN INCLUDING DEGREES (I certify that the statements apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ()													
SIGNED				DATE		a.				b.		a.		b.							



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.dhmf.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/EPSTD 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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