OREGON
HEALTH
AUTHORITY

Billing and Payment FAQs

Use this document as a supplement to the [CCBHC Billing Guide](#) and [CCBHC Wraparound Guide](#).

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General Questions

Q: Does our prospective payment system (PPS) rate cover the primary care visits (associated with Oregon Standard 4)?

The prospective payment system (PPS) rate covers services associated with the federal requirements, such as primary care screening and monitoring. The PPS rate does not include services associated with Oregon Standard 4 (onsite primary care). Those services should be billed as they would have been prior to becoming a CCBHC.

Q: What billing format will the CCBHC PPS be billed on (837P/837I)?

The format will not change and will remain the same as services outside of CCBHC certification.

Q: What is the CPT code or Revenue Code that will be billed with the CCBHC service?

T1040. The amount billed for this code should be the clinic's PPS rate.

Q: Are there any requirements for the provider that should be billed if the individual rendered CCBHC services that have different rendering providers? This would occur if a Substance Abuse and Mental Health service occurred on the same date.

The requirements are the same as prior to CCBHC certification.

Q: Does the state require the individual CCBHC services be (shadow) billed in conjunction with CCBHC billing? If so, what are the requirements for billing those individual services (i.e. can the daily be on the same 837 file as the individual services)? Should these individual services be billed with the agency's standard charge, or $0? Will the agency receive a remittance back on the individual services?

Yes, T1040 encounter codes must be accompanied by the actual CCBHC service procedure code on additional detail lines of the claim. Individual services should be billed with the standard charge, and then the system will $0 pay. Billing $0 may cause the detail line to deny. Agencies will receive a remittance back on the individual services.

Q: Will the agency need to report any money collected from primary payers? If so, how does the state expect this to occur?

Yes. The requirements are the same as prior to CCBHC certification.

Q: Will the state reduce agency payments for money collected from primary payers? If so, how will this occur?

Yes, the process is the same as what occurred prior to the CCBHC certification.

Q: If an FQHC is currently contracted with a CCBHC to provide primary care services on their site ("reverse integration") and currently bills at their PPS rate, will they need to change to billing through the CCBHC?

Yes, CCBHC services need to be billed through the CCBHC at their PPS rate; the FQHC would be reimbursed through the contract with the CCBHC and prevent duplication of billing.

FQHCs providing primary care screening and monitoring services on behalf of the CCBHC must be paid at the CCBHC PPS rate for such services.

Questions Regarding Open Card Member Billing

Q: Can we report more than one date of service on a claim? If we have multiple dates of service, can they be reported on the same claim and would the T1040 for each day be at the top of the claim or could it be reported with T1040 on top of services for each day?

Multiple CCBHC encounters may be reported on a single claim, for multiple days. In this situation, bill the T1040 at the top detail line and then the actual CCBHC procedure code(s) for each day, in order.

Example:

  Claim line 1 T1040 04/01

    Claim line 2 90834 04/01

  Claim line 3 T1040 04/02

    Claim line 4 90834 04/02

Q: Can you please provide clarification on what to bill to open card for CCBHC on the services billing matrix? There are managed care codes that open card normally doesn't cover, H2011, H2021, H0023 but with CCBHC changes, can we now bill these with the T1040 code up to open card?

Yes, all services on the CCBHC Services Billing Matrix are available for open card PPS reimbursement.

Questions Regarding CCO Member Billing (Wraparound)

Q: Can wraparound templates be submitted anytime? Can they cover multiple quarters?

The submissions of the encounter data (templates) are by quarter (calendar quarter) for CCBHCs. A projected timeline is listed below:

Calendar Quarter 1(October – March)

- September: Clinic submits encounter and payment data to MAP
- October: MAP sends wraparound payment and list of unmatched encounters
- November: Clinic returns EOBs for unmatched encounters, MAP sends follow-up wraparound payment

Calendar Quarter 2 (April – June)

- December: Clinic submits encounter and payment data to MAP
- January: MAP sends wraparound payment and list of unmatched encounters
- February: Clinic returns EOBs for unmatched encounters. MAP sends follow up wraparound payment.

Calendar Quarter 3 (July – September)

- March: Clinic submits encounter and payment data to MAP
- April: MAP sends wraparound payment and list of unmatched encounters
- May: clinic returns EOBs for unmatched encounters. MAP sends follow up wraparound payment.

Calendar Quarter 4 (October – December)

- June: Clinic submits encounter and payment data to MAP
- July: MAP sends wraparound payment and list of unmatched encounters
- August: Clinic returns EOBs for unmatched encounters. MAP sends follow up wraparound payment.

Q: Is there a hard cut-off deadline for submitting our wraparound templates?

There is no hard cut-off date for submitting wraparound templates; however, clinics are expected to submit reports in a timely manner.

Q: After submitting our wraparound report template, when can we expect payment?

The current processing and payment turnaround time is approximately 45 days.

Q: Are wraparound requests ever partially paid? For example, if a wraparound template is submitted and has errors, is it sent back to the clinic to be reprocessed? Or are the valid claims paid, while the errors are corrected?

Generally, excluding errors, a batch of encounter will be paid for all the encounters that are reconciled against the same CCO reported encounters in MMIS. Any unmatched encounters are paid as a follow up wraparound based on submitted copies of EOBs for those encounters OHA was unable to find. Any other front errors, such as pending encounters, or zero paid encounters (where there is not capitation) or counting too many lines of encounter data (by not rolling up the multiple services for any one reimbursable encounter) may require additional follow up.

Q: Who needs to track wrap payments? For example, if a wraparound template is submitted, a payment is made by OHA, then the CCBHC has additional reconciliation with their CCO, who is responsible for submitting any follow up?

OHA always hopes CCBHCs can submit a complete period, but if down the road there are additional encounters by the CCO (usually due to pending payments), a CCBHC would simply submit them separately. These payments will be processed independently of other quarters. Tracking of these additional encounters is the responsibility of the CCBHC.

Questions Regarding Dual Eligible Medicaid-Medicare Billing

Q: Can we confirm we have to hold the OR Medicaid T code claim until after Medicare Processes the claim?

No, CCBHCs may bill Oregon Medicaid using T1040 before or after Medicare processes the claim. When billing Oregon Medicaid using T1040, report on the claim that Medicare does not cover the T1040 code by inputting NC (on paper claims) or 96 as the adjustment reason code.

Q: I have an open-card crossover claim I need to process. I've been inputting my FFS claims manually into MMIS. Medicare paid, and DMAP paid the rest on our last EOB. What are my steps to take in MMIS to get the remaining amount of our PPS payment?

For dual-eligible (Medicare and Medicaid covered) individuals, submit an additional claim to Oregon Medicaid with only the T1040 code billed at your PPS rate. When billing Oregon Medicaid using T1040, report on the claim that Medicare does not cover the T1040 code by inputting NC (on paper claims) or 96 as the adjustment reason code.

You can get this document in other languages, large print, braille, or a format you prefer free of charge. Contact the CCBHC team at [CCBHC Inbox](#).

Medicaid Division
Certified Community Behavioral Health Centers
[Oregon CCBHC Webpage](#)