

Medicaid in Schools



April 19, 2018

3 Medicaid Programs available:

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

Direct Care or IEP Services

- These services can be billed to Medicaid
- Title XIX (19) 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)

Requirements of Direct Care Program

- Member/Child qualifies for Individuals with Disabilities in Education Act (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
- **HIPAA** Health Insurance Portability & Accountability Act & **FERPA** Family Educational Rights & Privacy Act 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 members 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.

- It is currently at 65.38%

- Use this figure when calculating reimbursement with posted reimbursements on the Fee Schedule.

Calculation process for FMAP

- Example:
 - 92507-Speech Therapy individual
 - Fee Schedule posted reimbursed amount = \$54.68
 - Current FMAP = 65.38%
 - Use \$54.68 multiplied by FMAP of .6538
 - Actual payment on the Explanation of benefits = \$35.74

Reimbursement for Services

- Submit CMS 1500 claims to Conduent for payment of Medicaid eligible students.
- School Based Services uses the Federal Matching Assistance Percentage (FMAP) in its payment methodology currently at **65.38%** thru 9/30/2018.
- 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 from the date of service to submit a clean/correct claim for processing.
- Payments are made via direct deposit to county account for schools.

CMS - 1500

Version 02/12



HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> PICA		<input type="checkbox"/> PICA	
1. MEDICARE (Medicare#) <input type="checkbox"/> MEDICAID (Medicaid#) <input type="checkbox"/> TRICARE (DM/DoD#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BXX/LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>		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 <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY STATE		7. INSURED'S ADDRESS (No., Street)	
ZIP CODE TELEPHONE (Include Area Code) ()		CITY STATE	
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		10d. CLAIM CODES (Designated by NUCC)	
11. INSURED'S POLICY GROUP OR FECA NUMBER			
a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>			
b. OTHER CLAIM ID (Designated by NUCC)			
c. INSURANCE PLAN NAME OR PROGRAM NAME			
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, complete items 9, 9a, and 9d.			
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.			
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 _____ DATE _____		SIGNED _____ DATE _____	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL _____		15. OTHER DATE MM DD YY QUAL _____	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. NPI _____	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		17b. NPI _____	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
A. _____ B. _____ C. _____ D. _____		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____	
E. _____ F. _____ G. _____ H. _____		22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____	
I. _____ J. _____ K. _____ L. _____		23. PRIOR AUTHORIZATION NUMBER _____	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		F. \$ CHARGES _____	
B. PLACE OF SERVICE EMG _____		G. DAYS OR UNITS _____	
C. _____		H. ICD 9/10 CODE _____	
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS _____ MODIFIER _____		I. ID. _____	
E. DIAGNOSIS POINTER _____		J. RENDERING PROVIDER ID. # _____	
25. FEDERAL TAX I.D. NUMBER _____ SSN EIN _____		28. TOTAL CHARGE \$ _____	
26. PATIENT'S ACCOUNT NO. _____		29. AMOUNT PAID \$ _____	
27. ACCEPT ASSIGNMENT? (For 914 design use blank) YES <input type="checkbox"/> NO <input type="checkbox"/>		30. Rvd for NUCC Use _____	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		33. BILLING PROVIDER INFO & PI # ()	
SIGNED _____ DATE _____		a. NPI _____ b. _____	

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

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
- Children are eligible for 12 month spans
- Use only **procedure codes on Fee Schedule**
- Use **ICD-10 diagnosis codes**
- Use individual **Dates of Service** and not span dates in the begin and end dates on the claim.

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, 92524
- 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---97161, 97162, 97163
 - Re-eval code--97164
- Occupational Therapy Evals---97165, 97166, 97167
 - Re-eval code -- 97168
 - 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
 - 59**- on one therapy code if billing another discipline on same day & one is considered a component of the other code being used.
 - GT** – Telehealth (informational)

Therapy services

Speech Therapy

- **Telehealth** allowed since 6/13/14 for Speech Therapy only. Must establish initial relationship following an in-person evaluation first.
- 3 levels of Aides—1 = 10% supervision may be reduced to 2% after 1st 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
- Telemedicine has been authorized for Physical Therapy. Use the appropriate modifier on the claim form.

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 collection of data for 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 is provided on line at: <http://medicaidprovider.mt.gov/forms>
or call 800-262-1545 and fax 877-428-0684

Special Needs Transportation

- T2003- non emergency transportation per trip
- Provided to and from a Medicaid covered service on the day the service is provided.
- Service included on IEP
- Member must be in need of specialized wheelchair or subject to transport by stretcher*
- Member requires transportation in a vehicle adapted to service the needs of the students with disabilities.
- Documentation of trips should include bus drivers log matched to attendance and then matched to the service provided on the day of transport.

Comprehensive School & Community Treatment (CSCT)

- Also called School Mental Health and contracted with a Licensed Mental Health agency.
- Managed by Childrens Mental Health Bureau-Tracey Riley-406-444-7064
- One team requires 2 mental health workers- **Licensed professional & Behavioral specialist**
- Child must be diagnosed with a Serious Emotional Disturbance (SED). Childrens Mental Health can provide this information.
- 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 Program & Materials

- Primary qualifier is that your school or a coop is already claiming for Direct Care Services.
- 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/enduserproviders>

???Questions???

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