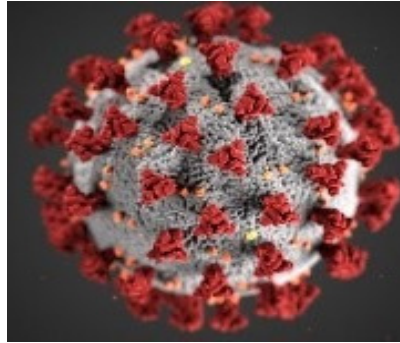


MDH Health Department Billing Manual & COVID-19



April 22, 2020

Presented by:

Chris Perkey, RN, CMPE, Senior Consultant

Marie Pelino, CPC, Senior Consultant

Rosen, Sapperstein & Friedlander, LLC.

Health Care Division

Rosen, Sapperstein & Friedlander, LLC
130 Admiral Cochrane Drive, Suite 102
Annapolis, MD 21401
410-581-0800
www.rsandf.com

**Maryland Department of Health - Local Health Department
COVID-19 and Billing Manual Webinar/Training Session
April 22, 2020 Agenda**

- 10:00 Welcome and Introductions
- 10:05 Question and Answer Portal – Tina Backe, MDH
- 10:15 COVID-19 – Marie Pelino, CPC
- 10:45 History and Access to the Manual and Training/Webinars – Chris Perkey, RN, CMPE
- 10:55 Manual Structure and Navigation – Acrobat Portfolio/Flash Player
- Folders
 - Sub-Folders
 - Hyperlinks
 - Manual Updates
- 11:10 Chapter Overviews
- I. Maryland
 - II. Creating the Billing Foundation (*NPI, CLIA, NDC, etc.*)
 - III. Revenue Cycle Management (billing, coding, claims, etc.)
 - IV. LHD Programs (*FP, HIV, SBHC, IZ, BH, etc.*)
 - V. Billing-related Software
 - VI. Maryland Payers (*Medicaid, MCO's, Medicare, Commercial*)
 - VII. Contracting and Credentialing
 - VIII. Compliance
 - IX. Resources
- 12:00 Questions and Answers

Example of Question Submission Form

LHD Billing Manual Questions

Complete and submit this form to submit a question about the LHD Billing Manual.

First Name*

Last Name*

Position Title*

Email*

Phone*

Jurisdiction*

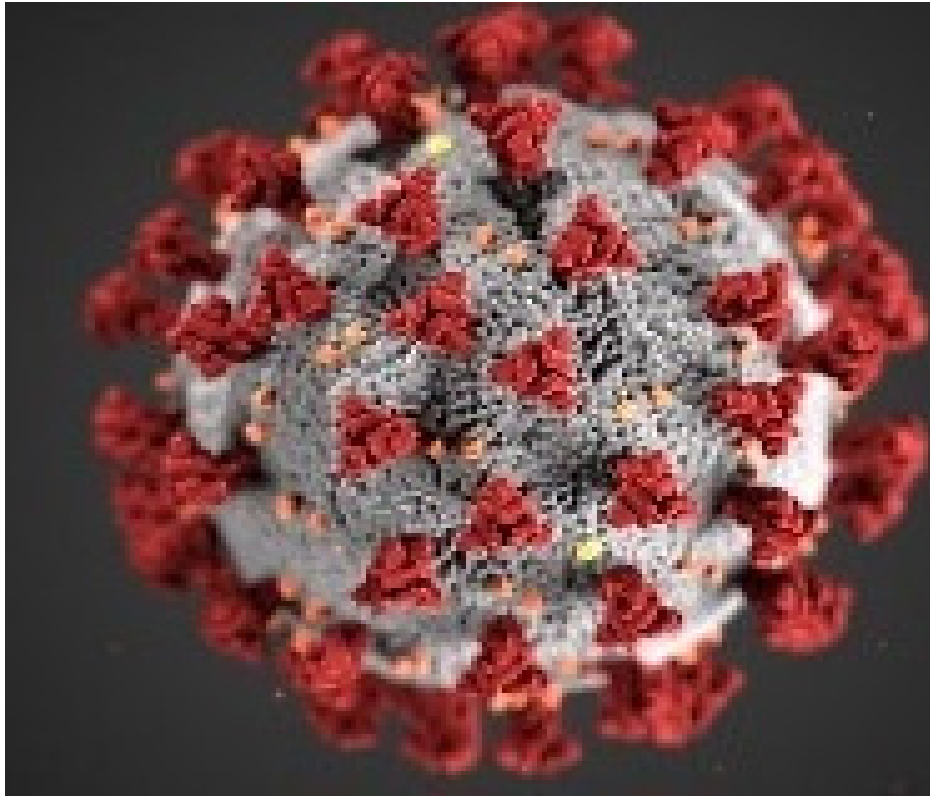
Select

Question*

This field is required

☐ Send me a copy of my responses

COVID-19



Expanded Telehealth Coverage

Effective March 1, 2020 and throughout the duration of the COVID-19 Public Health Emergency (PHE):

- ❖ CMS will make payment for professional services furnished to beneficiaries in **all areas** of the country in **all settings**.
- ❖ CMS will consider telehealth services same as in-person services & paid at the same rate.
- ❖ No costly technology required:
 - HHS authorizes the use of telephones that have audio & video capabilities for the furnishing of Medicare telehealth services.
- ❖ Patient Cost-Share Waiver:
 - Co-insurance & deductibles will be applied to telehealth services. The OIG is providing flexibility for providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Three (3) Types of Virtual Visits

Type of Service	Method of Communications	Service Description
Telemedicine Evaluation & Management Services	Real-time telephone & video communication devices through HIPAA compliant vendor or acceptable smartphone/tablet technology	Medically necessary E/M services to diagnose and/or treat general health conditions that would normally be covered if rendered during a face-to-face visit.
Virtual Check-in is Telephone Only	Telephone Calls Audio Only	G2012 or 99441 5-10 min. 99442 11-20 min. 99443 21-30 min.
E-Visits/Online Digital Evaluations	Asynchronous Communication through a Patient Portal	Time is cumulative during a 7 day period. 99421 5-10 min. 99422 11-20 min. 99423 21-30 min. G2010 – Brief digital check-in

Telemedicine Visits

HIPAA Compliant Vendors

The Office of Civil Rights (OCR) recommends that providers prepare to use HIPAA-compliant vendors following the COVID-19 PHE, such as:

- ❖ Skype for Business/Microsoft Teams.
- ❖ Updox.
- ❖ Vsee.
- ❖ Zoom for Healthcare.
- ❖ Doxy.me.
- ❖ Google G Suite Hangout Meet.
- ❖ Cisco WebEx Meetings/WebEx Teams.
- ❖ Amazon Chime.
- ❖ GoToMeeting.

Telemedicine Visits Require Audio-Visual

HIPAA enforcement is temporarily waived during PHE

Acceptable Platforms (State of Emergency Only)

- Apple Facetime
- Google G-suite Hangouts
- Skype for Business
- Zoom

Unacceptable Platforms

- Facebook Live
- TikTok
- Twitch
- Public facing applications

Health Clinic Visits

CPT CODES 99201-99215

E/M documentation **MUST** meet CPT levels of criteria to support the level of service coded:

- ❖ History.
- ❖ Exam.
- ❖ Medical decision making.

Additionally Documentation must include:

- ❖ Telecommunication platform.
- ❖ Patient consent to care.

CMS Rule Changes During PHE

Clinicians may base the E/M service level on:

❖ **Medical Decision Making (*MDM*) Only.**

OR

❖ **Time:**

- Time is defined as **“all of the time”** associated with the E/M on the day of the encounter.
- Concept of time is aligned with E/M criteria changes effective January 1, 2021.
- **Durations for levels are the "typical time"** associated with the E/M code.

Telehealth Clinic Visits

Time-Based Levels

99201 - 10 min.

99202 - 20 min.

99203 - 30 min.

99204 - 45 min.

99205 - 60 min.

99211 - 5 min. – Can be a Nurse visit

99212 - 10 min.

99213 - 15 min.

99214 - 25 min.

99215 - 40 min.

Documentation:

- ❖ Document the total time spent on the encounter on the day of the encounter.
- ❖ Count time spend in record review & documentation of the encounter.
- ❖ “Total duration of this encounter was 25 minutes”.

Medicaid Telephone/Audio Only Services

During the PHE MEDICAID will allow the following codes to be used for telephone E/M services :

- **99211** Office or other outpatient visit minimal.
- **99212** Office or other outpatient visit problem focused straightforward MDM.
- **99213** Office or other outpatient visit expanded problem focused low complexity MDM.

Report these with the place of service where it normally would have taken place.

- **Medicaid Telephone only requires modifier UB.**

Billing Medicare for Telemedicine Services Interim Coding Rules

When submitting claims for telemedicine services with dates-of- service on or after March 1, 2020, and for the duration of the PHE, report:

- ❖ Place of Service (POS) equal to what it would have been in the absence of a PHE.**
- ❖ Append modifier 95 to CPT codes,** indicating that the service rendered was actually performed via interactive audio video.

This is a change announced on 03/31/2020 that is applicable 03/01/20 & applies to E/M services provided via audio/visual during pandemic period.

Billing Medicaid for Telemedicine Services Interim Coding Rules

When submitting claims for telemedicine services with dates-of- service on or after March 12, 2020, and for the duration of the PHE, report:

- ❖ Place of Service (POS) equal to what it would have been in the absence of a PHE.**
- ❖ Append modifier GT to CPT codes, indicating that the service rendered was actually performed via interactive audio video.**

Billing Medicaid for Behavioral Health Telemedicine

Provider Types

- Psychiatrists.
- Psychiatric Nurse Practitioners (CRNP-PMH).
- Advance Practice Nurses (ARPN-PMH).
- LCPC, LCMGT, LCADC, LCPAT.
- LCSW-C.
- In Outpatient Mental Health Clinics – only under supervision – LMSW or LCSW, LGPC, LGADC, LGMFT, LGPAT.
- In ASAM Level 1 outpatient SUD program, State licensed providers only –CAC-AD, CSC-AD.
- Providers listed above must be enrolled in the Department's Specialty Behavioral Health Program.

