

SPRING PROVIDER FAIR 2016

# Medicaid in Schools



Direct Care Services ~ Medicaid

# So what is new in the world of Medical Billing of School Based Services?

Glad you asked....

Since Oct. 1, 2015—there is new diagnosis coding called **ICD-10**



# What does it look like and what does it involve?

	<u>ICD-9</u>	<u>ICD-10</u>
<b>Code length</b>	3-5 characters	5-7 alpha-numeric characters, all are required
<b>Number of codes</b>	Approximately 14,000	Approximately 70,000 codes
<b>Expandability (space for new codes)</b>	Limited	Flexible
<b>Code detail</b>	Vague	More detail definitions
<b>Example of codes</b>	E917.4 Striking against or struck accidentally by other stationary object w/o subsequent fall	W22.02XA Walked into lamppost, initial encounter

What did you need to use to make the change?

Use your ICD-9 codes from physicians to convert or obtain the ICD-10 from them and use for Oct. 1, 2015 Date of Service and after

<http://www.icd10data.com/Convert>

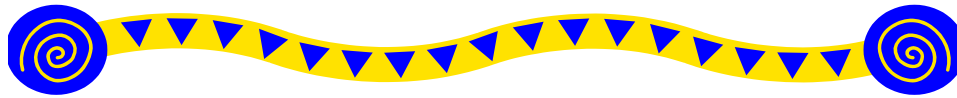
[Convert ICD-9-CM Codes to ICD-10-CM](#)



One last fun item to show  
ICD-10 and how it helps  
define a diagnosis and what  
happened on a medical claim  
form

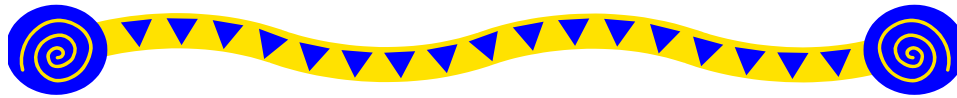
[Funny video](#)





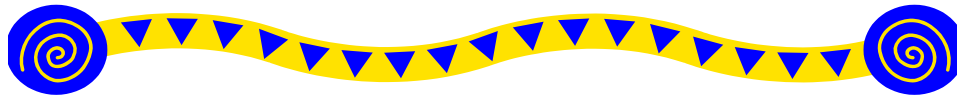
# Requirements of Direct Care Program

- Client/Child qualifies for IDEA
- Services are written into the IEP
- Client/Child must be Medicaid eligible on date of service.
- Client/Child must be between ages of 3 & 20
- HIPPA & FERPA forms should be in students file.(Consent to Bill and Notification forms)



## **Early & Periodic Screening, Diagnosis & Treatment Program (EPSDT)**

- Is a comprehensive approach to health care for Medicaid eligible clients age 20 & under.
- It is designed to prevent, identify & then treat health problems before they become disabling.
- Under EPSDT, Medicaid eligible children may receive a medically necessary service including all school-based services.



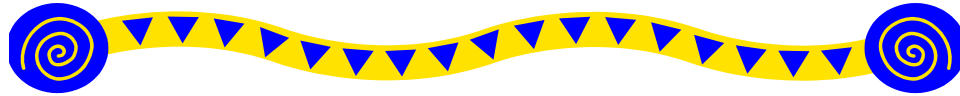
# FMAP

- **Federal Medical Assistance Percentage**

- Calculated every year for every state. Changes on Oct. 1. Based off per capita income and the need for Federal assistance then fluctuates.

- This is used when calculating the actual reimbursed dollars for every service provided in a school setting.



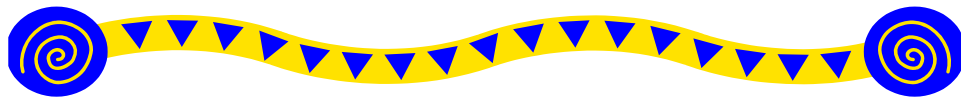


# 3 Medicaid Programs available:

- Direct Services or Direct Care thru an IEP
- Medicaid Administrative Claiming or MAC
- Comprehensive School & Community Treatment (CSCT) Mental Health Program (now administered by Children's Mental Health Bureau)

