

TRIBAL SOLUTIONS

CHA/P Reimbursement Cheryl Skiffington | PFS Consultant, CCA, CPC

Community Health Aides and Community Health Practitioners are a unique provider type to the Alaska Tribal Health System. There are five levels of CHA/P certification based on a progressive training program. These five levels are I, II, III, IV and Practitioner. The CHA/P Scope of Practice is defined by the federally recognized Community Health Aide Program Certification Board (CHAPCB) which maintains, monitors and certifies CHA/Ps according to the program standards. The State of Alaska accepts these federal standards.

The State of Alaska receives a report of all certified CHA/P providers after each meeting of the CHAPCB (usually 3-4 times per year). The report includes the names of each individual provider; the number and title of their certification; the expiration date of their certification; the individual's employer and the geographic location of their practice.

Medicaid does not define supervision requirements for the CHA/P program. Supervision is defined by the CHAPCB Standards and Procedures as well as the individual tribal health organization's policies.

State of Alaska Medicaid is the only payor to reimburse services provided by Community Health Aide/Practitioners. The Association of Community Health Aide Program Directors identifies and requests CPT® and HCPCS Level II codes based on the CHA/P Scope of Practice. Tribal organizations are responsible for monitoring billing of codes according to the level of CHA/P providing

the service, their individual certification and standing orders from their supervising physician.

Day to day supervision of CHA/Ps can be delegated to appropriate medical personnel allowed by the CHAPCB Standards and Procedures and as indicated by organizational policy but billing will always occur under a rendering physician and an associated physician Medicaid group number which is separate from the physician's individual Medicaid billing number and from the clinic's group Medicaid billing number.

CHA/Ps do not enroll with Medicaid or any other third party payor. CHA/P services are documented on a PEF (Patient Encounter Form) and are signed by the servicing CHA/P. PEFs are modified to meet the individual organizational needs. The clinical review and/or "co-signature" of CHA/P services are determined by the individual organization and is not indicated by Medicaid policy for billing.

Frequently Asked Questions

When the CHA/P in a remote clinic sends a record via a telemedicine mode of delivery to a supervising provider at their regional hub and the supervising provider responds via a telemedicine mode of delivery with a recommendation for treatment, is that billable?

Yes, when documentation guidelines are met to support code assignment, the encounters on both ends are billable. It is important to note that Medicaid does not pay for telephone calls, so if instead of the regional hub provider responding to the CHA/P via telemedicine, they pick up the phone to instruct the CHA/P, the consult is not billable. *(Continued on page 2).*





BECOME A FAN!

<http://www.facebook.com/pages/Anchorage-AK/ANTHCBusiness-Resource-Center/307962261924>



Does your Tribal clinic need help with backlog coding or need a coding audit? We can help! Please inquire about our services by calling **907.729.2902** or email us at akabusresrcntr@anths.org

Continued..

There are so many different Medicaid billing numbers, can you clarify the difference?

A tribal clinic should bill their physician, nurse practitioner and physician assistant claims under a clinic number with the following format: CLXXXX. These claims are paid at an encounter rate.

A physician who enrolls in State of Alaska Medicaid will be assigned a billing number that has the following format: MDXXXX. Claims billed to Medicaid under this number will be paid fee-for-service (typically is it advantageous to bill the physician services under the CL XXXX to get the encounter rate for outpatient services).

CHA/P claims are billed under a number with the following format: MDGXXXX that is tied to a supervising physician and paid at 85% of the Medicaid physician fee schedule

EXAMPLE :

A physician in a tribal clinic sees a patient for a level II office visit, code assignment is 99212. The tribal clinic charges \$100.00 for a 99212.

If billed to Medicaid under the physician's MDXXXX, the claim would be reimbursed at \$62.46. Nothing wrong with doing it this way, however if the claim is billed under the CLXXXX, an encounter rate of \$448.00 is received.

Now, same patient instead is seen by a Level III Community Health Aide. Same code assignment of 99212 (append with a U1 modifier to signify CHA/P provider) with a charge of \$100.00. The only number to bill under is the MDGXXXX which is tied to a physician. The reimbursement on this claim is \$53.09 which is 85% of the physician fee schedule. **THIS IS THE ONLY WAY TO BILL THE CHA/P CLAIM**, it cannot be billed under the CLXXXX to get the encounter rate.

Do CHA/Ps have to get their own NPIs?

No, CHA/Ps do not have to obtain individual NPIs. However, a group CHA/P NPI needs to be obtained for billing with the MDGXXXX Medicaid billing number. This NPI number and associated taxonomy code will populate 33a and 33b on the CMS-1500 billing claim form.



On a CHA/P claim form, which NPI and taxonomy goes on each line of 24 j ?

That would be the NPI and associated taxonomy of the physician whose MDG number the CHA/P service is being billed under.

I have billed CHA/P claims to private payors, such as Blue Cross,

using the U1 modifier and they have paid the claims, so why are you saying Medicaid is the only payor?

Medicare and private insurers do not recognize CHA/P providers and any claims paid by these payors would be paid in error. The U1 modifier is a State of Alaska Medicaid-specific code. Blue Cross and other payor computer programs do not recognize the U1 so it is as if no modifier is submitted and the payor thinks they are paying a physician claim.

Can we bill nurse services the same way we bill CHA/P services?

No. Nurse visits are not billable (unless they are a Public Health Nurse and bill EPSDT services). Not even for injections. If a CHA/P provides an EPSDT examination, they will be reimbursed at 100% of the physician fee schedule for that exam instead of the 85% they normally receive.

When we use the U1 modifier on a CHA/P claim, does it go just with the E/M code or all codes we submit on the claim form?

All codes on a CHA/P claim form have to be appended with the U1 modifier, not just the E/M codes. ■

2011 ICD-9-CM Coding Updates

The new, revised, and deleted ICD-9-CM codes are effective October 1st, 2010. Here are some coding updates you might find helpful:

Symptoms, Signs, and Ill-Defined Conditions:

- 780.33—Post traumatic seizures
- 784.92—Jaw pain

E-Codes:

- E000.2—Volunteer activity
- ▲ 017.0—Roller coaster riding

V-Codes:

- V11.4—Personal history of combat and operational stress reaction
- V13.23—Personal history of vaginal dysplasia
- V13.24—Personal history of vulvar dysplasia
- V15.53—Personal history of retained foreign body fully removed
- V49.87—Physical restraints status

Deleted code: V25.1—Encounter for insertion of intrauterine device

- V25.11—Encounter for insertion of intrauterine contraceptive device
- V25.12—Encounter for removal of intrauterine contraceptive device
- V25.13—Encounter for removal and reinsertion of intrauterine contraceptive device