Billing Medicaid for Behavioral Health Telemedicine

Services may be delivered by telephone

E/M codes: 99211, 99212, 99213, 99214, 99215

Psychotherapy codes:

- **90832** (16-37 min.) Individual psychotherapy.
- **90834** (38-52 min.) Individual psychotherapy.
- **90846** Family therapy without patient present.
- **90847** Family therapy with patient present.
- **90833** 30 min. Individual therapy (add on).
- **90836** 45 min. Individual therapy (add on).
- **90837** Psychotherapy 53 min. and up.
- **90839** Psychotherapy for crisis, first 60 min.
- **90840** Psychotherapy for crisis, additional 30 min.

Billing Medicaid

SUD Treatment Telemedicine

**Services may be delivered by telephone
unless indicated otherwise**

Treatment codes:

- **H0016** MAT Initial induction alcohol drug services; medical somatic (Buprenorphine / Methadone is covered by telehealth services only ***NOT for voice telephone only***).
- **H0001** Alcohol and/or drug assessment (***NOT covered for voice telephone***).
- **H0004** Individual outpatient therapy (*15 min. increments 6 max. per day*).

Billing Medicaid for Group SUD Treatment Telemedicine

A telehealth group is defined as each member dialing into a central meeting using HIPAA compliant video technology. Voice only groups are not covered

Treatment codes:

- **90835** Group psychotherapy.
- **H0005** Alcohol or drug group outpatient therapy.
- **H0015** Alcohol or drug Intensive Outpatient (IOP).
- **H2036** Partial hospitalization (*SUD tx per diem*) .
- **S9480** Intensive OP Psych. Services per diem.
- **H0032** Interdisciplinary team treatment planning with.
patient present (*not covered for voice only*).

Billing Medicaid for Group SUD Treatment Telemedicine

SERVICE REIMBURSEMENT

- Professional services only will be reimbursed. Facility fees will not be paid.
- Services should be billed using any applicable service modifiers.
- Services delivered by telephone must also be billed using the UB modifier.
- Regular video telehealth service must be billed using the GT modifier.

Additional Telehealth Provisions

Providers can now:

- Bill for additional types of televideo visits at the same rate as in-person visits.

Medicare now allows telemedicine to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice & home health.

For a complete list of Telehealth services that can be reported as in person using a synchronous acceptable telecommunication platform.

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Billing Medicaid for Telemedicine Services

When submitting claims for **telemedicine services with dates-of- service on or after March 5, 2020, and for the duration of the PHE, report:**

- ❖ **Medicaid does not recognize POS 02. Report the Place of Service (POS) where the Provider is located e.g., 72 if provider is normally located in a public health clinic.**
- ❖ **Append modifier GT to CPT codes,** indicating that the service rendered was actually performed via interactive audio video.
- ❖ **Append modifier UB to CPT codes,** if the service was provided via telephone only.

CMS Interim Rules Effective 03/01/2020

Telephone Evaluation & Management (E/M) Services

Prior CMS Non-Coverage for Non-Face-to-Face Services

- In CY 2008, the CPT Editorial Panel created CPT **99441-99443** codes to describe E/M services furnished by a physician or qualified healthcare professional via telephone.
- CMS assigned a status indicator of “**N**” (**Non-covered**) to these services **because:**
 - ❖ (1) These services are non-face-to-face; and
 - ❖ (2) the code descriptors include language that recognizes the provision of services to parties other than the beneficiary for whom Medicare does not provide coverage (for example, a guardian).
- **CMS now believes they should be covered in light of the COVID-19 emergency.**

Billable Telephone/Audio Only Services

Virtual Check in **G2012**- 5-10 min. *“established in 2017 as a covered service”*.

Added codes to the MPFS due to the PHE:

- ❖ **99441** Telephone E/M new or established 5-10 min. MCR allowance \$15.34.
- ❖ **99442** Telephone E/M new or established 11-20 min. MCR allowance \$29.96.
- ❖ **99443** Telephone E/M new or established 21-30 min. MCR allowance \$43.64.

These codes should be reported when the E/M is sufficient to warrant a separate service unrelated to coordination of care following an E/M in the previous 7 days.

- **Do not use POS 02 or modifier 95 with these.**
- **Not Covered by MD Medicaid (See previous slides).**

Billable Online/Digital Only Services

Virtual Check-in G2010 –Store and Forward technology utilizing recorded video or image forwarded to provider

Digital evaluation & management service, for an established patient, for up to 7 days, cumulative time during the 7 days

- ❖ **99421 Online digital E/M** new or established 5-10 min. MCR allowance \$16.52
- ❖ **99422 Online digital E/M** new or established 11-20 min. MCR allowance \$33.12
- ❖ **99423 Online digital E/M** new or established 21-30 min MCR allowance \$53.54

Document cumulated time during a **7 day period** where asynchronous secure messaging or recordings was the means to evaluate & manage a health condition or problem.

- **Do not use POS 02 or modifier 95 with these.**
- **Not Covered by MD Medicaid**

Documentation Guidelines

- ❖ Providers **must** maintain documentation in the same manner as for an in-person visit or consultation, using either electronic or paper medical records.
- ❖ The provider should **document the participant's consent** to receive telehealth services in their medical record.
- ❖ Consent may be given verbally by the participant.
- ❖ Consent need only be given once per year.

Documentation Guidelines

Medicaid further requires that:

“Audio-only telephone services, or services using video applications that do not meet State regulations, may only be delivered with the explicit consent of the participant. Participants must be provided with a clear explanation of the telehealth or voice service and its confidentiality limitations, including the use of non-HIPAA compliant technology. Providers must ensure that this is documented in the Medicaid participant’s medical record. Attention to ensuring that participants’ confidentiality is protected in terms of private space, etc., must be a priority”.

Medicare Coverage of COVID-19 Testing & Related Encounters

- ❖ Medicare provides coverage of laboratory testing without costs-sharing (**87635**).
- ❖ Medicare provides coverage of E/M services that result in an order for or administration of a COVID-19 test (**87635**).
- ❖ Append modifier **CS** to the CPT codes reporting EM services resulting in the order or administration of a COVID-19 test.
- ❖ Treatment of COVID-19 and associated respiratory disease will be subject to deductibles & co-insurance.

COVID-19

Related ICD-10 Codes

- ❖ **Z03.818** Encounter for observation for suspected exposure to other biological agents ruled out.
- ❖ **Z20.828** Contact with & (*suspected*) exposure to other viral communicable diseases.
- ❖ **Z71.84** Encounter for health counseling related to travel (*Health risk & safety counseling*).
- ❖ **Z71.1** Person with feared health complaint in whom no diagnosis is made.
- ❖ **U07.1** COVID-19 (*confirmed test*) effective 4/1/20 .

COVID-19 Related Presenting Problems ICD-10

For patients presenting with any signs/symptoms (*such as fever, etc.*) & where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms first:

- ❖ **R05** Cough.
- ❖ **R06.02** Shortness of breath.
- ❖ **R50.9** Fever, unspecified.
- ❖ **J12.89** Other viral pneumonia.
- ❖ **J20.8** Acute bronchitis due to other specified organisms.
- ❖ **J22** Unspecified acute lower respiratory infection.

Telemedicine, Telephone & Online Digital E/M Service Billing Guide

					Revised 4-2-20
Service Descriptions & Codes	CareFirst	United Health Care	Aetna	Cigna	Medicaid/MCO's
Office visits via synchronous interactive audio visual communication devices HIPAA compliant now includes Apple Facetime, Google G Suite Hangouts Meet & Skype) CPT codes 99201-99215	Report E/M CPT code with POS code 02 & Modifier 95	Report E/M CPT code with POS code 02 & Modifier 95 (Exception *Telephone audio only is now allowed by UHC)	Report E/M CPT code with POS code 02 & Modifier 95	Report E/M CPT code with POS code 11 & Modifier GQ (Exception *Telephone audio only is now allowed by Cigna)	Report E/M CPT code with POS code 11 & Modifier GT
Telephone evaluation & management (E/M) (Audio only) calls based on time 99441-99443 (New or Established patients) 'Virtual Check-in'	Carefirst will allow 99441-99443 & pay a flat fee of \$20.00	Report only G2012 with POS 11 & NO Modifier.	Report CPT code with POS 11 with NO modifier. Report G2012 for Medicare Advantage plans.	Report G2012 only with POS 11 & NO Modifier for brief check in-phone calls. Telephone E/M's should be reported as interactive telemedicine.	Audio only E/M may only be reported with CPT 99211, 99212 or 99213 with POS 11 & Modifier UB
Cost-Sharing to the Patient	Non-specific policy cost-sharing policy. CF directs provider not to collect copays during the PHE. Balance-billing is permitted after claims processed.	No Patient cost-sharing during the PHE. Network rates paid in full but may vary by plan.	No Patient cost-sharing during the PHE. Network rates paid in full but may vary by plan.	No Patient cost-sharing during the PHE. Network rates paid in full but may vary by plan.	No Patient cost-sharing during the state of emergency

Resources

https://individual.carefirst.com/individuals-families/about-us/coronavirus-healthcare-providers.page	www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc-link-content-section-responses-vegrid-copy-responses-vegrid-accordion-10	https://static.cigna.com/assets/chcp/resourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html	https://mmcp.health.maryland.gov/Pages/telehealth.aspx
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Payor Specific Resources

Ready for an upgrade? Take your code books to the cloud with AAPC 2021 eBooks | **Preorder Now**



Events Forum Knowledge Center

Membership Education Certification Networking Resources Books/Software Log In / Join

Health Plan Search: Provider Manuals and Policies

AAPC has compiled data from over 500 local and national health plan's websites, provider manuals, provider policies, physician credentialing and medicare/medicaid eligibility. This new search tool will be available to all for a limited time, after which it will only be available to AAPC members.

Payer Search

Step 1: Input State

MARYLAND (MD)

Step 2 (optional): Input Payer Name (can't find your health plan provider?)

