Medicare-Medicaid billing guidance for Certified Community Behavioral Health Clinics

For dual-eligible (Medicare-Medicaid) members, Medicare cannot crossover Medicare claims to Oregon Medicaid when the claim has the T1040 HCPCS code. This code is specific to the Certified Community Behavioral Health Clinics (CCBHC) Demonstration.

The Oregon Health Authority (OHA) and participating CCHBCs have identified the following options for clinics to correctly bill Medicare for CCBHC Demonstration services.

Option 1

Bill Medicare for your clinic's services as you normally would outside of the Demonstration (without T1040) so that the claim can cross over to Oregon Medicaid. After billing Medicare:

- Submit a separate claim to Oregon Medicaid with only the T1040 code billed at the CCBHC PPS rate.
- Enter the Adjustment Reason Code (ARC) 96 to indicate that Medicare does not cover this code.

Option 2

Work with Medicare to prevent Demonstration claims from crossing over to Oregon Medicaid, then bill Oregon Medicaid. If using this option:

- After Medicare processes its claim, submit a separate claim to Oregon Medicaid using the T1040 code and all Demonstration service procedure codes on subsequent lines of the claim.
- Follow the instructions previously established in the CCBHC Billing Guide.
- Enter all appropriate Medicare payment information on the claim, including the ARC 96 for the T1040 code.

Additional Suggestions from CCBHCs for Processing Medicare Crossover Claims

- OHA to purchase a system change that would place T1040 code on Medicare crossover claims automatically once submitted to MMIS
  - This suggestion is not likely to be implemented due to cost and timeliness
  - Would be difficult to prioritize a costly change request for 12 organizations in the delivery system above other needed system changes
- OHA to suspend all Medicare crossover claims so that T1040 code may be added
  - This suggestion may create administrative burden of CCBHC or OHA staff needing to manually add T1040 code and set each claim for final adjudication
- Confirm whether or not OHA can stop accepting Medicare crossover claims for specific providers. If so, prevent Medicare crossover claims from hitting the MMIS, and allow CCBHCs to bill Medicaid directly with T1040 encounter code to prevent duplication
  - Preliminary analysis by OHA Provider Services Unit suggests this must be triggered by Medicare and the provider

Questions?

Contact the Oregon CCBHC Program at CCBHC.Grant@dhsoha.state.or.us.