



DIVISION OF MEDICAL ASSISTANCE PROGRAMS
Medicaid Policy & Program Section

Tina Kotek, Governor

Oregon
Health
Authority

500 Summer Street NE, E35
Salem, Oregon 97301-1077
Voice: 503-945-5772
FAX: 503-947-5221
TTY: 800-375-2863

Administrative Examinations and Billing
Services (ADM)
Chapter 410, Division 150

July 12, 2023
1:00 pm – 2:20 pm

Type of Meeting: Provider Collaboration

Meeting Facilitator: Shannon Jasper, ADM Program Manager,

Attendees: Shannon Jasper (ADM Program Analyst), Christine Lawler, Marcy Murdock, Beverly Dart, Amber Dunmire, Mary Durrant, Shelly Watts, Leo Richards, Dr. Jill Brenizer, Dr. Villegas Gutierrez, Dr. Veronica Vazquez, Miranda Burckhardt, Linsay Fredrikson, Dr. Art Kowitch, Becky Smallwood, Dr. Dane Borg, Dr. Cynthia Polance, Dr. Maria Berman, Chelas Kronenberg, Meghan Story,

Meeting Minutes:

Previous Business:

- Records review: previously it was brought to our attention about the limitations for code 90885 and the amount of documentation being sent for review during exams. We are working with CW with outreach to caseworkers regarding sending only pertinent information. The code itself has a quantity limit set by CMS of 6 units per episode of care.
- Dr. Borg spoke of the amount of documentation sent for not just CW but also DD for full review of records for eligibility.
- Dr. Kowitch stated the state is requesting the reviews, is there other codes that might work for additional funding. Shannon to review and see what options are available.
- Dr. Vazquez asked about additional forms and forensic reviews including CLSS reviews are more than normal evaluations.
- Travel reimbursement: this is still pending. Shannon has reached out to Medicaid Policy analysts to ask if they are aware of any codes we can add to our fee schedule for reimbursement. She will continue to research and outreach to staff.
- Dr. Brenizer stated she and her partner travel to branch offices for most appointments for TANF and SSI reviews.
- Technician Codes: Thank you Dr. Borg for presenting to Shannon a full power point presentation regarding technician codes 96138 and 96139. Shannon is researching if we can add these codes to our fee schedule and with provider enrollment team to determine the type of provider and legal department attestations. More to come.
- Dr. Borg suggested asking surround states that use the codes already to see how they are set up.
- CLSS – Culturally and Linguistically specific services: this is currently underway and the team responsible is reviewing all applications. Once approved, the provider enrollment division will add the specialty to those providers so they can bill for these services using the 2 approved modifiers (U9, TN). Enrollment is retro-active to 7/1/22.
- We learned we have 18 months for adjusted claims to process for any CLSS claims.

- Dr. Kowitch asked for a definition of culturally specific services and interpreter codes and whether there are increased rates.
- Dr. Borg stated as a clinician, to bill interactive complexity code when used with interpreter. CLSS has a dedicated page. Oregon Council of Behavioral Health have been previously tone deaf to questions about barriers to CLSS services, such as minority, language, even LGBTQ community.
- Dr. Vazquez stated the barriers are very real including trying to apply and be approved. The system is not compatible with Apple based products. The questionnaire did not define what they are looking for in their process. The collaboration or rephrasing questions for what they're looking for.
- Dr. Guterrez spoke to her application experience. It was not an easy process, with essay questions to several appointments to meet and was more geared towards professional practice versus the options to provide CLSS services.

New Business:

- OHP 729 forms: Shannon reiterated the importance of providers receiving the 729 form prior to scheduling any exam. The form is the approval for services and payment. A verbal request is not valid and OHA cannot pay for verbal requests. If an audit occurs from CMS, providers must be able to provide the approved 729 form issued.
- MMIS coding and suspended claims status: Claims team is currently processing claims from June 26 – 27. Shannon apologized for a little delay in payments, a little longer than normal, but still under 30 days. Our claims department was tasked with a large project outside of their normal day to day work.
 - Good news is we have a few more adjustments to make in our MMIS system. Once completed, we won't be suspending claims. This means claims will process typically within the same week you submit them. We will inform this group when this occurs. The statement above about the 729 forms is even more important when this occurs. If providers bill for codes not approved on the forms and there is a random audit from CMS, we will pull back the funding. If an audit is ever requested, as a provider you must provide all documentation including the 729 form issued.
 - Shannon suggested once the claims are no longer suspending, if you are missing codes on the 729 form, it is imperative you reach out to the issuing agency and add those codes before services are rendered.
- Coming soon: We are in the process of updating and creating program documentation. This includes an official process and billing guide for your convenience.

Roundtable:

- Dr. Brenizer asked how long is a 729 form valid.
 - There is not a specific expiration as most evaluations take time to schedule.
 - Re-evaluations or episode of care time lines. Our system has an episode of care 180 days from initial interview.

The next Provider Collaborative is October 11th at 1:05 pm.