Search By Name

Submit

Clear

Step 3: Find your payer and select row for search capabilities for that payer or plan (if not already visible)

Name	State(s)					
Bravo Health Mid-Atlantic, Inc.	MD, PA, TX, DC, DA					
CareFirst Blue Cross Blue Shield	MD, DC, VA					
CoreSource	MD, NC, IL, OH, PA, AR, AZ					
Coventry Health Care of Delaware (Maryland)	DE, MD					
Hopkins ElderPlus	MD					
JAI Medical Systems, Inc.	MD					
Kaiser Permanente Foundation Health Plan of the Mid-Atlantic States, Inc.	MD, VA, DC					
Maryland Physicians Care (MPC)	MD					
MedStar Family Choice	MD					
Priority Partners	MD					
United HealthCare of the Mid-Atlantic	MD					

<https://www.aapc.com/resources/free-tools/provider-manual/>

Information/Resources

American Telemedicine.org

American Academy of Pediatrics

https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf

Centers for Medicare and Medicaid Services

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

AAFP

<https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html>

CMS General Provider Telehealth & Telemedicine Tool Kit:

<https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

AMA Telemedicine Quick Set-up Guide:

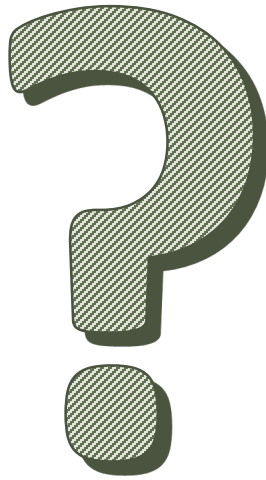
<https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>

Expansion of Telehealth & Licensing Waivers During Pandemic:

<http://connectwithcare.org/state-telehealth-and-licensure-expansion-covid-19-chart/>

COVID-19

Questions & Answers





MARYLAND Department of Health

Local Health Department Billing Manual


Includes - COVID-19

**Version 20
April 2020**


MDH Website


<https://pophealth.health.maryland.gov/Pages/Local-Health-Department-Billing-Manual.aspx>

Maryland.gov Phone Directory State Agencies Online Services Translate



MARYLAND
DEPARTMENT OF HEALTH





Local Health Department Billing Manual

Overview

The Local Health Department (LHD) Billing Manual (Manual) provides a framework for LHDs to implement and/or expand their billing infrastructure. Maryland's 24 LHDs continue to assess their capabilities, readiness and challenges to bill insurance providers and collect for healthcare services. This manual will serve as a technical resource for the LHDs for implementing and/or expanding their billing infrastructure.

The LHD Billing Manual provides information in the following categories:

1. Maryland General Information
2. Creating the Billing Foundation
3. Revenue Cycle Management
4. LHD Programs and Services
5. Billing-related Software
6. Maryland Payers
7. Contracting and Credentialing

The current version of the LHD Billing Manual is available at:

- [Local Health Department Billing Manual](#)
April 2020, Version 20, includes a new COVID-19 folder

Monthly updates to the LHD Billing Manual:

- [April 2020 - COVID-19 Information](#)
- [March 2020 - COVID-19 Information](#)
- [January 2020](#)
- [December 2019](#)
- [November 2019](#)
- [October 2019](#)
- [June 2019](#)
- [May 2019](#)
- [March 2019](#)
- [January 2019](#)

Questions or comments may be directed to:

Tina Backe, MA, Health Policy Analyst, Office of Population Health Improvement, tina.backe@maryland.gov, 410-767-5590

View from MDH Website Link

Quick Links

- LHD Billing Home
- MDH Billing Manual Webinar (Session 1 of 2)
- MDH Billing Manual Webinar (Session 2 of 2)
- Maryland Department of Health Local Health Departments Billing Manual Training Session
- MDH Chapter IV Billing Manual Presentation (5/24/17)
- Navigating Adobe Portfolio

Layout

Files



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MDH Billing Manual V...

MDH Billing Manual V20 April 2020 - Includes COVID-19

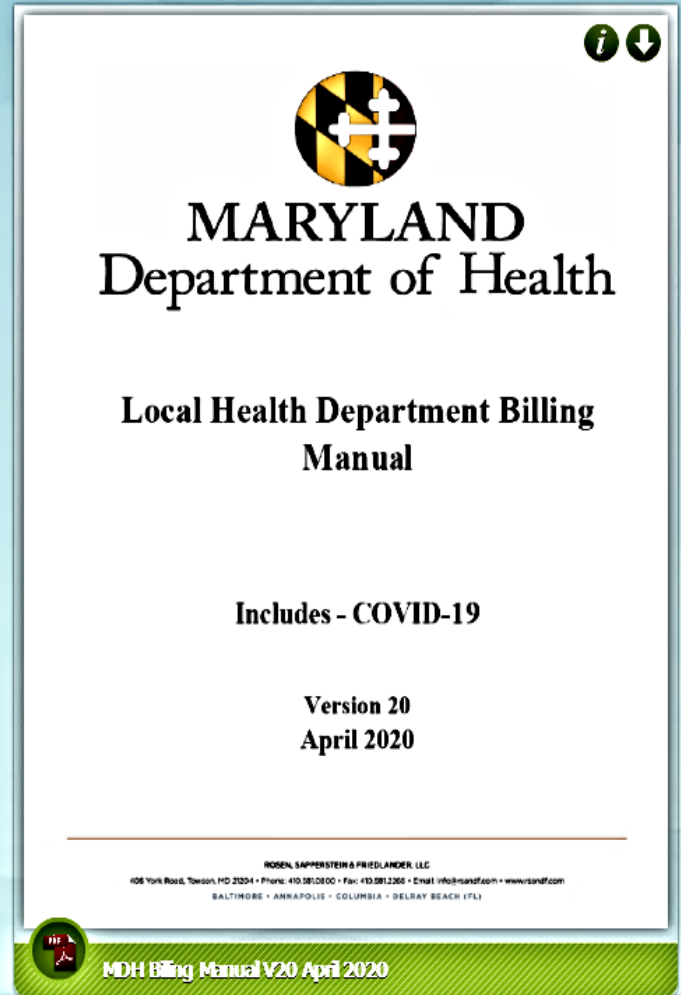


Table of Contents

Version 20 April 2020



	COVID19 – FOLDER MARCH-APRIL 2020
I.	Maryland General Information <ul style="list-style-type: none"> ▪ State and County Governance ▪ Maryland County Map ▪ Senate Bill 104 – Health Officer’s Authority to Retain Collections and Waive Charges ▪ COMAR 10.02.01.07– Ability to Pay and Fees to be Collected ▪ LHD – Essential Community Provider January 31, 2016 MD HealthBenefit Exchange ▪ Maryland Association of County Health Officers (MACHO) ▪ MD Health Connection – 2018 Data Report
II.	Creating the Billing Foundation <ul style="list-style-type: none"> ▪ Building the Internal Billing Structure Overview ▪ COMAR 10.02.01.04 Setting the Charges for LHDs ▪ MDH Non-Chargeable List ▪ MDH Sliding Fee Scale ▪ US Federal Poverty Levels ▪ Taxonomy Codes and Information ▪ CLIA ▪ State Lab Certificate ▪ Proper Documentation & Coding Overview ▪ National Provider Identifier (NPI) Folder (Organizational & Sub-Part) ▪ National Drug Codes (NDC) Folder ▪ Tax ID Folder – W9 Form & Instructions; IRS147C ▪ NUCC National Uniform Claim
III.	Revenue Cycle Management (RCM) <ul style="list-style-type: none"> • Revenue Cycle Overview (RCM) • Revenue Cycle Process Snapshot • Revenue Cycle Process – CAREDEA Guide • Waiving Copays – Office of the Inspector General (OIG) • MDH MA Policy – Free Care Non-Medicaid Patients • Front-end Revenue Cycle Process Folder • Coding and Documentation Clinical Services • Billing Folder – Claims, Payments, Denials, Collections and Central Collections Unit (CCU) • Administrative - RC Management, Key Performance Reports, Sample of Internal Controls • Outsource Billing Services

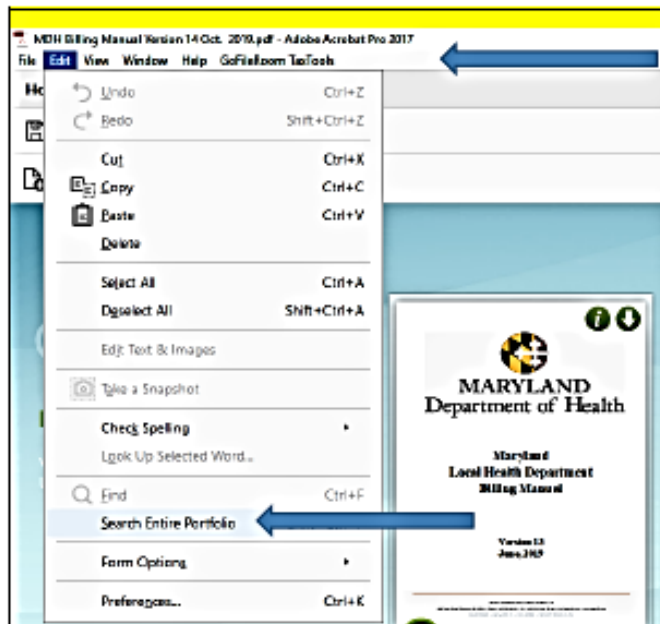
Version 20 Log of Updates - April 2020

Chapter	Chapter - Folders	Updates and Additions
	Table of Contents	Updated
COVID-19	COVID-19	Cigna Dental – COVID-10
	COVID-19	Cigna COVID-19 Billing Guide April 2020
	COVID-19	MD Medicaid Telehealth Manual - March 2020 Update
	COVID-19	MD Medicaid Telehealth Program Website April 2020
	COVID-19	MDH Medicaid Telehealth Memo - April 2020
	COVID-19	COVID-19 FPNC Family Planning Social Media Toolkit
	COVID19 – NEW Sub-folder 4/22/2020 Slide Deck	COVID-19 Power Point Slide Deck from 4/22/2020 Webinar
IV	LHD Programs & Services – Dental	MD Medicaid Telehealth Dentistry Guidance 3/30/2020
IV	LHD Programs & Services – Dental	MD Medicaid Dental Fee & CDT Codes 2020
IV	LHD Programs & Services – Dental	2020 Oral Health Resource Guide
IV	LHD Programs & Services – Reproductive Health	COVID-19 FPNTC Toolkit for Providers – April 2020
IV	LHD Programs & Services – HIV	Billing HIV Services - update
IV	Diabetes Program – Folder Created	Information will be added May 2020 – V21
IV	Nutrition Program – Folder Created	Information will be added May 2020 – V21
VI	Payors – Medicare	MLN January 2020 Catalog
VI	Payors – Health Choice/MCO	March 2020 Comparison Chart update
VI	Payors – Commercial – Cigna	COVID-19 April 2020 COVID-19 Billing Guide
VI	Payors – Commercial – Cigna	Cigna Advantage Quick Ref. Guide 2020
VI	Payors – Commercial – Cigna	Cigna Advantage 2020 Provider Manual
VI	Payors – Commercial – Cigna	Cigna Member ID Cards 2020
VI	Payors – Commercial – Cigna	Cigna Member ID Card – Digital Tool 2020

