Louisiana Medicaid
School-Based Health Center
Presentation
December 2011
Services Available

- **Professional Services**, think of a SBHC as a physician clinic *dropped* into the school setting.

- **KIDMED Services**, screening component of EPSDT and includes Medical, Vision, and Hearing screening services.
  - SBHC’s must be enrolled as KIDMED providers.
    - Subjective vision and hearing screenings are part of the comprehensive history and physical exam or assessment component of the medical screening.
    - Objective vision and hearing screenings begin at **age 4**.

- **Dental Services** are only covered for FQHC’s that are also SBHC’s.
Rendering Services

SBHCs must have a Medicaid enrolled physician or NP linked to clinic to supervise services & be available to provide services.

- The doctor/NP may not be on-site at all times but are responsible for the supervision of all services.
- SBHCs can only provide services for which they have appropriate staff on-site.

<table>
<thead>
<tr>
<th>If a doctor/NP is not physically present on-site</th>
<th>If a doctor/NP is physically present on-site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services that can be provided:</td>
<td>Services that can be provided:</td>
</tr>
<tr>
<td>• All KIDMED Services:</td>
<td>• All medically necessary physician clinic services (including 99211 by RN)</td>
</tr>
<tr>
<td>KIDMED Screenings</td>
<td>• KIDMED services</td>
</tr>
<tr>
<td>KIDMED Nurse Consults</td>
<td></td>
</tr>
<tr>
<td>KIDMED Social Worker consults</td>
<td></td>
</tr>
<tr>
<td>(99211-AJ - only billable by a social worker)</td>
<td></td>
</tr>
<tr>
<td>KIDMED Dietitian Consults</td>
<td></td>
</tr>
<tr>
<td>($9470 – only billable by a dietitian)</td>
<td></td>
</tr>
<tr>
<td>(Code 99211 may not be billed)</td>
<td></td>
</tr>
</tbody>
</table>
SBHC vs. School Nurses

- Services provided by RN’s in SBHC are distinct and separate from services provided by “school nurses” employed by the Local Education Agency (LEA) or local school/school board and should be billed with the SBHC’s provider ID.

- Services provided by “school nurses” are NOT billed as SBHC services but under the LEA’s KIDMED provider number (if enrolled).

- School Nurses/RN’s must follow the policies of the provider ID that is being worked under at that time of service and should not bill these services under both the SBHC & the LEA.

- SBHC’s follow current Professional Services and KIDMED policies as they are considered physician clinic’s by Medicaid.
The state’s comprehensive health plan is based on a primary care case management model.

In most cases the recipient is linked to a PCP.

**CommunityCARE/KIDMED Referrals**

- OPH certified SBHC’s are excluded from the CommunityCARE/KIDMED referral requirement for children 10 yrs and older **BUT** they **MUST** coordinate services with the PCP.

- A CommunityCARE/KIDMED referral **IS** required for children less than 10 years old.
Becoming a CommunityCARE Provider

- SBHCs may be considered for and become a CommunityCARE PCP if they are willing to meet and abide by all requirements for PCPs.

- Some standards for participation in the CommunityCARE program follow:
  - Be open year round – 365 days a year
  - Have patient access to care 24/7
  - Have back up coverage
  - Have hospital admitting privileges
  - Physician coverage a minimum of 20 hours a week

- For additional requirements, you may contact Automated Health Systems (AHS), 800-259-4444.
Billing Policy

- SBHC services must be provided on-site and be billed using the SBHC number.

- SBHC’s must be enrolled as KIDMED providers.

- SBHC’s physicians/NPs, must be enrolled in Medicaid, their individual numbers must be linked to the SBHC number and used on the claim form as the attending provider.
Consultation codes are not to be used for ongoing treatment.

Outcomes for the consultations are to be documented, as well as referrals to appropriate resources for those conditions that might require further attention.

Consultations are to be face-to-face contact in one-on-one sessions. Group sessions are not allowed.

