MASBO Fall seminar 2015 Bozeman

Medicaid in Schools



Direct Care Services ~ Medicaid Administrative Claiming (MAC)

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

Glad you asked.... The most important and fast approaching is new coding of Diagnosis' called **ICD-10**

What does it look like and what does it involve?

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

Just the Basics of ICD-10

• Introduction to ICD-10 Coding - YouTube







5 Steps and ABC's to get ready

- Step 1: Make a plan obtain resources needed for ICD-10
- **Step 2: Train your Staff** clinical (documentation requirements to capture the diagnosis concepts) administrative (coding practice)
- **Step 3: Update your processes** identify top codes and current cases in ICD-10 diagnosis's
- **Step 4: Talk to your vendors** billing vendors or clearinghouses (are they ready and what do they need from you)

Step 5: Test your systems and processes — any new

software and if it works with Xerox

Readiness ABC's:

A: Assess how ICD-10 will affect you-

training, systems upgrade, clinical documentation training

B: Be sure your systems are ready- test your claims with ICD-10 on them to Xerox

C: Contact your vendors- confirm they are ICD-10 ready on claim submission

Time to have some fun and learn something too

<u>New ICD-10 Codes to Try! -</u> <u>YouTube</u> What do you need to do now?

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







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 1988contains 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 for Oct. 1, 2015 dates of service



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

- 3 levels of Aides—1 = 10% supervision may be reduced to 2% after 1st year
 - 2 = 10% supervision
 - 3 = 20% supervision

Physical

 Aides & Assistants require general supervision = licensed provider must be on the premises.



Therapy continued

Occupational

- 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 physically on the premises at the time of service. Must provide face-to-face supervision at least monthly



Paraprofessional services

- 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 internally 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:

Private Duty Nursing Form



Comprehensive School & Community Treatment (CSCT)

- Also called School Mental Health and contracted with a Licensed Mental Health agency.
- Requires 2 mental health workers- Licensed professional & Behavioral specialist
- Child must be diagnosed with a Severe 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 e 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 continued

- Uses a Time Study process and Random Moment Sampling (RMS) to capture and quantify time spent completing activities that are reimbursable thru MAC
- **Participant List** is created and used to develop the RMS forms
- Financial Data report is submitted for those participants each quarter
- Invoice is created at the end of each quarter and incorporates the results of the RMS and data from the Financial Reports.



MAC Continued

 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: <u>School-Based Services-MAC</u>

???Questions???

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Smile It Looks

Good On You!