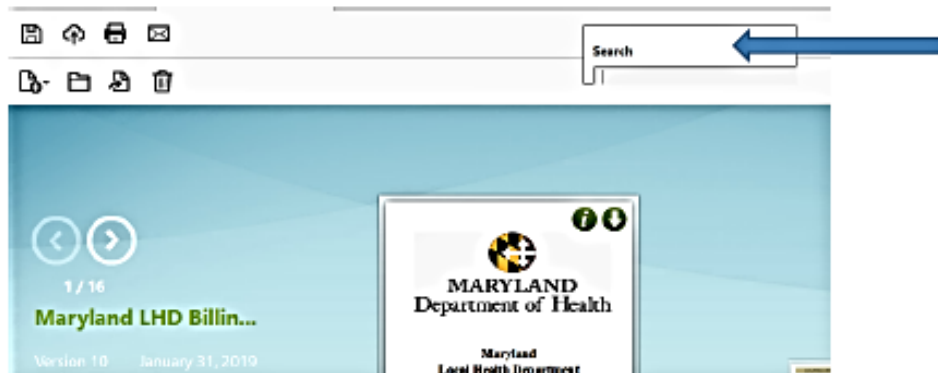
Adobe Portfolio

How to “Search” for a Document in the Manual

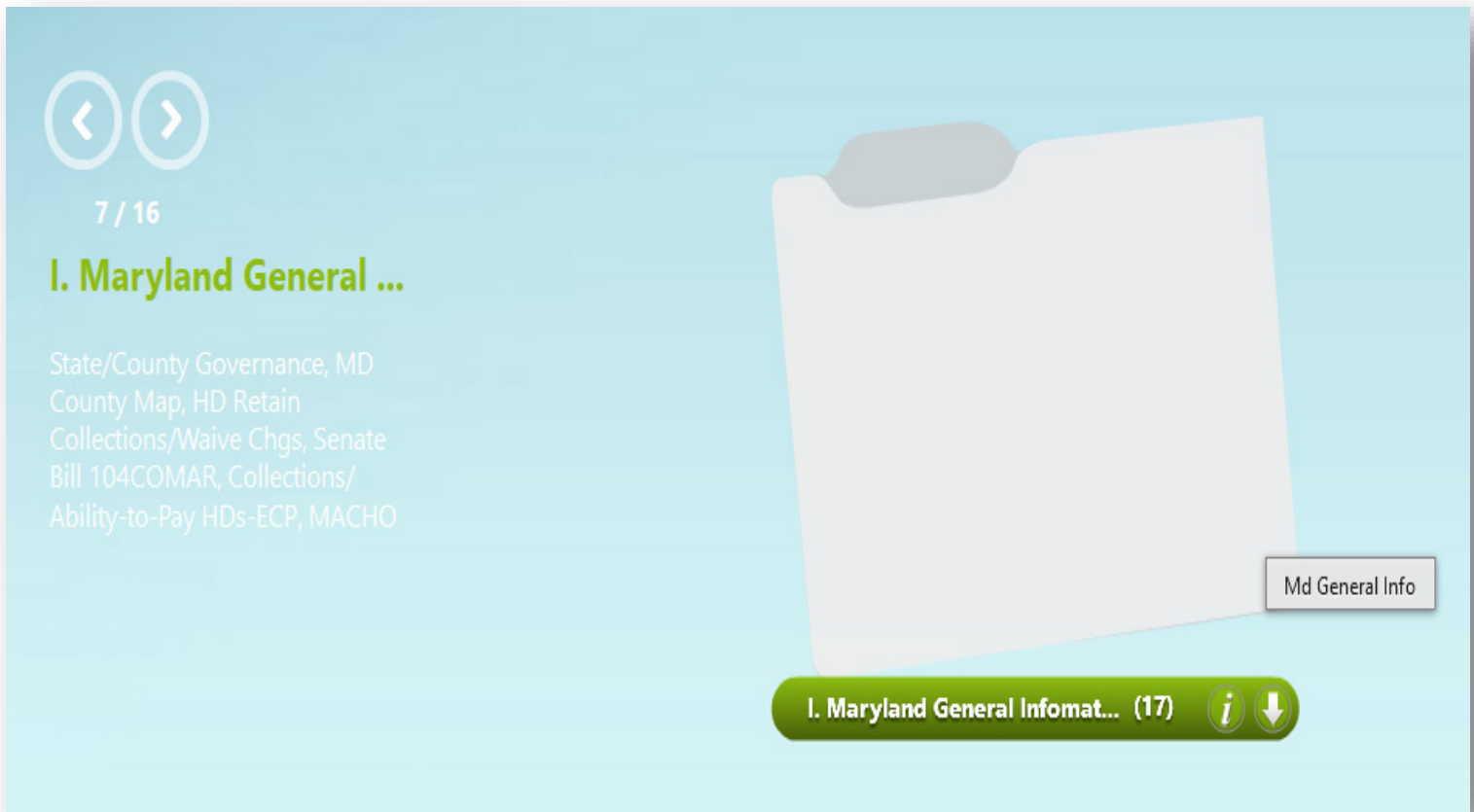
- Click on the Tool Bar Edit Button
- Click SEARCH



- A SEARCH Field will appear on the screen
- Type in a keyword to search for a document(s)
- Wait while the system searches for any document that contains the keyword
- A list of documents will appear on the screen
- Click on the chosen document to view it