Multiple units of service may not be billed for the same consult.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1001</td>
<td>Nursing Assessment/Evaluation</td>
</tr>
<tr>
<td>S9470</td>
<td>Nutritional Counseling, Dietitian Visit</td>
</tr>
<tr>
<td>99211-AJ (AJ = Social Worker)</td>
<td>Office or other Outpatient Visit for Evaluation and Management of an Established Patient, Minimal Problem(s).</td>
</tr>
</tbody>
</table>
The child must have received an age-appropriate KIDMED screening in order for these services to be reimbursable.

Procedure codes T1001, S9470, 99211-AJ **may not be billed for preventive counseling**, anticipatory guidance, or health education provided on the date of the medical screening by the same provider since these services are a component of the screening.

• Procedure codes T1001, S9470, 99211-AJ **may not be billed on the same date that the** same provider bills a physician’s evaluation and management visit.

• The social worker (LCSW) consult code (99211-AJ) is not for treatment of mental illness or emotional disturbances. Ongoing therapy is payable by Louisiana Medicaid under the Mental Health Rehabilitation Program and appropriate referrals should be made.
T1001 – Nursing Assessment/ Evaluation

Nursing services also include the provision of services to protect the health status of children and correct health problems. These services may include health counseling and triage of childhood illnesses and conditions. KIDMED consultation codes are to be specific to an individual child’s needs. Documentation should be present justifying the need for each consultation for that particular child.

To determine if a service is appropriate to be billed as a KIDMED consultation, ask the question: Is this something for which the parent would normally seek medical attention from a provider’s office? And has this child received an age-appropriate KIDMED screening?

Administration of medication in the school setting is NOT billable, the entire service (assessment, intervention, evaluation) by the RN would be the billable service and the administration of any medications in an emergent situation would just be part of the ‘intervention’.

If you are unsure of what can be billed as a consultation then you should contact the administrator.
Policy Updates

- Effective with dates of service January 1, 2011 and forward, procedure codes 90465, 90466, 90467, & 90468 to report immunization administration services have been deleted from the 2011 CPT manual.

- At this time the 2011 immunization administration CPT codes 90460 & 90461 will be in non-payable status.

- Continue to use procedure codes 90471, 90472, 90473, & 90474 per current Louisiana Medicaid Policy to report all Immunization administration services.

- If a suspected condition is identified during a comprehensive screening and referred in-house for treatment by the screening provider during the same visit, no office visit of a higher level than CPT code 99212 is reimbursable and must be billed with a 25 modifier.
Policy Updates cont.

**Preventive Pediatric Care Pay and Chase**

- Louisiana Medicaid uses the “pay and chase” method of payment for Preventive care for individuals, under age 21, with health insurance coverage. This means that most providers are not required to file health insurance claims with private carriers when the service meets the pay and chase criteria. The Bureau of Health Services Financing seeks recovery of insurance benefits from the carrier within 60 days after claim adjudication when the provider chooses not to pursue health insurance payments.

- Primary preventive pediatric diagnoses are confined to those listed below.

<table>
<thead>
<tr>
<th>Code Range</th>
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<th>Code Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>V01.0 - V06.9</td>
<td>V70.0</td>
<td>V77.0 - V77.7</td>
<td>V79.8</td>
</tr>
<tr>
<td>V07.0 - V07.9</td>
<td>V72.0 - V72.3</td>
<td>V78.2 - V78.3</td>
<td>V82.3 - V82.4</td>
</tr>
<tr>
<td>V20.0 - V20.2</td>
<td>V73.0 - V75.9</td>
<td>V79.2 - V79.3</td>
<td></td>
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</tbody>
</table>

- EPSDT medical, vision, and hearing screening services (KIDMED screening services);
- Vaccines obtained from the Vaccines for Children (VFC) program used to immunize the child should billed to Medicaid directly.
TAKE CHARGE covers only family planning services and birth control.

Take Charge services can not be provided through Schools or SBHC.

Over the coming months, DHH will transition to the issuance of a white medical eligibility card for all Medicaid eligibility programs, regardless of the scope of the benefit package. Therefore, it is important that providers verify eligibility and coverage limitations or restrictions on the date of service on all Medicaid enrollees.
Effective with date of service October 1, 2007, Louisiana Medicaid reimburses professional service providers for select procedure codes specific to psychiatric services (current codes 90801-90802, 90804-90815, 96101) delivered in the office or other outpatient facility setting as outlined by the *Current Procedural Terminology (CPT)* manual.