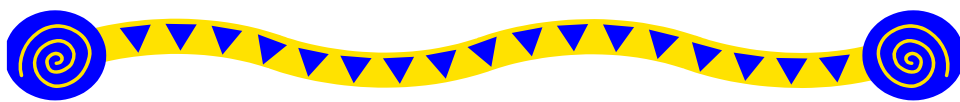
# REIMBURSEMENT FOR SERVICES

- Submit HCFA 1500 claims to Xerox for payment of Medicaid eligible students.
- School Based Services uses the Federal Matching Assistance Percentage (FMAP) in it's payment methodology currently at 65.24% thru 9/30/2016.
- Claims are processed and either paid, suspended or denied with a code (reason & remark code)
- Receive Electronic Remittance Advice (ERA)
- Work thru ERA and resubmit denied claims with corrections needed.
- A limit of 365 days to submit a clean/correct claim for processing.
- Direct deposit to county account for schools is the way of receiving dollars.



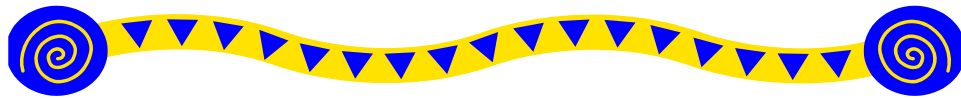
# Direct Care or IEP Services

- These services can be billed to Medicaid
- Title XIX of Social Security Act
- Early Periodic Screening & Diagnostic Treatment (ESPDT)
- Medicare Catastrophic Coverage Act of 1988- contains provision that allows state Medicaid program to provide reimbursement for medical services provided as part of the IEP
- Individuals with Disabilities in Education Act (IDEA)



# Direct Care Billing

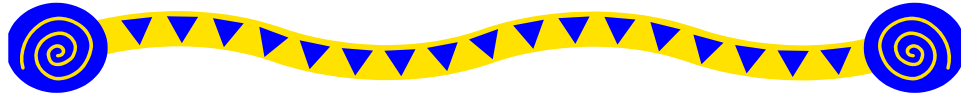
- Claim to MT Medicaid for Medicaid eligible members & their medical services performed in a school setting
- Use members card ID---not their Social Security number any more
- Children are eligible for 12 month spans
- Use only **procedure codes on Fee Schedule**
- Use ICD-10 **diagnosis codes** starting with Oct. 1, 2015 dates of service



# Direct Care or Direct Services

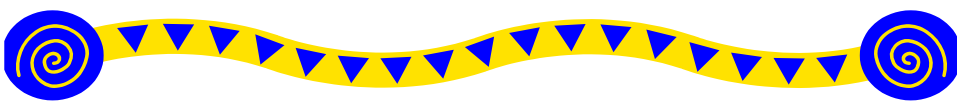
Services directed out of an IEP

- Private Duty Nursing----T1000
- Personal Care Assistance----T1019
- Psychotherapy----90832, 90853
- Psychotherapy Testing----96101
- Speech Therapy---92507, 92508, 92521, 92522,  
92523
- Comprehensive Hearing Test----92557
- Evoked Auditory Test---92587



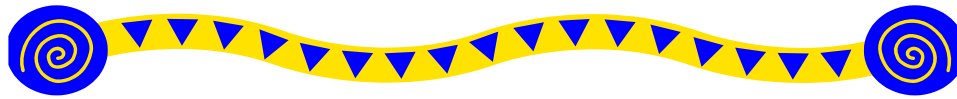
## Services Cont.

- Tympanometry (measures ear membrane)-  
92567
- Orientation and Mobility Specialist (for blind & low vision)—97533, 97535
- Specialized Transportation---T2003
- Physical Therapy Evals---97001, 97002
- Occupational Therapy Evals---97003, 97004
  - Both therapies also use grp.- 97150 (one unit) and individual-97530 (per 15 min. unit)
  - CSCT-H0036 & H2027- can be in an IEP but doesn't have to be (managed by Childrens Mental Health)



# Billing continued (procedure codes)

- Use **modifiers**~
- GO-Occupational Therapy
  - GP- Physical Therapy
  - GN- Speech Therapy
  - add-59- on one therapy code if billing another discipline on same day and one is considered a component of the other code being used.