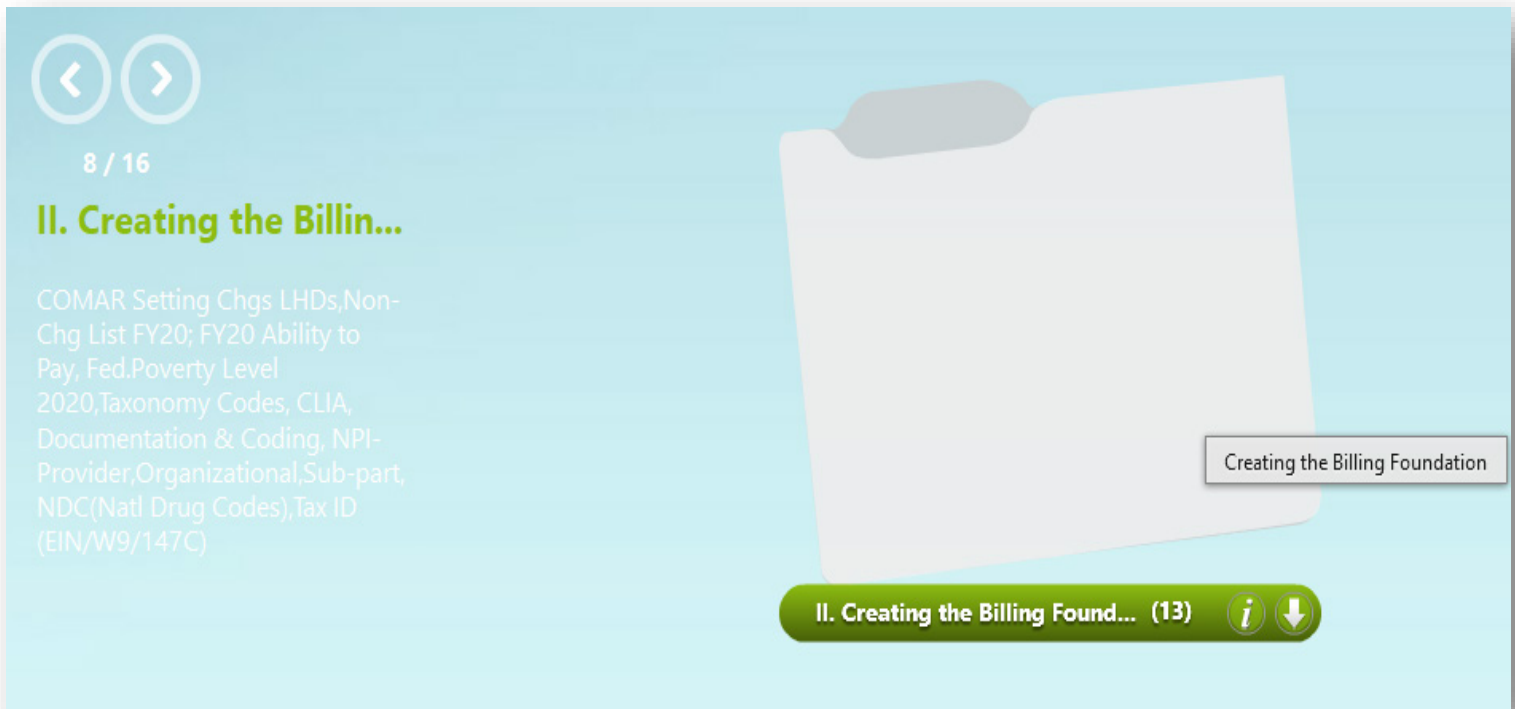


Maryland General Information



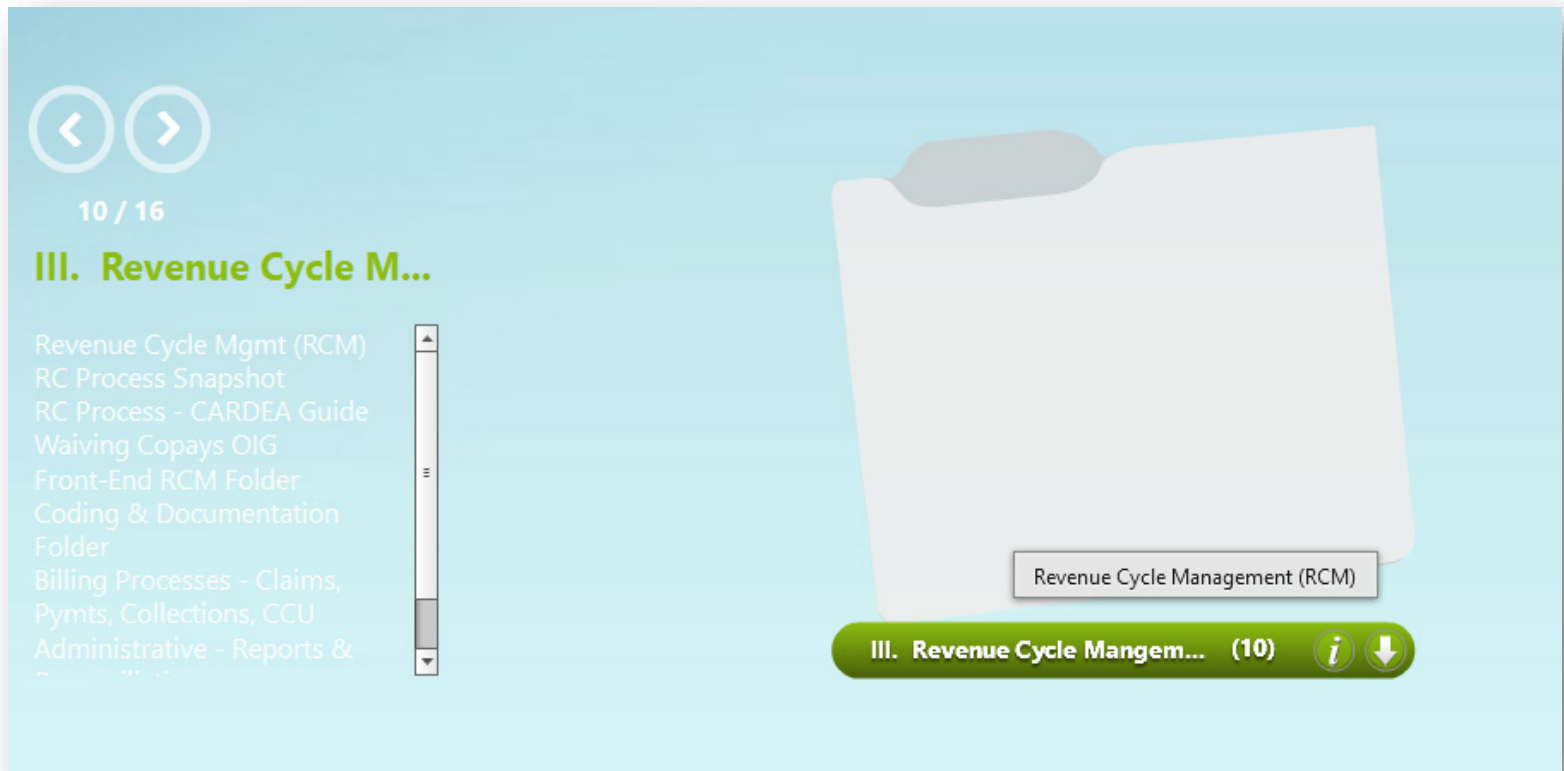
- ❖ County & Baltimore City Governance
- ❖ Map of Maryland Jurisdictions
- ❖ COMAR
- ❖ MACHO
- ❖ Maryland Corporate Compliance (OIG)

Creating the Billing Foundation



- ❖ Non-Chargeable List.
- ❖ Maryland Ability to Pay Schedule.
- ❖ Federal Poverty Levels.
- ❖ Taxonomy Numbers.
- ❖ NPI Numbers – Individual; Organizational; Sub-part.
- ❖ CLIA & State Lab Certificates.
- ❖ NDC (*National Drug Codes*).
- ❖ Tax ID Forms.
- ❖ Proof of Income.
- ❖ NUCC (*National Uniform Claim Committee*).
- ❖ POS (*Place of Service Codes*).

Revenue Cycle Management

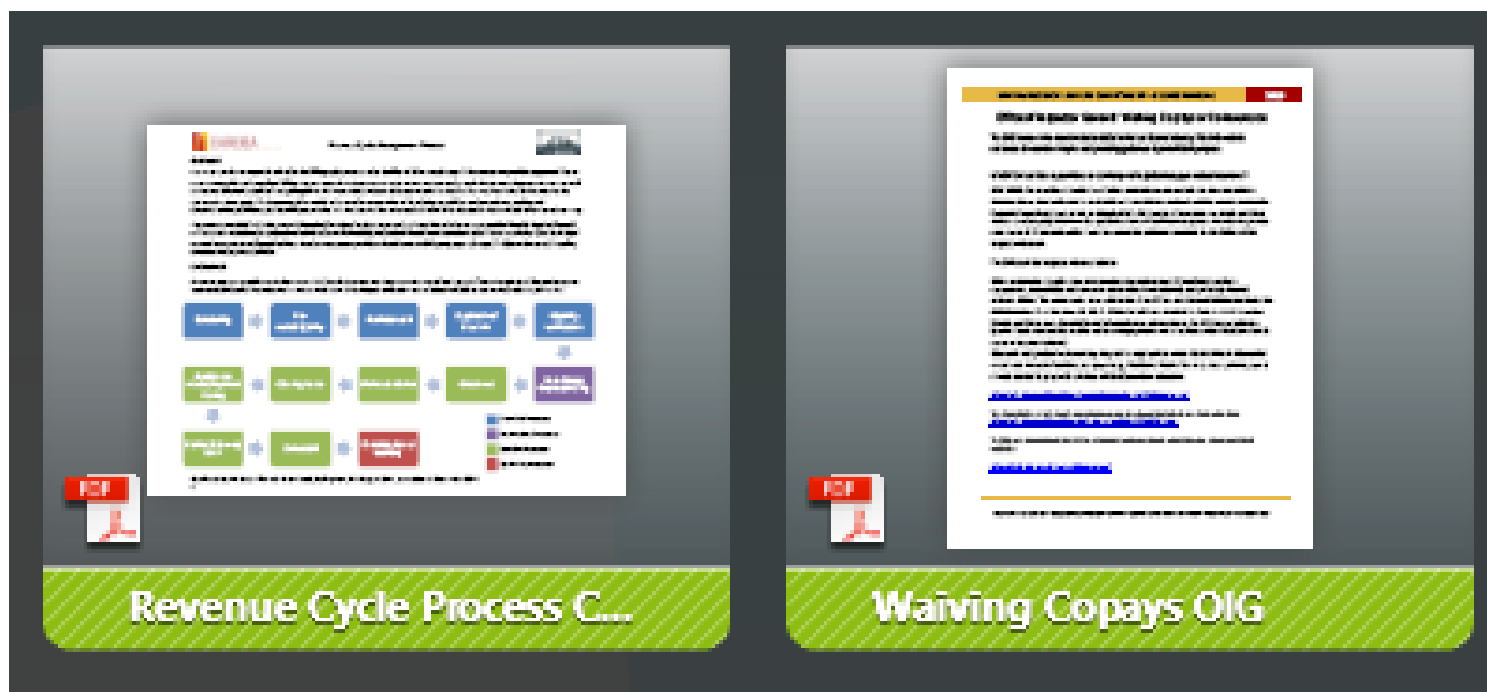
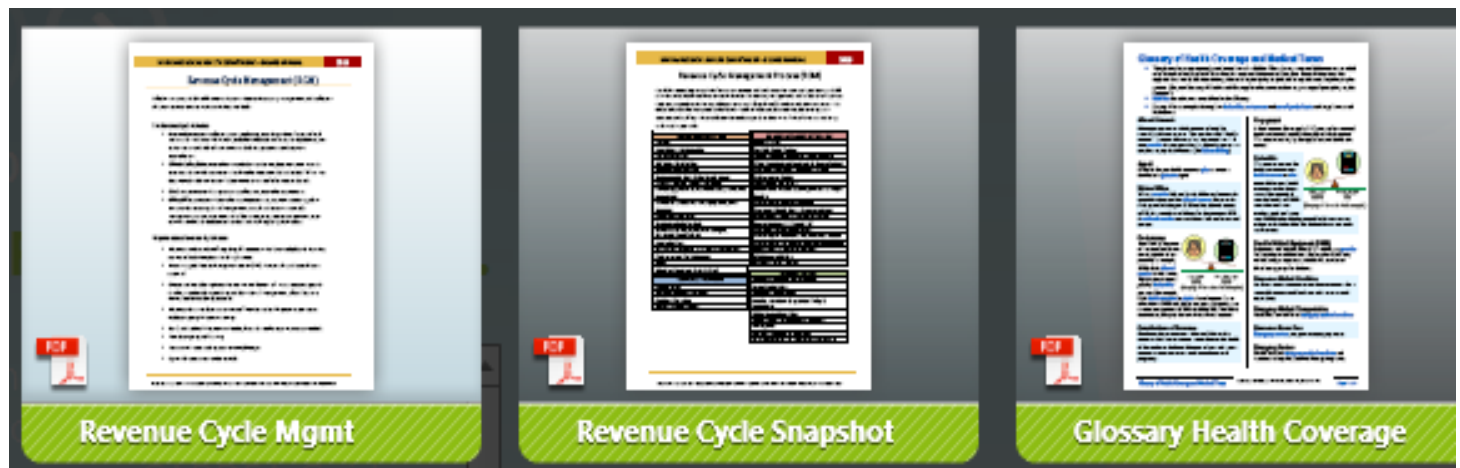


