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TARGETED CASE MANAGEMENT (TCM)
COMPREHENSIVE SUBSTANCE TREATMENT & REHABILITATION (CSTAR)
COMMUNITY PSYCHIATRIC REHABILITATION (CPR) BULLETIN

Provider Bulletin News: Due to budget constraints, paper copies of bulletins will no longer be distributed by DMS. Bulletins are now available only at the DMS Website. http://www.dss.mo.gov/dms/pages/bulletins.htm Please note new website address.

Bulletins will remain on this site only until incorporated into the provider manuals as appropriate, then deleted.

Missouri Medicaid News: Missouri Medicaid providers may sign-up to receive automatic notifications of all bulletins and other official Missouri Medicaid communications via e-mail. Providers and other interested parties are urged to go to the DMS website to subscribe to the e-mail list.

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MC+ MANAGED CARE

The information contained in this bulletin applies to coverage by the MC+ fee-for-service and Medicaid fee-for-service programs. The MC+ fee-for-service and Medicaid fee-for-service programs also provide coverage for those services carved out of the MC+ Managed Care benefit for MC+ Managed Care enrollees. Questions regarding services included in the MC+ Managed Care benefit should be directed to the enrollee's MC+ Managed Care health plan. Please check the patient's eligibility status prior to delivering a service.

HIPAA IMPLEMENTATION DATE FOR TCM/ SMI/ SED/ MRDD, CSTAR, CPR

Effective for dates of service **January 1, 2004** and after, all Targeted Case Management (TCM)/ Seriously Mentally Ill (SMI)/ Severely Emotionally Disturbed (SED)/ Mental Retardation Developmental Disabilities (MRDD), Comprehensive Substance Treatment & Rehabilitation (CSTAR) and Community Psychiatric Rehabilitation (CPR) providers **must** bill Missouri Medicaid with the new HIPAA compliant procedure codes listed in this bulletin.

Services provided on or after January 1, 2004, **must** be billed to Medicaid using the new HIPAA service codes. Dates of Service prior to January 1, 2004, **must** be billed to Medicaid using the old (current) service codes. Providers should be working now towards being able to submit claims in the new HIPAA compliant ANSI ASC X12N standard format for 837 service transactions.

HIPAA

To prepare for the mandatory implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) national standards, Missouri Medicaid has analyzed how providers must bill for services in order to be in compliance with the implementation of national transaction and code sets.

HIPAA mandates the use of standard Health Care Procedure Coding System (HCPCS) code sets; however, it does *not* require states to add coverage for services that it does *not* currently cover.

Billing providers wishing to exchange electronic transactions with Missouri Medicaid may now view the X12N Version 4010A1 Companion Guide on Missouri Medicaid's web page at <http://www.medicaid.state.mo.us/>. To access the Companion Guide, select Missouri Medicaid Electronic Billing Layout Manuals; select System Manuals; select Electronic Claims Layout Manuals; select X12N Version 4010A1 Companion Guide. For information on Missouri Medicaid's Trading Partner Agreement, select Section 1 - Getting Started; select Trading Partner Registration. All questions concerning Trading Partner Agreements or provider testing schedules should be directed to the Verizon Help Desk at 573-635-3559.

With the implementation of HIPAA national standards by Missouri Medicaid, the following non-HIPAA compliant methods of electronic claims submission will be phased out and will no longer be available for use by providers:

- Accelerated Submission and Processing (ASAP) System
- Bulletin Board System (BBS)
- Direct Electronic File Transfer (DEFT)
- Direct Electronic Medicaid Information (DEMI)
- Magnetic Tape Billing (MTB)

The existing formats and media will be available during a short grace period for providers unable to produce a HIPAA-compliant 837 professional transaction which started October 16, 2003. Providers may continue to bill current Missouri Medicaid formats and media during this grace period.

All providers wishing to bill Missouri Medicaid in paper format should refer to Section 15 – Billing Instructions Physicians for paper claim filing instructions.

TYPE OF SERVICE

With the implementation of HIPAA national standards on October 16, 2003, type of service is no longer a valid code set. Type of service *must not* be included on any type of claim submission (other than the non-HIPAA compliant formats and media as defined above) on or after October 16, 2003, regardless of the date of service being billed.

Providers who continue to bill claims to Missouri Medicaid using one of the non-HIPAA compliant electronic formats or media during the grace period, as stated under the HIPAA section of this bulletin, should continue to bill using the appropriate type of service with the new procedure code identified in the bulletin.

CROSSWALK CHART

The three following tables are crosswalks of the State specific Level III codes to HIPAA compliant codes.

- 1). Targeted Case Management Severely Mentally Ill Adults (TCM/SMI), Targeted Case Management Seriously Emotionally Disturbed Children (TCM/SED), Targeted Case Management Mental Retardation Developmental Disability (TCM/MRDD).
- 2). Comprehensive Substance Treatment and Rehabilitation (CSTAR).
- 3). Community Psychiatric Rehabilitation (CPR).

For a complete description of the new procedure codes and modifiers, copies of the 2003 versions of the *Current Procedural Terminology* (CPT) and the *Health Care Procedure Coding System* (HCPCS) may be purchased from your local medical bookstore.

DESCRIPTION OF MODIFIERS

MODIFIER	DESCRIPTION
HB	Adult Program
HA	Child/Adolescent Program
HO	Master's Level
HN	Bachelor's Level
HI	Integrated Mental Health and Mental Retardation/Developmental Disabilities program
TS	Follow up services
U8	Home
UK	Services Provided on behalf of the recipient to someone other than the recipient
HQ	Group Setting
52	Reduced Services

TCM/SMI TCM/SED TCM/MRDD

CURRENT CODE	MODIFIER	NEW CODE	MODIFIER	MODIFIER
X4027		T1017	HB	HO
X4028		T1017	HB	HN
Y3127		T1017	HA	HO
Y3128		T1017	HA	HN
Y3121		G9012	HI	
Y3126		G9012	TS	HI

CSTAR

HIV, STD, TB pre and post test counseling codes converted to two (2) HIPAA codes, H0047 for pre test and H0047TS for post test. These two codes must be used with one of these three (3) diagnosis codes, V01.1, V01.6 and V01.7 in the diagnosis field on the claim form.

CURRENT CODE	MODIFIER	NEW CODE	MODIFIER	MODIFIER
Y3102		T1002		
Y3103		H2012		
Y3104		H0004		
Y3105		T1006		
Y3106		T1006	U8	
Y3107		H0005		
Y3108		H0004	UK	
Y3109		H0005	UK	
Y3110		H0025	HQ	
Y3111		T1016		
Y3112	52	H0001	52	
Y3112		H0001		
H0019		T2048		

CPR

Codes that did not change are: 90862, 9086222, 99271, 9927122, H0036, H003652, J2680, and J1631. Y1350 will discontinue for dates of service 1-1-04 and after.

CURRENT CODE	MODIFIER	NEW CODE	MODIFIER	MODIFIER
W1351		H0031		
W1352		H2011		
W1353		H2010		
W1355		H0037		
W1356		H2017		
W1369		99271	52	
W1370		90862	52	
Y1351		90801	HO	
Y3118		H0031	52	
Y3119	52	H0038		

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