

# **Medicaid Services for Substance Abuse**

## **Community Behavioral Health Services**

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**2004**

# AGENDA

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- Overview – General Medicaid Rules
- Specific CBH Services & Requirements
- Revenue Max Strategies
- Discussions/Q&A

# General Medicaid Guidelines

## Reimbursement Information

- Units of Service

- For services defined in 15-minute increments, The total of the units of service for the entire day must be entered on the claim form. For multiple units on the same day, total the actual time spent and round up to the nearest 15-minute increment.

# General Medicaid Guidelines

## Free Health Care

- Medicaid will not reimburse services for Medicaid recipients if non-Medicaid recipients are provided the same services free of charge

## Billing for Missed Appointments

- Providers may not bill recipients for missed appointments.

# General Medicaid Guidelines

## Medicaid Payment is Payment in Full

- Provider who bills Medicaid must accept payment from Medicaid as payment in full. This does not include Medicaid copayments and coinsurance.
- A provider who fails to bill Medicaid correctly and in a timely manner may not bill the recipient.
- A provider who bills Medicaid for reimbursement of a Medicaid covered service may not:
  - Apply any money received from any non-Medicaid source to charges related to a claim paid by Medicaid.
  - Bill the recipient, relatives or any person acting as recipient's designated representative; or
  - Turn the account over to a collection agency (except in certain defined situations)

# General Medicaid Guidelines

## Billing the recipient

- Prior to rendering a service, a provider must inform the recipient of his responsibility for the payment of any services received that are not covered by Medicaid. This must be documented in the medical record. Only services that are not listed in the Medicaid fee schedule in the handbook are non-covered services.
- Other than copayments/coinsurance, the provider cannot seek payment from a recipient for a compensable service for which a claim has been submitted, regardless of whether the claim has been approved, partially approved or denied except under the following circumstances:





































































































































