

## MEDICAID CLAIMS READJUDICATION UPDATE FOR ALL ARTICLE 31 MENTAL HEALTH CLINICS

February 28, 2014

On January 13, 2014 the last batch of 4300-4600 rate-coded clinic claims with dates of service 10/1/10-12/31/11 (i.e., interim billing period) was reprocessed by eMedNY using the APG clinic rate codes. If your clinic only submitted one claim per day during the interim billing period then your clinic has completed the process and you are fully transitioned to APGs. However, if your clinic submitted multiple 4300/4600 series rate-coded claims for the same client/same date of service, excluding Crisis (e.g., 4301 (Regular) and a 4304 (Collateral)) then you will need to read the information below and make adjustments if necessary.

During the interim billing period, clinics that submitted multiple rate-coded claims for the same person on a single day were instructed to include all CPT codes on each claim. eMedNY readjudicated one claim per client, per date of service. With all of the CPT codes included on both claims, eMedNY would have all the claim information to reprocess correctly the first time, without the need for the clinic to intervene regardless of which claim the system reprocessed. If this is what your clinic did, no further action is required on your part since the single claim reprocessed by EMedNY will include the full payment for both claims for that day. If your clinic did not include all the CPT codes provided on that day on each claim, the clinic should have amended the readjudicated claim to add the missing CPT codes. The May 23, 2013 guidance document on interim billing may be found at the link below. Example 3 of the guidance discusses this issue in depth.

[http://www.omh.ny.gov/omhweb/clinic\\_restructuring/Medicaid\\_claims\\_readjudication.pdf](http://www.omh.ny.gov/omhweb/clinic_restructuring/Medicaid_claims_readjudication.pdf)

The 2<sup>nd</sup> claim originally paid by eMedNY was not readjudicated, it was denied under the APG rate code. However, it will remain a paid claim under the original pre-APGs rate code until OMH retroactively “zeros-out” the 4300/4600 series of rate codes. Once the rate codes are set to zero dollars, **the entire amount from all 2<sup>nd</sup> same-day claims (from 10/1/10-12/31/11) will be recouped.** Please note: When a negative balance results from a retroactive rate change (such as zeroing out the rates), the eMedNY system will recoup a maximum of 15% of the cycle check to offset the account receivable. However, if the entire balance is not satisfied within ten weeks, interest will be charged.

OMH is in the process of setting the pre-APG rate codes to zero. We expect that the recoupments will begin in mid-to-late April and will be retroactive to 10/1/10. It is important that clinics are aware of the amount that could be recouped and also amend their readjudicated claims (if they haven’t already done so) to include any CPT codes for services that may be missing. As stated in previous guidance, as each cycle of claims was reprocessed, the timeliness rules went into effect for that cycle.

Please do not hesitate to contact Gwen Diamond at 518-474-6911 or by email at [gwen.diamond@omh.ny.gov](mailto:gwen.diamond@omh.ny.gov) if you have any questions.