This policy is currently applicable to physician services in the Professional Services program.

Psychiatric Diagnostic or Evaluative Interview Procedures (either code 90801 or 90802) are reimbursable once per 365 days per attending provider. Psychological Testing (current code 96101) is reimbursable once per 365 days per attending provider. Providers should bill all applicable units of service related to this procedure code on one date of service and not divide the units amongst multiple dates of service or claim lines.

Group Therapy is only covered for Medicare cross over claims in the Professional Services Program.
Louisiana Medicaid Website

WWW.LAMEDICAID.COM

- Provider login and password
- Provider Enrollment Applications
- Web applications
  - e-MEVS  Medicaid Eligibility Verification System
  - e-CSI   Claim Status Inquiry
  - e-CDI   Clinical Data Inquiry
Timely Filing Guidelines

Professional & KIDMED

• Must be filed within 12 months of the date of service.

• KIDMED claims that are not received for processing within the 60 day time period will receive the educational EOB edit 435 as a reminder to the provider that the claims should be submitted within 60 days of the date of service.

• Providers should strive to submit KIDMED claims within 60 days in order for the claims to be adjudicated, and allow paid claims to be reflected on all reports.
Claims Filing

Professional
• Electronically on the 837P format
• Hard-copy on the CMS 1500

KIDMED
• Electronically on the 837P w/ KIDMED segment
• Hard-Copy on the KM3
  • (The KM3 form is currently being revised)
ICD-9 vs. ICD 10 Diagnosis codes

• ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013

Structural Differences

ICD-9-CM Diagnoses Codes:
• 3-5 digits;
• First digit is alpha (E or V) or numeric;
• Digits 2-5 are numeric

ICD-10-CM Diagnoses Codes:
• 3-7 digits;
• Digit 1 is alpha;
• Digits 2-3 are numeric;
• Digits 4-7 are alpha or numeric
  (alpha digits are not case sensitive)

• Additional information can be found on the following websites
  • [http://www.cdc.gov/nchs/icd.htm](http://www.cdc.gov/nchs/icd.htm)
  • [www.lamedicaid.com](http://www.lamedicaid.com)
Billing for immunizations

<table>
<thead>
<tr>
<th>Date</th>
<th>Immunization Type</th>
<th>Dose</th>
<th>Lot Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2022</td>
<td>Vaccine A</td>
<td>1</td>
<td>Lot A123</td>
<td>01/01/2024</td>
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<tr>
<td>02/02/2022</td>
<td>Vaccine B</td>
<td>2</td>
<td>Lot B456</td>
<td>02/02/2024</td>
</tr>
<tr>
<td>03/03/2022</td>
<td>Vaccine C</td>
<td>3</td>
<td>Lot C789</td>
<td>03/03/2024</td>
</tr>
</tbody>
</table>
Example of KIDMED Claim

![KIDMED Claim Form](image)

**MAIL TO:**
MOLINA KIDMED
P.O. BOX 14480
BATON ROUGE, LA 70868-4489
(800) 473-2793
914-0040 (IN BATON ROUGE)

**ENCOUNTER**

<table>
<thead>
<tr>
<th>BILLING PROVIDER NO</th>
<th>PROVIDER NAME</th>
<th>SITE NO</th>
<th>ATTEND PROVIDER NO</th>
<th>ATTEND PROVIDER NAME</th>
<th>CLINIC/MEDICAL</th>
<th>MEDICAL</th>
<th>MEDICAL</th>
<th>MEDICAL</th>
<th>MEDICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234567</td>
<td>My School High</td>
<td>001</td>
<td>Smile Wise, RN</td>
<td>Katrina</td>
<td>21531</td>
<td>04/18/11</td>
<td>150.00</td>
<td>04/18/11</td>
<td>5.00</td>
</tr>
<tr>
<td>1234567890123</td>
<td>Clark</td>
<td></td>
<td></td>
<td>Emma</td>
<td>99394</td>
<td>TD</td>
<td>160.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMMUNIZATIONS**

