

## **How to Use Program Codes for Submitting Bills in the New MIS Developed by the Illinois Mental Health Collaborative for the Division of Mental Health**

Many providers offer a diverse set of services associated not only with Medicaid and non-Medicaid billable activities but also capacity grants. In the past, these were often distinguished as billable services and service-only reporting. Under the Collaborative system all of these activities are considered and processed as bills or claims. The Services Matrix defines the details of how this will work. While the Services Matrix looks very different from the Service Definition and Reimbursement Guide, the information it presents for Medicaid and non-Medicaid services (sections A, B, and C in the Reimbursement Guide) is very much the same in relation to the fund source ABC which is, of course, Medicaid and non-Medicaid funding. And, yes, fund source ABC also refers to sections A, B, and C in the Reimbursement Guide.

The Services Matrix presents some new information for activities funded under capacity grants (also referred to as Section E services). Although some of these activities were used in prior fiscal years, others are new and as yet, undefined. DMH still needs to define many aspects of these activities and clarify how they are to be billed. Definitions for the new activities will be coming soon. Until this information is provided there is no expectation that providers report services for the new undefined activities. Claim should however be submitted for those activities which existed and were reported on prior to FY 2009.

### **Submitting Claims for Capacity Grant Services**

Traditional capacity grant funding (especially in crisis and residential programs) has been used by some providers to provide Medicaid and non-Medicaid services. From the Services Matrix it appears as if this is no longer possible – that the types of services that can be provided with traditional capacity grant funding are much more restricted. In fact, the reporting system is not that rigid. The DMH expects that providers using traditional capacity grant funding to provide services that on the Services Matrix are linked only to the ABC fund category will report those services under the appropriate capacity grant program code. In these instances, the appropriate capacity grant program code should be entered in the Program Code / Group Number field on the 837P. This will NOT present any problems for the adjudication of any claim. The claim will NOT be rejected, even if it appears to conflict with the Services Matrix. DMH and the Collaborative have built this flexibility into the system because it is an important practice among many providers. DMH also needs to be able to track the specific services that are rendered under different capacity grants.

So, for example, if a provider has staff funded under a 620 capacity grant and those staff perform case management (activity code 5M or HCPCS code T1016 with the modifier TF), the provider should enter 620 in the Program Code / Group Number field on the claim and bill for T1016 / TF. As long as the capacity grant number is in the Program Code / Group Number field, DMH will be able to associate the billed service with the correct fund source.

Program codes 515 and 510

DMH is working with appropriate staff to define the services provided under these program codes. We will notify you when these capacity grant programs and services can be reported.

### **Submitting Billing for Medicaid and Non-Medicaid Services that are Not Provided Using Capacity Grant Funding**

Providers should continue submitting claims for these services just as they did in FY 2008. The only difference is that program codes 110 and 120 have been replaced by program code ABC. The Medicaid and Non-Medicaid services are displayed on the Service Matrix.

#### **Summary - Rules for reporting programs codes**

- a. When capacity grant services are reported, you may report **any Medicaid or non-Medicaid services and any services associated with the specific capacity grant program** as reflected on the service matrix.
- b. You may not report capacity grant services for a capacity grant program **unless** you are funded for the program.
- c. Program code ABC replaces program codes 110 and 120.