

Companion Guide: Billing

Purpose

This document will provide additional guidance regarding billing. For policies regarding Billing, please refer to the current MIHP Operations Guide.

Content

General Considerations

- Provider must determine beneficiary eligibility in MIILogin prior to scheduling assessment visit
- If there is an open Risk Identifier in MIILogin the beneficiary is not eligible for enrollment.
- Provider must check eligibility and MHP enrollment at every visit.

Location of Professional Visits

- Buildings contiguous with the provider's office, in the provider's satellite office, or rooms arranged or rented for the purpose of seeing beneficiaries, are considered to be in an office setting rather than in a community setting.
- On rare occasions, the provider and beneficiary may need to meet at a location in the community such as a coffee shop or restaurant; this will be billed as a community visit.
- Visits may not be conducted in the MIHP provider's home.

Services Provided for the Mother and Infant on the Same Date

- When infant services are initiated, completion of the Infant Risk Identifier may be billed as a separate visit from the maternal postpartum visit if these services occur on the same day.
- Documentation must provide the reason why it was necessary to perform both visits on the same date.

Transportation Services

- Medicaid Health Plan (MHP) Beneficiaries
 - MHPs are responsible for arranging transportation for pregnancy-related appointments.
 - MIHPs must follow the MHP's internal processes to coordinate transportation services for MIHP enrollees.
- Fee-For-Service Beneficiaries
 - The MIHP provider may fund transportation for FFS beneficiaries when no other means of transportation is available.
 - Transportation services provided for a pregnant beneficiary are billed using her Medicaid ID number.

- Maternal beneficiary visits to a mother's infant in the hospital within their two-month postpartum eligibility period are considered approved transportation services, and are billed to the mother's ID.
- Transportation services provided for an infant beneficiary are billed using the infant's Medicaid ID number.
- Reimbursement for transportation services provided to Fee-For-Service (FFS) beneficiaries is made according to the allowable amount established by MDHHS and aligns with rates established for non-emergency transportation (NEMT) services.
- The MIHP provider may give tokens or funds to the FFS pregnant beneficiary or to the primary caregiver of the infant beneficiary.
- The MIHP provider must maintain documentation for FFS beneficiaries regarding appointments for which transportation tokens or funds are provided.
- The MIHP provider may contract for transportation services for FFS beneficiaries.
- An MIHP provider must determine the most appropriate and cost-effective method of transportation as allowed per Medicaid policy.
- MDHHS reimburses transportation costs at the lesser of actual cost or the maximum limit for:
 - Bus
 - Mileage (personal, including beneficiary, relative or friend)
 - Taxi
- If other, less costly means of transportation are not available or are not appropriate, the MIHP provider may make arrangements with local taxi cab companies to provide taxi service for MIHP beneficiaries.
- The MIHP provider will be reimbursed an administrative fee equal to six percent of the cost of transportation provided to MIHP FFS beneficiaries
 - When billing, the six percent fee should be calculated and included in the amount charged, not to exceed the maximum amount allowed.
- MIHP providers may be contacted by the Nurse-Family Partnership (NFP) program to assist their beneficiaries in arranging transportation services.
 - MIHP providers must help NFP beneficiaries arrange transportation services. A completed risk identifier is not required to receive transportation services.

General Considerations - CBE and Parenting Classes

- Childbirth education may be offered one time per beneficiary per pregnancy.
- MIHP providers must refer to or offer first-time mothers a CBE course.
- Parents or caregivers may participate in a parenting education class one time per infant, or in the case of multiple births, once per family.

Billing Childbirth Education Classes

- MIHP providers may provide childbirth education classes directly, or contract with a local hospital's outpatient education program. MIHP agencies that provide their own CBE classes may only request reimbursement for enrolled beneficiaries.

- If the MIHP contracts with a local hospital for this service, the contract must indicate which provider is to bill and receive payment.
- A local hospital outpatient education program may bill Medicaid directly for Fee-For-Service (FFS) beneficiaries who attend the classes; other community-based organizations are not eligible for reimbursement from Medicaid for CBE classes.
- The pregnant woman must attend at least one half of the classes or cover at least one half of the course content for the service to be billed.
- In cases when the beneficiary has entered prenatal care late in the pregnancy or is homebound due to a medical condition, the MIHP can provide childbirth education in the home as a separately billable service, provided case records document the need and the location where services were provided.
- The MIHP cannot bill for childbirth education classes that are offered by another organization at no cost.
- Refer to Medicaid Provider Manual for a description of required MIHP childbirth education elements.

Billing for Parenting Education Classes

- The parenting education course may be billed once per infant, or in the case of multiple births, once per family.
- The parent(s) or caregiver must attend at least one half of the classes or cover at least one half of the course content for the service to be billed.
- Refer to Medicaid Provider Manual for a list of required parenting education elements.

Lactation Support and Counseling Services

- Provision of individual, comprehensive lactation support and counseling services by an International Board Certified Lactation Consultant (IBCLC) is billable for post-partum women up to and through 60 days post-delivery.
- One lactation support visit per date of service is reimbursable.
- IBCLC services may be billed as a separate and distinct service on the same date on which other services are rendered by the MIHP provider, however documentation must support a separately identifiable visit.
- IBCLC services are considered a component of pregnancy-related services, and claims are submitted using the mother's Medicaid beneficiary identification number.