GUIDANCE: for Health Departments for New York State Medicaid Billing

Purpose: The purpose of this guidance is to increase health departments (HDs) capacity to expand billing for STD/HIV related and other public health services. The following applies to HDs billing the NYS MMIS – New York State Medicaid Program for patients with Fee-for-Service (FFS) Medicaid. NYS Medicaid uses an APG (Ambulatory Patient Group) scale to reimburse for services. That is, the HD submits the CPT and ICD-9 codes separately on a claim form and the MMIS computer program analyzes them and assigned an APG level. The APG level reflects the complexity of care/services provided during each visit. The HD then receives a payment based on the APG level assigned.

There are currently three types of billing used by HDs:

1. **Professional** - HD uses NPI and ETIN number of Referring Physician
2. **Institutional** – HD uses NPI and ETIN number of the Rendering Provider (the MD or NP who saw the patient).

In general, HDs can use Professional Billing for services provided by nurses under standing orders authorized by the NYS Department of Education during which no authorized billing providers sees the patient. These include Immunizations and TB screening services and do not include billing for a clinic visit. The ‘referring physician’ is usually the Commissioner of Health, or a Deputy physician or NP. HDs can use Institutional Billing for services provided by authorized billing providers such as NPs and MDs which include the clinic visit as well as some other services provided during the visit.

3. **HD HIV Carve Out Codes;** Since 1998, the NYSDOH AIDS Institute authorized health departments (HDs) to bill the NYS Medicaid Program (MMIS) for HIV counseling and testing services conducted in their STD and TB clinics; both for patients with fee-for-service Medicaid (FFSM) AND for those with Medicaid Managed Care (MMC). In other words, the HD can bill the NYS Medicaid Program and NOT the insurance plan that provides the MMC insurance plan. There are two sets of billing codes established; one for services for patients with FFS and one for patients with MMC. The attached spreadsheet represents the most recent sets of codes that STD clinics could use to bill for HIV testing services. The MMC codes were known as health department ‘MMC HIV carve out’ codes. In 2011, the HIV FFS codes became subsumed into the Ambulatory Payment Group (APG) system but the MMC HIV carve out codes remained active and county health departments who bill for thee can receive reimbursement ranging from $32.00 to $38.00 per service unit. Even with the access to billing codes and reimbursement, many public health clinics in NYS have not billed for these MMC HIV carve out codes because
they were mandated free-of-charge STD clinics by public health law, and did not have an operational billing structure. For details - Refer to Document B.

**NPI and ETIN Numbers:** The HD clinics have one clinic NPI number and one clinic ETIN number. Each MD and NP who are authorized to bill for services have their own individual NPI and ETIN numbers. Nurses can also have an NPI number, but billing has to occur using the Ordering Physician’s NPI number.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FORMAT USED for CLAIM</th>
<th>When to use this type</th>
<th>Which NPI number and ETIN number should be used on the claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROFESSIONAL BILLING</td>
<td>837 P</td>
<td>Use this for services provided by nurses without a face to face component provided by an MD or NP. Codes for Immunization, vaccine administration, PPD screening. No clinic visit is billed.</td>
<td>Clinic NPI and ETIN and ‘Referring Physician’ NPI. Do not use ‘Rendering Provider” as this will not match the clinic ETIN and will be rejected.</td>
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<tr>
<td>INSTITUTIONAL BILLING (facilities billing)</td>
<td>837 I</td>
<td>Use this to bill for clinic visits and services provided in addition to the basic visit – when provided by an MD or NP.</td>
<td>Clinic NPI and ‘Rendering Provider’ NPI which is the NPI number of the actual MD or NP who saw the patient during the clinic visit.</td>
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<tr>
<td>Billing the HIV carve out codes for HD STD and TB Clinics</td>
<td></td>
<td>The carve out codes are for patients who have Medicaid Managed Care (MMC) insurance and who receive HIV/STD risk reduction counseling services in a HD STD or TB clinic only.</td>
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There are two ways to submit claims:

1. Directly into ePACES – ePACES is an electronic database of NYS MMIS. Claims can be manually entered into ePACES (Refer to POWERPOINT with notes/ ePACES Procedure Manual with notes).

2. Submission of 837 P and 837 I forms to NYS MMIS, either using paper forms or through electronic data transfer. Electronic transfer requires the use of an Electronic Health Record with a billing module (or a separate billing software program) to select and download the field required on the 837 P or 837 I forms.