

Provider Update



Health Homes partner billing update

Summary of change: This is an update on the following billing exceptions for Health Homes (HH) services for members participating in the HH program as well as additional information related to member participation in the program.

There are several exceptions:

- Providers are not allowed to bill for targeted case management services (T1017).
- If a member is Medicaid eligible and assigned to a HH partner, only the assigned HH partner may submit a claim for HH services delivered on that date.
- HH partners must utilize the monthly panel listing to identify members assigned to them and to identify members on a waiver.
- Prior to rendering services, all providers must utilize the Kansas Medical Assistance Program (KMAP) to check member Medicaid eligibility and HH program participation.
- HH partners may not submit a claim for members with unmet spenddown.
- HH partners may not submit a HH claim for members for whom they are not contracted to provide HH services.
- HH partners are reimbursed at a monthly case rate.
- HH partners must utilize the appropriate NPI number when submitting HH claims.

★ **What this means to you:** HH partners must use the appropriate codes as outlined below when billing for HH services.

- For members who are Medicaid eligible, participating in the HH program, assigned to a HH partner, and who are not on a waiver please use the appropriate HH billing code for services rendered:

Core services	Serious mental illness
Comprehensive care management	S0280 UC HE
Care coordination	S0281 UC HE
Health promotion	S0280 U1 HE
Comprehensive transitional care	S0281 U1 HE
Patient and family support	S0280 U8 HE
Referral to community and social support services	S0281 U8 HE

- For members who are Medicaid eligible, participating in the HH program, assigned to a HH partner, and who are on the Traumatic Brain Injury (TBI), Physically Disabled (PD), Frail Elderly (FE),



Technology Assisted (TA), Intellectually/Developmentally Disabled (I/DD) and Autism waivers, HH partners must only use the following HH billing codes for services rendered:

Core services	Serious mental illness
Comprehensive care management	S0280 UC HE
Health promotion	S0280 U1 HE

- For members who are Medicaid eligible, participating in the HH program, assigned to a HH partner, and on the Serious Emotional Disturbance (SED) waiver, HH partners must use the following billing codes for services rendered:

Core services	Serious mental illness
Comprehensive care management	S0280 UC HE
Care coordination	S0281 UC HE
Health promotion	S0280 U1 HE
Comprehensive transitional care	S0281 U1 HE
Patient and family support	S0280 U8 HE
Referral to community and social support services	S0281 U8 HE

- For members who are Medicaid eligible, participating in the HH program, temporarily assigned to Amerigroup Kansas, Inc. (acting as the HH partner) and on the I/DD waiver, only the I/DD TCM must submit a claim for “TCM-Like Services” using the following TCM-Like billing codes:

Serious mental illness HH service	TCM-Like service
Comprehensive care management (S0280 UC HE)	T2022 HE
Care coordination (S0281 UC HE)	T2022 HE U1

Additional information

- Effective January 1, 2016 HH services will no longer require prior authorization.
- Effective November 1, 2015, HH members who are dually eligible with Medicare as primary insurance and a high KanCare Medicaid spend down amount may opt out of HH if they have not met their spend down amount in the current and previous 6 month spend down periods. HH partners wishing to opt these members out of HH will notify the state HH team to process the opt out.
- Effective with dates of service on and after November 1, 2015, Amerigroup will notify assigned Intellectual/Developmental Disability Targeted Case Managers of new HH assignments that are on their caseload. This applies to **new** HH member assignments who currently receive I/DD Home and Community Based Services (HCBS) waiver services or are on the I/DD HCBS waiver wait list.
- HH partners who wish to modify their amendment must contact Amerigroup Provider Services at 1-800-454-3730.

What if I need assistance?

If you have questions, please contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730.