

January 23, 2008

Montana Medicaid Notice

Residential Treatment Centers, Mental Health Case Management, Mental Health Centers, Therapeutic Group Homes, and Therapeutic Family Care

Mental Health Fee Schedules and Billing

The Medicaid Mental Health and Mental Health Services Plan fee schedule for individuals under 18 years of age for October 1, 2007, has been posted on the www.mtmedicaid.org website. **The new reimbursement rates will be paid by ACS starting January 1, 2008.**

Providers should always bill Medicaid their usual and customary charges. Usual and customary is defined in the ARM at 27.85.406 (19) as "... the amount of the provider's usual and customary charge may not exceed the reasonable charge usually and customarily charged to all payers." This is the reasonable amount that you would charge someone for your service. Medicaid will pay the lesser of your charges or our fee.

Billing the usual and customary charge will be especially important in SFY 2009 as rules and subsequent fees for therapeutic group and family/foster care providers will once again be retroactively applied. If a provider's usual and customary fee is higher than the applicable Medicaid fee schedule rate, the MMIS system is able to mass adjust claims with no action needed from the provider. This allows us to avoid the mass credit process where providers must rebill their claim to receive the updated rate.

Please note for therapeutic group home providers there is a separate HCPCS code for the room and board portion of therapeutic group care. Therefore, code S5145 should be used for **only the therapeutic portion** of group home care. Providers should bill Medicaid their usual and customary charges for this therapeutic portion of the care.

The RBRVS rates on the fee schedule were updated and effective October 1, 2007. The rate for Respite Care for Youth S5150 HA did not change.

Reimbursement rates for the following services increased 3.3% effective October 1, 2007. See the plan below to reimburse providers of the following services for the new rates back to October 1, 2007. Provider types are 38 for Residential Treatment Centers, 59 for Mental Health Centers, 60 for Mental Health Case Management, 61 for Therapeutic Group Homes and 64 for Therapeutic Family Care:

- Youth Day Treatment H2012 HA
- Targeted Case Management - Youth T1016 HA
- Therapeutic Youth Group Home Moderate S5145

- Therapeutic Youth Group Home Intensive S5145 TG
- Therapeutic Youth Group Home Moderate Therapeutic Home Leave S5145 (second modifier) U5
- Therapeutic Youth Group Home Intensive Therapeutic Home Leave S5145 TG U5
- Therapeutic Family Care Moderate Level S5145 HR Moderate
- Therapeutic Family Care Therapeutic Home Leave S5145 HR U5 Permanency
- Therapeutic Family Care S5145 HE TG
- Residential Treatment Revenue Code 124
- Residential Treatment Therapeutic Home Visit Revenue Code 183

Please note that Therapeutic Youth Group Home Campus Based S5145 TF and S5145 TF U5 had a special appropriation from the Legislature so they have two new rates, one for July 1, 2007, to September 30, 2007, and a second rate effective October 1, 2007.

Community-Based Psychiatric Rehabilitation and Support Individual H2019 and Group H2019HQ rates were updated October 1, 2007.

Important Information on How to Get Claims Paid Back to October 1, 2007

There are several ways to reimburse providers for the services listed above from October 1, 2007, to present day, depending on how those claims were billed.

- **Less than 30 paper claims per month.**

For providers with less than 30 paper claims a month send them to:

ACS, Attn: Sandie Hance, 34 North Last Chance Gulch, Suite 200, Helena, MT 59601

Sandie will fill out an adjustment form for you. Include a note with instructions. List the ICN claims to be credited. Sign your request to authorize Sandie to adjust your claims. You may use a copy of the EOB and highlight the claims to be adjusted. Include in your request the new rate. Sandie's phone number for questions is 457-9559. Email Diane White at dwhite@mt.gov that you have submitted claims to be adjusted to Sandie.

- **Mass adjustment for claims billed above the new rate.**

A mass adjustment can be completed on claims that have been paid where the provider billed their usual and customary charge and their usual and customary charge was greater than or equal to the new reimbursement rates in the October 1, 2007, fee schedule. There are several providers who already bill Medicaid their usual and customary charges that are greater than or equal to the October 1, 2007, fee schedule. Email Sandie Hance at ACS at sandra.hance@acs-inc.com with a request to complete a mass adjustment, your provider number, codes and dates of service.

- **Mass credit for claims billed at the old rate.**

A mass credit will need to be completed for claims that have been paid when the provider billed the old (July 1, 2006) fee schedule rate.

- **Therapeutic Group Home and Therapeutic Family Care mass credit plan (provider types 61 and 64):**

ACS is planning to complete a mass credit for therapeutic group home and therapeutic family care services on **February 6, 2008, for the following codes:**

- Therapeutic Youth Group Home Moderate S5145
- Therapeutic Youth Group Home Intensive S5145 TG
- Therapeutic Youth Group Home Moderate Therapeutic Home Leave S5145 (second modifier) U5
- Therapeutic Youth Group Home Intensive Therapeutic Home Leave S5145 TG U5
- Therapeutic Family Care Moderate Level S5145 HR Moderate
- Therapeutic Family Care Therapeutic Home Leave S5145 HR U5 Permanency
- Therapeutic Family Care S5145 HE TG

Do not rebill ACS for these claims until they are credited to your provider number or they will deny. Diane White with the Children's Mental Health Bureau will send out an email notifying your Executive Director and Chief Financial Officer if ACS credited your claims on February 6, so you can rebill them on February 7.

- **Youth Day Treatment, Targeted Case Management, Residential Treatment Center mass credit plan (provider types 59, 60 and 38):**

ACS is planning to complete a mass credit for Youth Day Treatment, Targeted Case Management and Residential Treatment Center services on **February 20, 2008, for the following codes:**

- Youth Day Treatment H2012 HA
- Targeted Case Management - Youth T1016 HA
- Residential Treatment Revenue Code 124
- Residential Treatment Therapeutic Home Visit Revenue Code 183

Do not rebill ACS for these claims until they are credited to your provider number or they will deny. Diane White with the Children's Mental Health Bureau will send out an email notifying your Executive Director and Chief Financial Officer if ACS credited your claims on February 20, so you can rebill them on February 21.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>