

MO Medicaid Billing Speech Therapy and Hearing Aid Programs


**MSHA Convention
March 31, 2006**

CMS Guidance

- # Centers for Medicare and Medicaid Services (CMS) is the federal agency responsible for the oversight and administration of Medicare & Medicaid.
- # CMS provides a framework of Medicaid law and regulations.
- # Each state Medicaid agency implements program requirements within it's State Plan.

Medicaid Resources

Interactive Voice Response (IVR)
(573) 635-8908

- Recipient Eligibility
 - Last Two Check Amounts
 - Claim Status
 - No Option To Transfer To A Provider
Communication Specialist
- 

Medicaid Resources cont.

Provider Enrollment
providerenrollment@dss.mo.gov

Provider Training & Education
(573) 751-6683


Recipient Services
(800) 392-2161

Infocrossing Help Desk
(573) 635-3559

Provider Communications

Provider Communications
P.O. Box 6500
Jefferson City, MO 65102
(573) 751-2896

There are currently 15 Phone Specialists in Provider Communications. During the period 10/01-12/31/05, 20,244 calls were answered & 1,100 pieces of correspondence addressed.



DMS Internet Home Page

DMS home page - www.dss.mo.gov/dms

- ⇨ Subscribe to MO Medicaid News
- ⇨ Apply for Internet Access
- ⇨ Medicaid Hot Tips
- ⇨ Manuals - Bulletins - Forms
- ⇨ Calendar of Events
- ⇨ Frequently Asked Questions

Internet Resources

www.emomed.com

- ↳ Submit claims & access claim confirmation file
- ↳ Submit replacement claims & voids
- ↳ Obtain printable remittance advice
- ↳ Verify recipient eligibility
- ↳ View & download public files

Paper Claim Submission

Mandatory electronic submission of straight Medicaid claims has not been implemented. Paper claims may still be submitted to the following address:

Infocrossing Healthcare Services, Inc.
P.O. Box 5600
Jefferson City, MO 65102

Timely Filing Criteria



All claims submitted to MO Medicaid for consideration of payment must be received within 12 months from the date of service. Denied claims may be corrected and resubmitted for reconsideration until the date of service is two years old.

Benefit Coverage

Senate Bill 539 was passed by the 93rd General Assembly and became effective 08/28/05. Elimination of certain optional Medicaid services became effective for dates of service 09/01/05 and after. Individuals age 21 and over in the following categories of assistance now have a reduced benefit package:

Benefit Coverage cont.

- 01 Old Age Assistance
- 04 Permanently & Totally Disabled
- 05 Medical Assistance for Families-Adult
- 10 Vietnamese or Other Refugees
- 11 Medical Assistance - OAA
- 13 Medical Assistance - PTD
- 14 Nursing Care - OAA
- 16 Nursing Care - PTD

Benefit Coverage cont.

- 19 Cuban Refugee
- 21 Haitian Refugee
- 24 Russian Jew
- 26 Ethiopian Refugee
- 83 Presumptive Eligibility - Breast or Cervical Cancer Treatment (BCCT)
- 84 Regular Benefit (BCCT)

Benefit Coverage cont.

- ‡ All services covered under the Hearing Aid program are no longer covered for adults in a reduced benefit category of assistance.
- ‡ Speech Therapy services are no longer covered under the Home Health program for adults in a reduced benefit category of assistance.

Benefit Coverage cont.

There was no change to benefits for the following individuals:

- ❖ Medicaid/MC+ children
- ❖ Individuals in assistance categories for pregnant women or blind patients

Hearing aid services for nursing home residents was not affected by the SB539 service reductions.

Provider Enrollment

- ‡ An audiologist, hearing instrument specialist or speech therapist *must* have a current permanent license.
- ‡ School districts may enroll as Medicaid providers and meet federal and state provider qualifications.
- ‡ A speech/language therapist providing services as an employee of a public school must be licensed or certified by Department of Elementary and Secondary Education (DESE).

Provider Enrollment cont.

- ‡ Questions regarding Medicaid enrollment should be directed to Provider Enrollment Unit's email, providerenrollment@dss.mo.gov
- ‡ Qualifications for certification by DESE should be directed to Funds Management Section, John Underwood, (573) 751-0622.
- ‡ Speech implementers will not be enrolled as Medicaid providers and may not bill Medicaid for services rendered.

Hearing Aid

Providers enrolled in the MO Medicaid Hearing Aid program include audiologists and hearing instrument specialists:

- Audiologists are assigned provider numbers beginning with a "33".
- Hearing instrument specialists are assigned provider numbers beginning with "34".