Revenue Cycle Management Guides

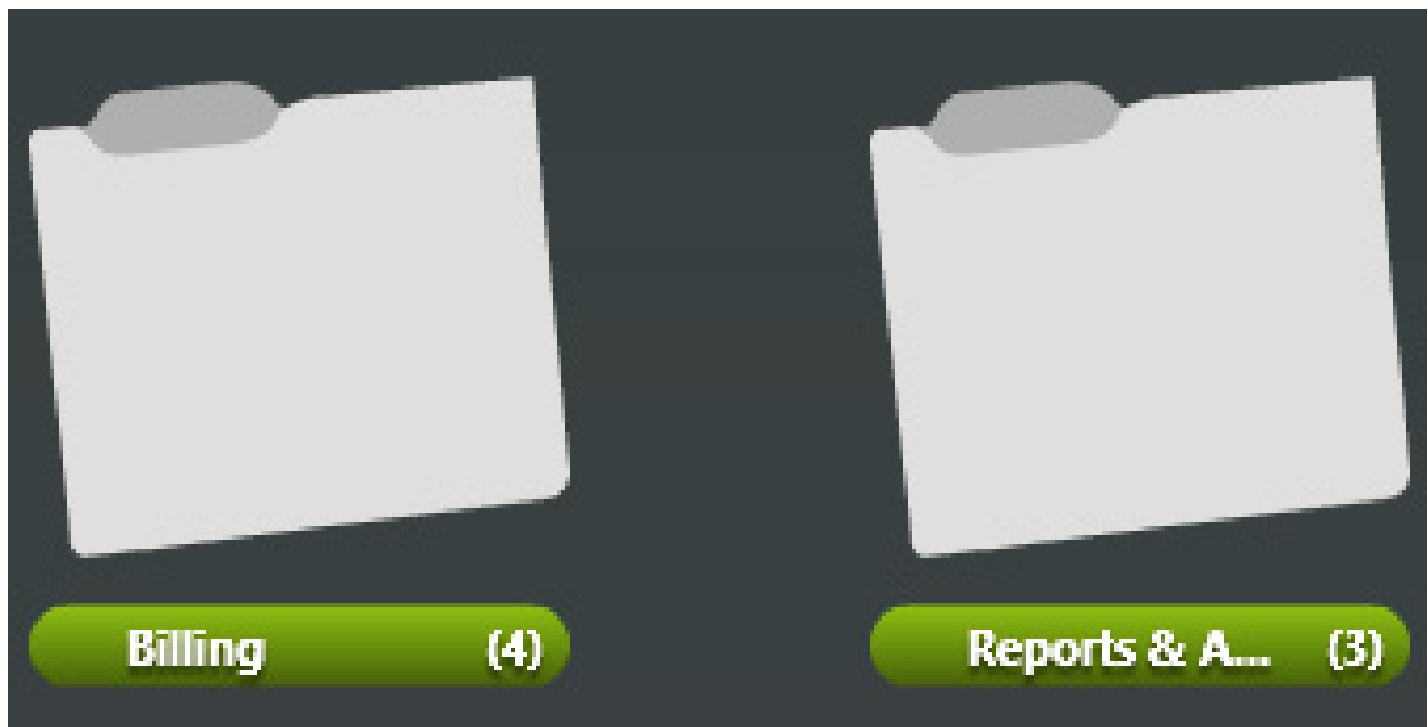
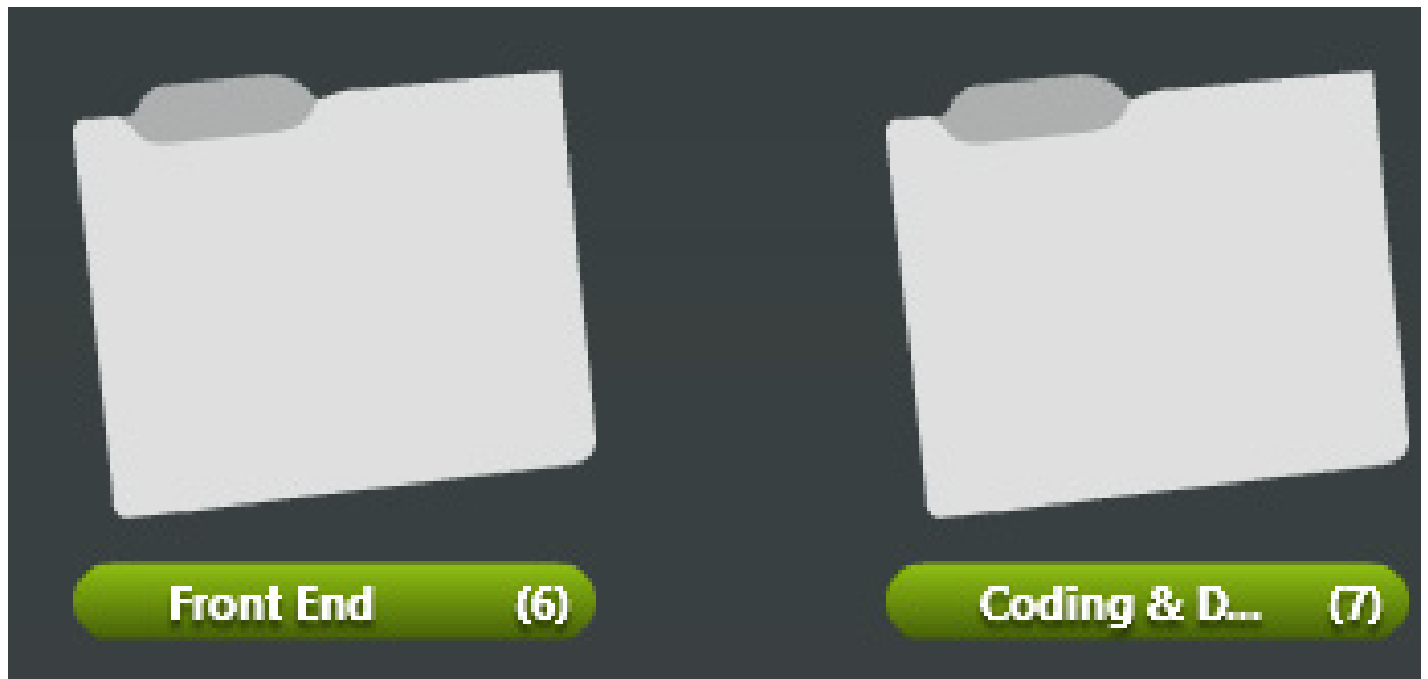
Sub-Folders

- ❖ Front-end Processes.
- ❖ Coding & Documentation Guides.
- ❖ Billing:
 - ❖ Claim Processing & Denial Management.
 - ❖ Patient & Insurance Account Receivables.
 - ❖ CCU (Central Collection Unit).
- ❖ Reports & KPI.