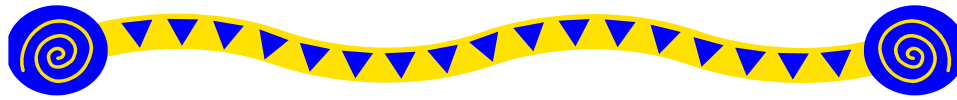


# Therapy services

## Speech Therapy

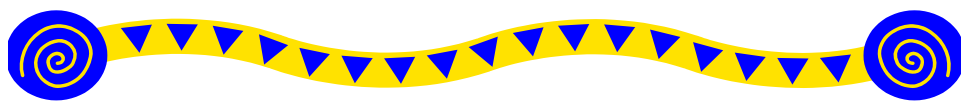
- **Telehealth** allowed since 6/13/14 for Speech Therapy only. Must establish initial relationship following an in-person evaluation first. **Use GT modifier**
- 3 levels of Aides—1 = 10% supervision may be reduced to 2% after 1<sup>st</sup> year
  - 2 = 10% supervision
  - 3 = 20% supervision





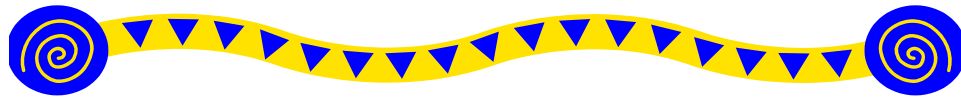
# Physical Therapy

- There are two types of licensed staff-
  - Physical Therapist
  - Physical Therapy Assistant
- Aides require **direct** supervision = licensed provider (either Physical Therapist or Physical Therapy Assistant) must be present in the office & immediately available to the aide



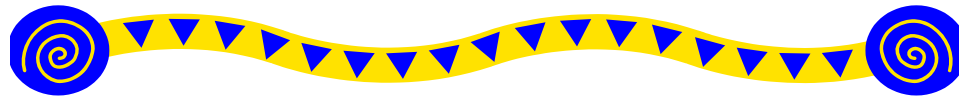
# Occupational Therapy

- Aides require **direct** supervision by licensed therapist = licensed provider must be present in the office & immediately available to the aide
- Assistants require **general** supervision = licensed provider does not have to be physically on the premises at the time of service. Must provide face-to-face supervision at least monthly



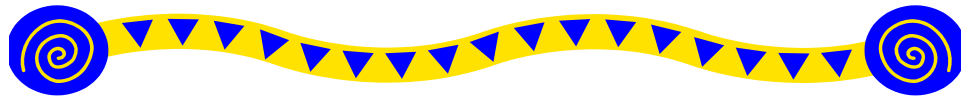
# Paraprofessional services/Personal Care Assistants

- Performs activities of daily living (ADL's)
- Requires a Child Profile form built from the IEP—used internally
- The Task/Hour guide is provided to help the billing of services per member per week of service—used by your office billing staff also
- Child Profile Form needs to have a doctors signature.



# Private Duty Nursing

- Needs a doctors order for a medical service to be provided in a school by a nurse
- Requires a **Prior Authorization** of this service amount and duration from Mountain Pacific Quality Health – form to request is provided on line at: <http://medicaidprovider.mt.gov>  
or call 800-262-1545 and fax 877-428-0684



# Comprehensive School & Community Treatment (CSCT)

- Also called School Mental Health and contracted with a Licensed Mental Health agency.
- Managed by Childrens Mental Health Bureau-Aaron Hahm-444-6962
- Requires 2 mental health workers- **Licensed professional & Behavioral specialist**
- Child must be diagnosed with a Serious Emotional Disturbance (SED)
- Some limited services are available for students without the SED—check with your Mental Health Provider and the team in your school.



# Medicaid Administrative Claiming (MAC)

Allows school districts & coops to be reimbursed for some of the costs associated with the administration of school-based health services as well as outreach activities, which are not claimable under the Medicaid Direct Care Services program.

-Types of activities:

Locate, identify & refer individuals needing medical, dental or mental health related services after the initial IEP is developed



# MAC Materials

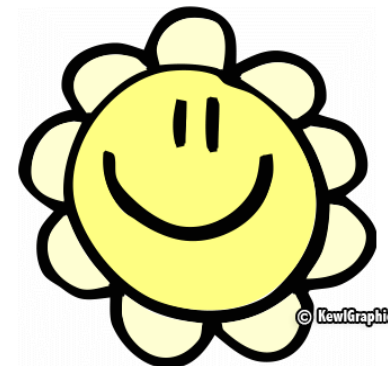
- Materials for program: Coordinators & Financial Data guide books, a power point MAC training for Coordinators and Financial Officers, Participants Training Quiz, the activity code reference & definitions sheet. Found at:  
<http://medicaidprovider.mt.gov>



???Questions???

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Smile It Looks



Good On You!

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