Hearing Aid & Related Services

Hearing aids are purchased for Medicaid Recipients when provided in accordance with Medicaid policy as outlined in the MO Medicaid Hearing Aid manual located on DMS' web site. They must be medically necessary as evidenced by the information on a Report of Hearing Aid Evaluation (RHAE) form. Each aid will be warranted for a minimum of one year from the dispensing date.

Hearing Aid & Related Services cont.

Items identified as hearing aid & related services:

- * Hearing aid (new only)
- * Ear mold & impression
- * Fitting
- * Dispensing fee
- * Post-fitting evaluation

Procedure codes, required documentation & reimbursement for these services can be found in section 19 of the Hearing Aid manual.

Basic Program Limitations

- * All hearing aids & dispensing fees require prior authorization (PA).
- * Services are to be delivered for the purpose of & in conjunction with the dispensing of a hearing aid.
- * Routine testing & screening of individuals for hearing loss is *not* a covered service.
- * Before a hearing aid is fitted, all recipients must have a medical ear exam performed by a physician (MD or DO) within six months prior to the date the hearing aid is dispensed.

Basic Program Limitations cont.

- * Medicaid recipients are entitled to one new hearing aid & related services per four years.
- * Replacement of an ear mold is covered due to changes in the ear canal that effect the size or shape.
- * All required services are to be rendered before payment is made for any portion of the services.
- * Back-up or spare hearing aids are non-covered.

Basic Program Limitations cont.

- * Hearing aids must be dispensed to the recipient in person by the provider who requested the PA. *Hearing aids cannot be mailed to the recipient.*
- * Audiometric testing for a nursing home resident requires an approved PA.
- * Repairs & post-fitting adjustments are limited to a combined total of three per 12 month period.
- * Hearing aid batteries are covered for patients under age 21 only.

Medicaid Funding

- * Medicaid program funding is shared by Federal payment (federal financial participation or FFP) and state general revenue funds.
- * Missouri Medicaid reimburses speech therapy services for children under the age of 21.

Reimbursement Rates

- * Reimbursement rates are based on:
 - The maximum Missouri Medicaid allowed amount;
 - The FFP rate, based on the Medicaid allowed amount, which is approximately 60% for therapy services identified in an Individualized Education Plan (IEP) or;
 - The FFP rate of 50% for activities reimbursed under the School District Administrative Claiming (SDAC) program.

Therapy Services

- ‡ The need for speech therapy must be identified.
- ‡ Therapy must be medical related; Medicaid does not reimburse for educational related therapy.
- ‡ Pre-certification and prior authorization are not required for therapy services.

Therapy Services Documentation

- ‡ Speech therapy requires a written referral from the child's primary care provider (PCP). School districts should refer the family back to their PCP to obtain a written referral.
- ‡ A copy of the IEP/treatment plan and progress notes for each therapy session must be kept in the child's medical record.
- ‡ Refer to the Therapy provider manual, Section 13.5 and 13.17 for specific documentation requirements.

Speech Therapy Limitations

- ‡ A maximum of 16 - 15 minute units (4 hours) are allowed per rolling year for evaluations.
- ‡ A maximum of 5 - 15 minutes units (1 hour 15 minutes) of therapy are allowed per day, OR;
- ‡ A maximum of 20 - 15 minute units (5 hours) of therapy are allowed per week.

Speech Therapy Limits cont.

- ‡ IEP services are reimbursed by Missouri Medicaid at the approximate 60% FFP; the school district is responsible for reimbursement of the other 40% state share.
- ‡ IEP services should be billed with a POS 03 (public school) and require a TM modifier.

Other Missouri Medicaid School Health Services

- ‡ Medicaid covers administrative activities including:
 - School District Administrative Claiming (SDAC)
 - Administrative Case Management (ACM)

School District Administrative Claiming

- ‡ SDAC allows school districts to claim administrative costs for health related activities.
- ‡ School districts contract with the Department of Social Services (DSS), Division of Medical Services (DMS) through interagency agreements.
- ‡ SDAC costs are determined by cost pool members performing specifically identified activities.

SDAC cont.

- ‡ Reimbursement is based on actual costs, time study results, Medicaid eligibility, etc.
- ‡ Speech therapists may be included as pool members by school districts.
- ‡ Approximately 375 school districts participate in SDAC.

Administrative Case Management (ACM)

- ‡ ACM is essentially SDAC only each school district is individually responsible for all program requirements.
- ‡ Currently this program only has 2 districts participating.

Questions & Answers



Thank you for attending!