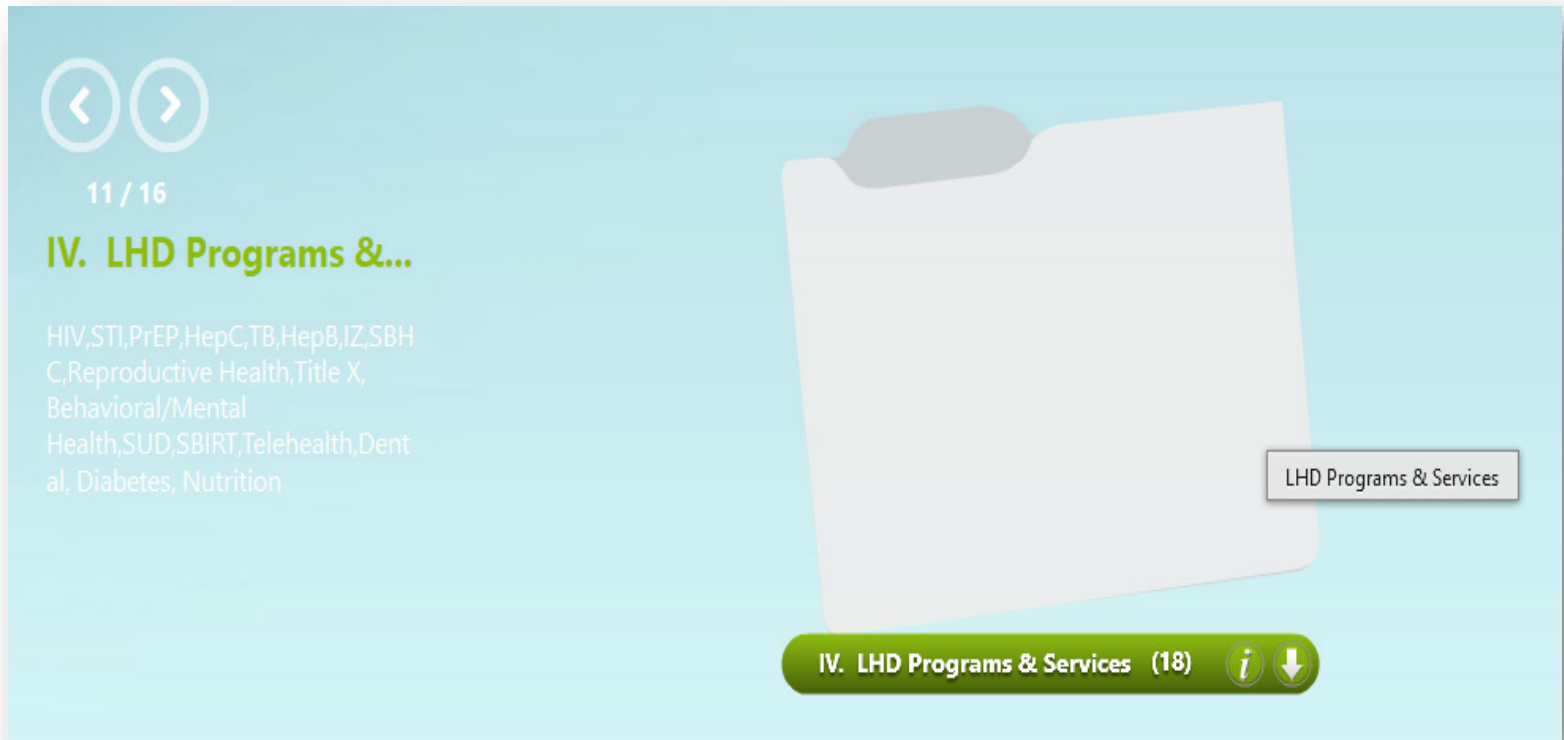
Example of Documents in Folders



Example of Sub-Folders

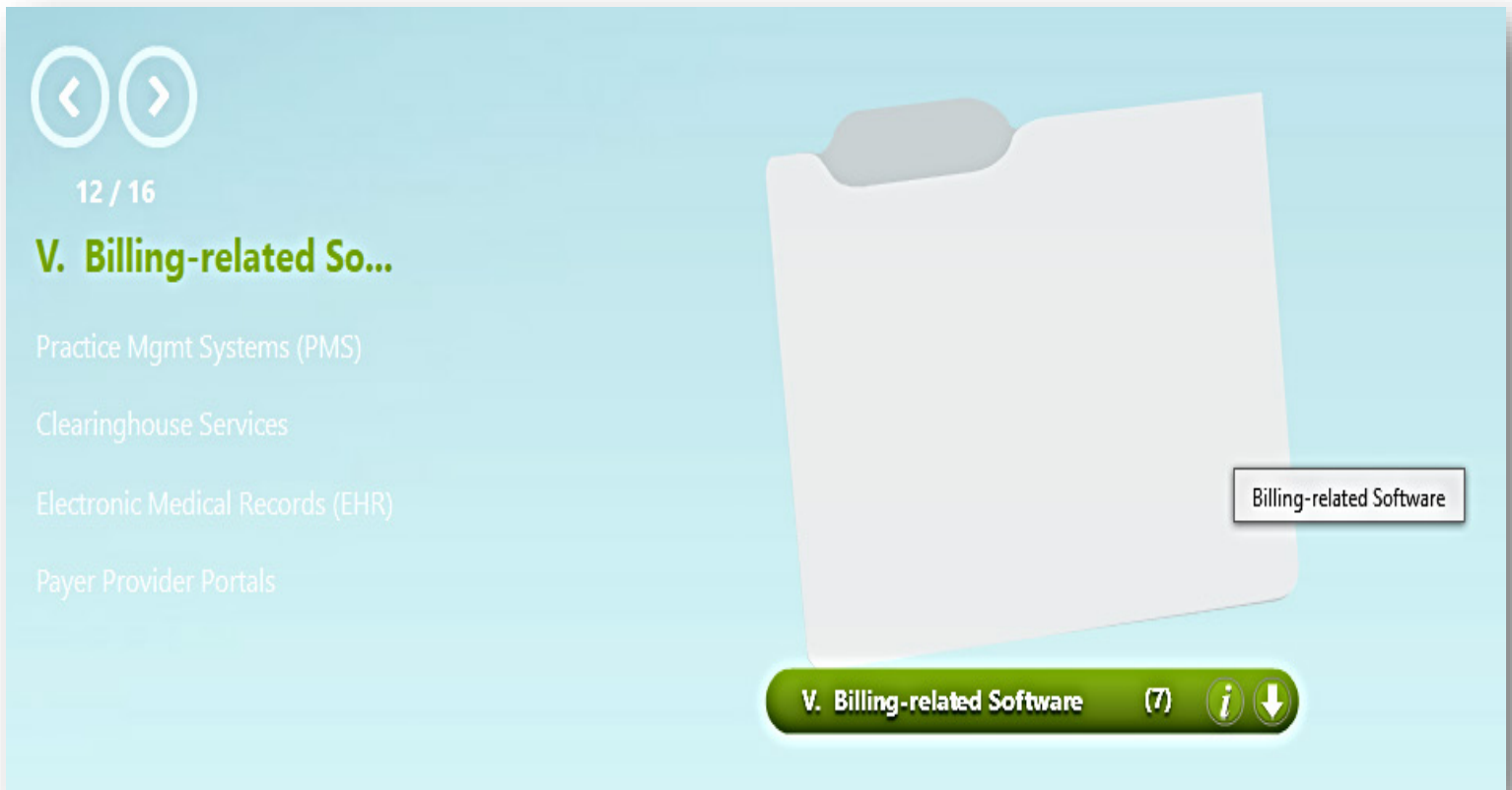


LHD Programs



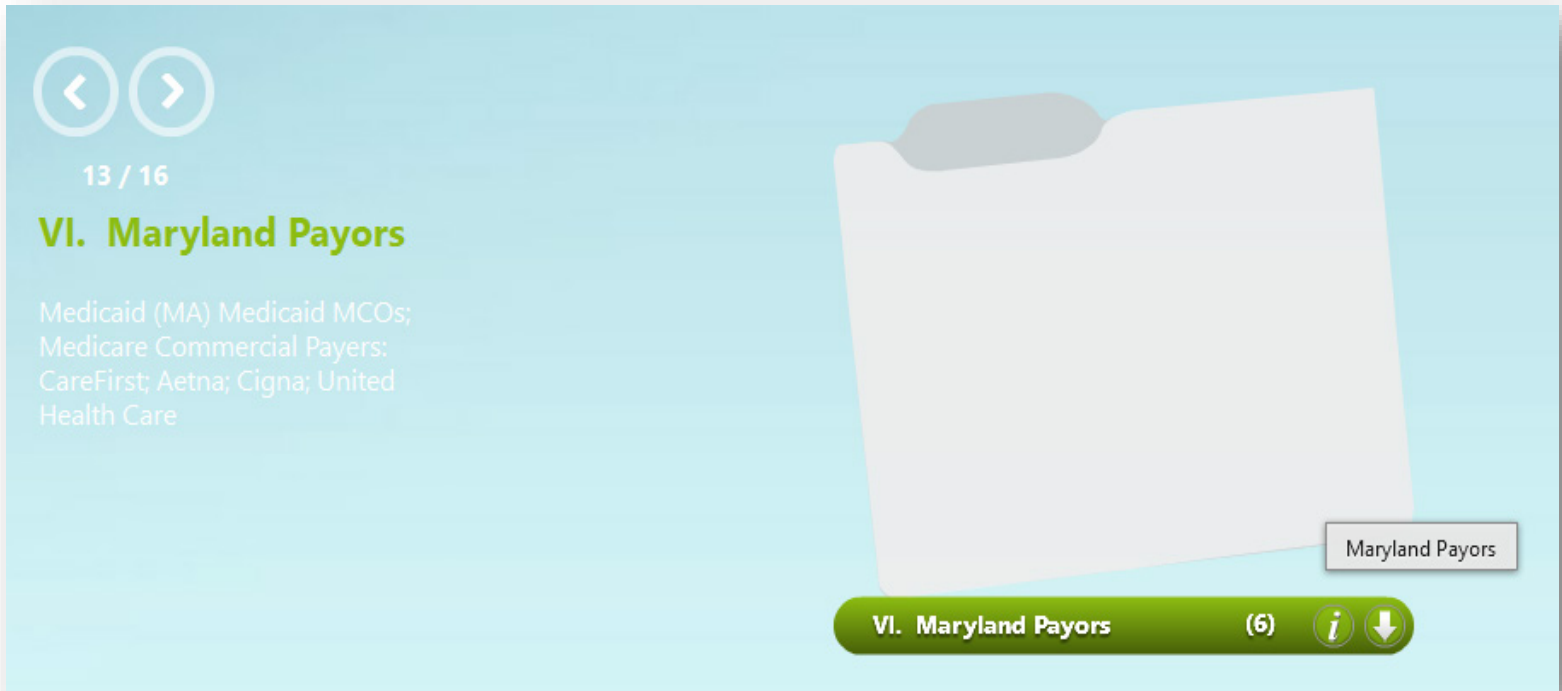
- ❖ HIV
- ❖ PrEP
- ❖ Reproduction Health
- ❖ STI Services
- ❖ IZ
- ❖ SBHC
- ❖ Hep C
- ❖ Rabies
- ❖ SBIRT
- ❖ BH/MD/SUD
- ❖ Dental
- ❖ HepB
- ❖ Telehealth
- ❖ TB
- ❖ EPSDT
- ❖ Diabetes Program (DPP)
- ❖ Nutrition Program

Billing-related Software



- ❖ PMS - Practice Management Software for Billing.
- ❖ EHR - Electronic Health Records.
- ❖ Clearinghouse.
- ❖ Provider Portals.
- ❖ Patient Portals.
- ❖ CCU.

Maryland Payors



❖ Health Choice – Medicaid Managed Care (MCOs)

❖ AAPC Payor Link Tool

❖ Maryland Medicaid

❖ Commercial

❖ Medicare

❖ Payor Portals

➤ Aetna Better Health

➤ Amerigroup

➤ Jai

➤ Kaiser Health Choice

➤ Maryland Physicians Care (MPC)