- 29. ARE IMMUNIZATIONS COMPLETE AND CURRENT FOR THIS AGE/PATIENT? [X] YES  
- 30. IF IMMUNIZATIONS ARE NOT COMPLETE AND CURRENT AS OF THIS SCREENING, CHECK REASON:
  - A. MEDICALLY CONTRAINDICATED
  - B. PARENTAL REFUSAL
  - C. OFF SCHEDULE

**TOTAL BILLED AMOUNT**

<table>
<thead>
<tr>
<th>SUSPECTED CONDITIONS</th>
<th>UTI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARE THERE SUSPECTED CONDITIONS? [X] YES</td>
<td></td>
</tr>
</tbody>
</table>

**FISCAL AGENT COPY**

Date: 4/19/11
Adjusting/Voiding Claims

Professional Claims

• Use Molina 213 adjustment/Void Form.
  • In the near future, providers of Professional Services and non-screening KIDMED Services will use CMS 1500 Claim Forms to Adjust/Void Claims. The Molina 213 will no longer be used for adjustments/voids.

KIDMED

• Use the KM3 (KIDMED) Claim Form.
  • The KM3 form is currently being revised

• Electronic Submitters may electronically submit adjustment/voids
• ONLY an approved claim can be adjusted or voided
• One line item per adjustment/void form
• Must contain the most recently approved ICN and RA date.
• Errors on provider numbers and recipient ID numbers must be voided – not adjusted
Adjustment on Form 213

STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
BUREAU OF HEALTH SERVICE FINANCING
MEDICAL ASSISTANCE PROGRAM
PROVIDER BILLING FOR
HEALTH INSURANCE CLAIM FORM

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

Patient's Name (Last Name, First Name, Middle Initial): Clark, Katrina
Patient's Date of Birth: 02/14/99
Medicaid Number: 1234567890123

Insured's Name:

Insured's Group No. (OR Group Name):

Telephone No:

Medical Condition Related To A Patient's Employment:

Is Auto Accident:

TPL carrier code if applicable

Physician Or Supplier Information

Physician's Name:

Address:

City, State, Zip Code:

PCP auth # if applicable

PCP Name:

Address:

City, State, Zip Code:

Date First Admitted:

Date Through:

Diagnosis Or Nature Of Illness:

Diagnosis 1: V03.89
Diagnosis 2: V06.5

Diagnosis 3:

Dates Of Service:

From: 01/16/11
To: 03/01/11

Place Of Services:

Procedure:

040471 120.00

Date Of Remittance Advice That Listed Claim Was Paid:

2/15/11

Reasons For Adjustment

Billed wrong charge amount.

Adjustment

Imma Biller

My School High

8961 Playground Rd

SeeSaw, LA 79999

1234567
Adjusment on KM3 Form
Electronic Data Interchange (EDI)

- Preferred method of submitting Medicaid claims to Molina

- Methods of EDI submission:
  - telecommunications

- Advantages of submitting EDI
  - Increased cash flow
  - Improved claim control
  - Faster payment turnaround
5010v HIPAA Electronic Transactions

- Effective January 1, 2012.
- We anticipate being ready for provider testing early in Quarter 4 of this year.
- Providers should be working with their billing entities to ensure that they will be ready for testing with Molina at the appropriate time.
Other Helpful Websites

• Additional DHH available websites
  • WWW.LA-KIDMED.COM
  • WWW.LA-CommunityCARE.COM

• Louisiana Department of Education
  • http://www.doe.state.la.us/divisions/special\_p/school\_medicaid.html
Provider Assistance

Molina Provider Relations Department
Phone: (800) 473-2783
(225) 924-5040

Molina EDI Department
Phone: (225) 216-6303

Molina Provider Enrollment
Phone: (225) 216-6370

Molina Web Technical Support Help Desk
Phone: (877) 598-8753

Field Analyst Listing on Web Site
(www.LaMedicaid.com)
Questions