



To: All Providers
Fr: The Guilford Center
Sub: Billing Limitations and Exclusions in New Service Definitions

July 28, 2006

We want to communicate about an issue you may not be fully aware of, yet could affect your ability to collect for services. Many of the new service definitions include billing exclusions and limitations, which limit or exclude altogether billing when certain other services are billed. For example, H0036 HA, Community Supports - Child, may only be billed a maximum of eight units (2 hours) per month when the child is receiving Residential H0019, or H2033, Multi-systemic Therapy, or several other services. There are many such exclusions built into the enhanced service definitions. These exclusions are most likely to occur when services for one client are provided by two or more community providers, but they may also occur when all services are provided by one community provider.

You must do two things to minimize or avoid losing revenue through these denials. First, you should become familiar with all services your clients may be receiving—no matter who the other provider(s) might be, and jointly discuss and develop each client's plan of care. Second, The Guilford Center strongly recommends you become familiar with all the service definitions and exclusions. A good place to look is the NC Medicaid Special Bulletin, which can be found here:

<http://www.dhhs.state.nc.us/dma/bulletin/EnhancedBenefits0506.pdf>

And you may want to check the Division of MH/DD/SAS site here

<http://www.dhhs.state.nc.us/mhddsas> to keep up with frequent changes.

The ramifications of these billing exclusions and limitations could have a major impact on your business. For example, you may have a child in a residential home receiving H0019 Residential treatment. If the child's community support provider bills for 3 hours of service in August, the residential service will deny for that month.

It is not only residential services that are affected. Day Treatment, H2012 HA, cannot be billed on the same day as Community Support, H0036 HA. Intensive In Home, H2022, cannot be billed on the same day as Residential, Community Support, Multi-systemic Therapy, or Day Treatment. Only by staying up to date on the service definitions and changes will you be able to avert billing problems. Some services may require you to

follow the guidelines for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) in order to combine services excluded or limited by the new service definitions.

Furthermore, The Guilford Center will likely not be in a position to help you resolve these issues. As providers bill directly, The Guilford Center has no involvement with the billing process, and in most cases is not even aware of billed events. Even if the services have billed through The Guilford Center, there is little or nothing The Guilford Center can do to help you correct the denial. There is no financial obligation on The Guilford Center to pay for denied services.

It is imperative, therefore, that you communicate with your clients' other service providers regarding what services are being provided, and how they may conflict with the services you are providing. The stronger your relationship with the clients' other providers, the less chance of a billing conflict that could potentially cost you thousands of dollars.

The Guilford Center wants you to successfully navigate the enormous changes taking place in MH/DD/SAS services. Building relationships within your clients' provider network will be a critical part of that navigation. We urge you to be proactive about the possible conflicts in multi-provider billing.

Please address questions or comments to:

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