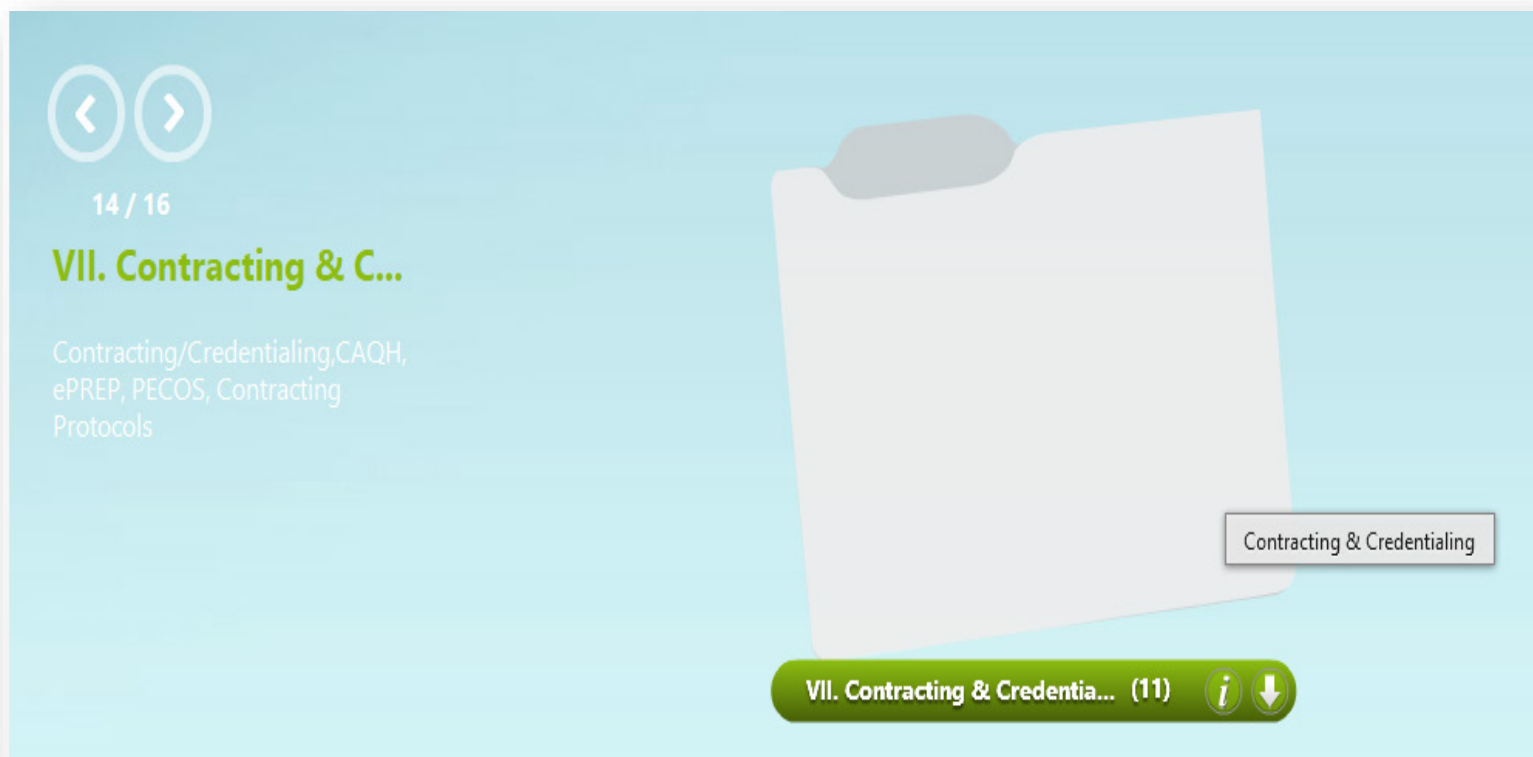
➤ MedStar MCO

➤ Priority Partners (Johns Hopkins) MCO

➤ United Health Care Community Plan

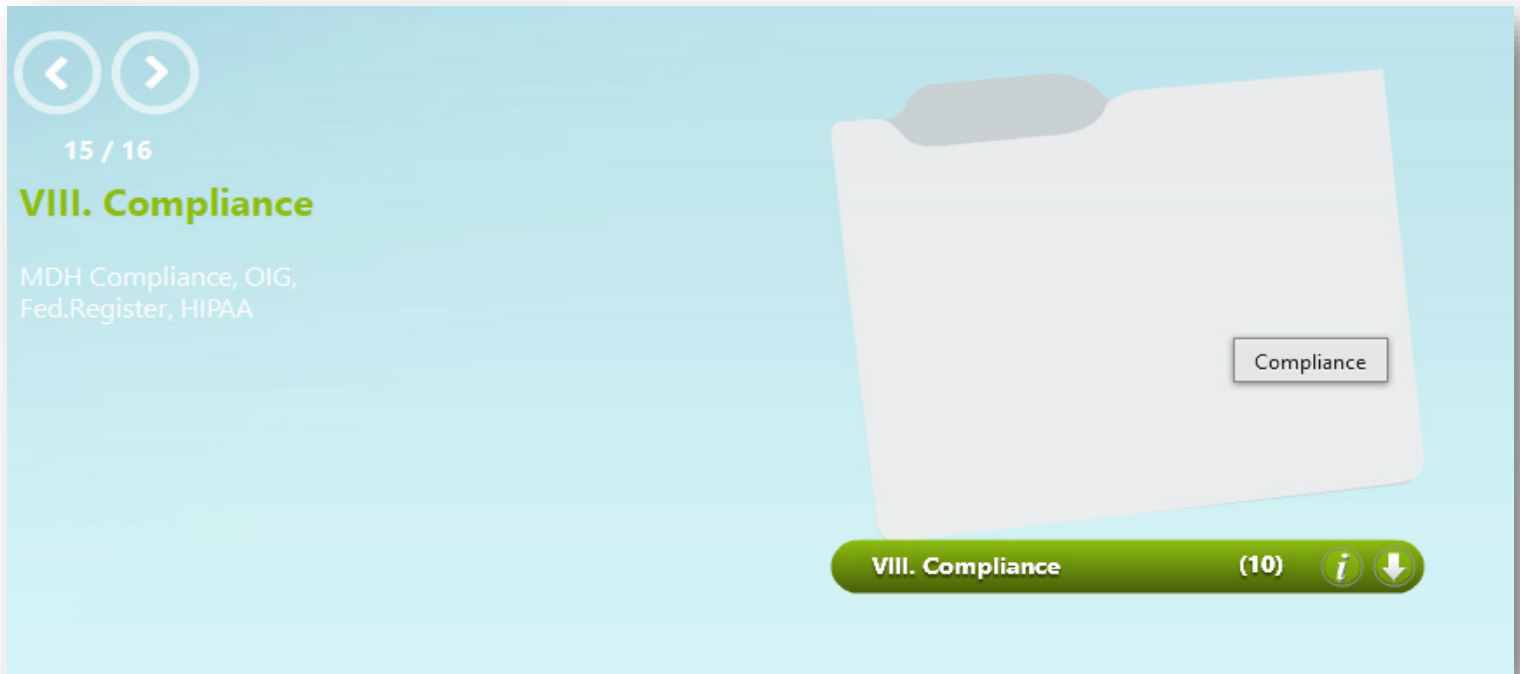
➤ University of Maryland MCO

Contracting and Credentialing



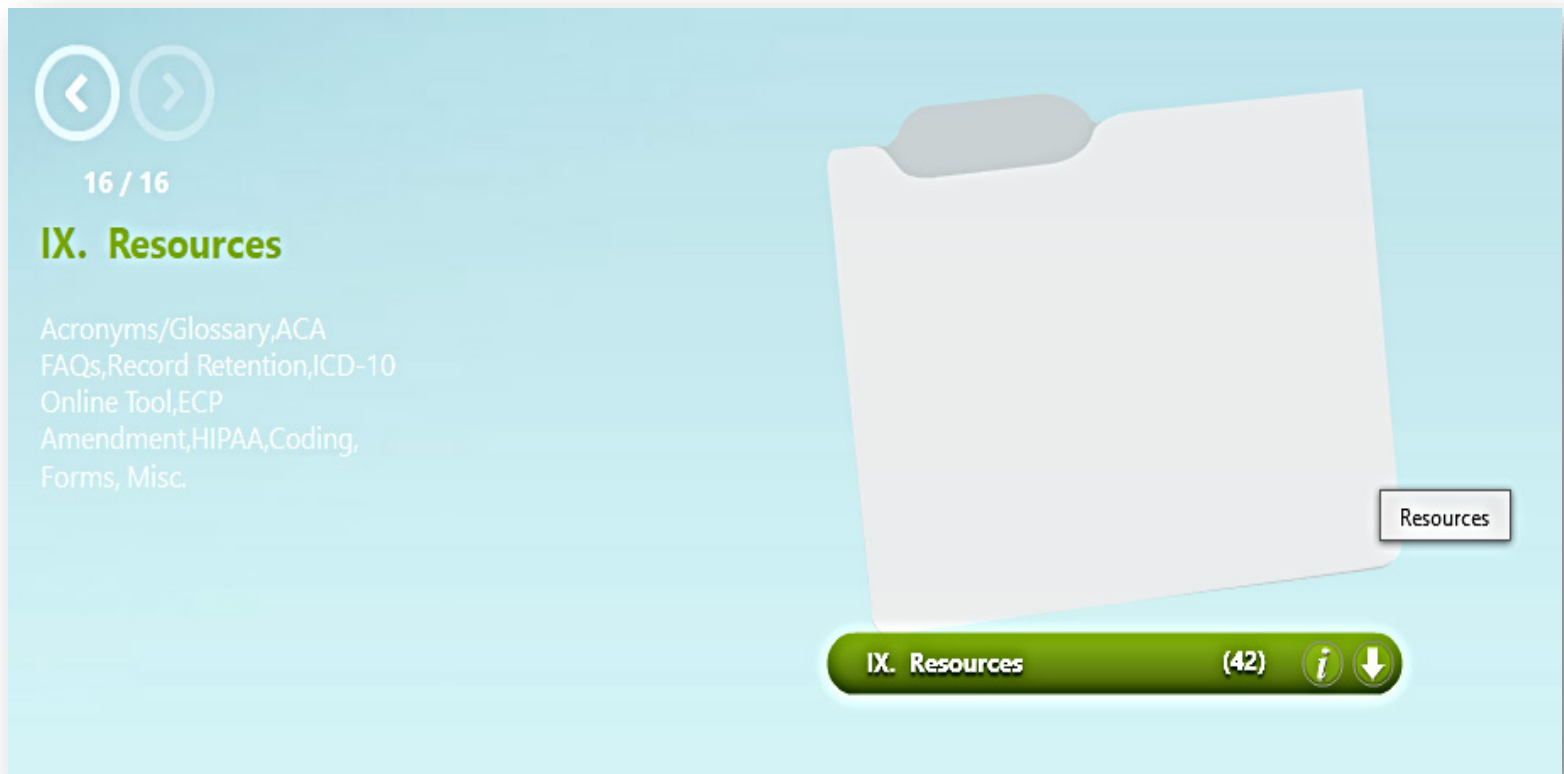
- ❖ Difference Between Contracting & Credentialing.
- ❖ Medicare – PECOS.
- ❖ Medicaid – ePrep.
- ❖ CAQH.
- ❖ Billing & Credentialing Physician Extenders
- ❖ Credentialing Flow Chart.

Compliance



- ❖ MDH Corporate Compliance Plan & Addendum.
- ❖ Medicare Documentation FAQs.
- ❖ Medicare Compliance Resources.
- ❖ Medicare Fraud-Abuse.
- ❖ HIPAA Employee Access Tracking Guide.
- ❖ OIG Provider Compliance Program Guidance.
- ❖ PDMP Prescribers Mandate.
- ❖ Minor Consent Laws – Maryland.
- ❖ Confidentiality.

Resources



- ❖ MDH Record Retention.
- ❖ Non-Chargeable List.
- ❖ MCO Comparison Chart.
- ❖ Hyperlinks to Payors.
- ❖ Pediatric Coding Resource Guide.
- ❖ On-line ICD-10 Tool.
- ❖ Glossary of Health Coverage & Billing.
- ❖ Common Claim Denials.
- ❖ HPI & ROS Coding Guidelines.
- ❖ Medical Billing Acronyms.
- ❖ ACA FAQs.
- ❖ Adjustment Reason Codes.
- ❖ Time Based Coding.

Billing Manual Questions & Answers

