

2012 BCCCP, WISEWOMAN and MCRCEDP Billing Guide

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Version 1



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1. Billing System Eligibility Requirements

1.1 Residency Requirements

1. Michigan resident with a verifiable current address (e.g. driver's license, voter ID, etc.)
2. EXCEPTIONS:
 - Migrant workers - is a worker moving from one region of the country to another to find employment. Migrant workers are used extensively for crop harvesting. This requires that they follow the harvest seasons.
 - Potential client's living near the border of a neighboring state (Indiana, Ohio, and Wisconsin) who plan to receive **all** screening and diagnostic services in Michigan.

1.2 Income Level Requirements

1. Determining Income Level: The client's income level must be < 250% of the current year's federal poverty level (FPL).
2. Poverty level is determined based on a client's verbal responses to the following two questions. (No written verification or review of tax documents is required.)
 - What is your yearly household family income?
 - How many people live in your family? (Family consists of married person, a single individual with or without dependent children)
3. The following link is to Poverty Guidelines, Research, and Measurement <http://aspe.hhs.gov/poverty/>.

1.3 Insurance Requirement - underinsured

1. State program funds must pay for partial or all of a service for a client to meet the eligibility requirements for the program.
2. A large deductible (determine by the agency) must be paid prior to the client receiving program covered services. Inability to pay the deductible would be considered a financial hardship for the client and would allow them to receive program services (determined by the agency).
3. The client's insurance plan does not reimburse OR only partially reimburses for program services.
4. Prior authorization to determine eligibility of underinsured client is NOT required by MDCH staff.
5. The client must be notified at the time of enrollment (informed consent) that **IF** it is discovered that he/she either has insurance or inaccurately reported the deductible, the client will be responsible for the costs incurred in providing program service.

1.4 Clients with Insurance

1. Bill all applicable insurance companies for approved services prior to submitting claims
2. Obtain the Explanation of Benefits (EOB) from the insurance company
3. Clients with insurance, their claims **MUST** have an EOB in order to properly adjudicate the claim.

1. Billing System Eligibility Requirements

4. Procedure paid amount will be compared to Program reimbursement amount
 - At or Above program amount – claim paid in full (**cannot** balance bill the client for the remaining if they are program approved codes)

1.5 Clients with NO insurance

1. Providers must bill for Program Services - approved services for uninsured clients directly to BCCCP at their **usual and customary rate**.
2. Reimbursement will be paid for the Program approved CPT codes at the rates for that fiscal year.

1.6 **BCCCP**: Cancer Treatment:

In the event of a diagnosis of breast and/or cervical cancer through the BCCCP, a woman may be eligible for Medicaid coverage. If eligible, Medicaid will pay for all of her medical expenses for as long as she is being treated for the cancer. Once treatment is no longer needed, the woman is then potentially eligible (once again, based upon age and income) for continued annual screening services through the BCCC Program.

1.7 **BCCCP**: Eligible for Medicaid until:

Her health professional deems the woman is free from cancer and will not require continued cancer therapy; OR

She no longer meets the eligibility criteria for this program:

- Obtained creditable insurance coverage,
- Reached the age of 65 and has Medicare Part B, or
- An income that exceeds 250 percent of the federal poverty level.

1.8 Clients enrolled in the following insurance's are not eligible for the program:

1. Managed Care Program
2. Health Maintenance Organization (HMO)
3. Medicare Part B

1.9 **BCCCP**: Illegal aliens:

- **Note:** *Women, who are illegal aliens, although eligible for BCCCP/FP Programs services, cannot receive Medicaid coverage. Federal law limits Medicaid coverage to citizens and legal aliens.*

2. Provider Information

2.1 Provider contracting with Agencies:

- Sign a contract or letter of agreement with the agency agreeing to provide screening and/or diagnostic services for clients according to program requirements and rates.
- Send the following information to the agency to enroll as a provider in the one of the Programs:
 - Provider's Federal Tax ID Number and NPI Number
 - Provider's Mailing Address
 - Billing Agency's Name, Federal Tax ID Number, and NPI Number (if different from the provider)
 - Billing Agency's address to receive payments (Payment will be sent to the Provider's mailing address if no billing agency is specified.)
- Any change in provider or billing information must be communicated to your agency as soon as possible to avoid delays in provider reimbursement.

NOTE: Providers cannot be paid until enrollment information is received by the agency and forwarded to the State.

2.2 Data Exchange Gateway (DEG) Form

- This form needs to be filled out and sent to Tory Phelps at 517-335-8752 for every provider.
<http://www.michigancancer.org/bcccp/PDFs/Manuals/DEG%20Info%20Request.doc>

2.3 Client Enrollment

- A client can fill out enrollment paperwork at either her provider's office or at the agency
- If he/she enrolled at a provider's office, the provider **must** fax the paperwork immediately to the agency
- The paperwork will then have to be entered into the BCCCP database (MBCIS)
- Failed to send enrollment paperwork to the agency can cause the claims(s) to be rejected. In other words, the claims reach the billing system before the client has been enrolled into the program resulting in a rejection due to client not on file

2.4 Client Services

- Client screening services(s) can be performed at either the agency or provider's office
- Screening paperwork is then sent to the agency if services were performed at a provider's office
- This information must be data entered into the MBCIS database and authorized in order for the service(s) to be paid

2. Provider Information

2.5 **BCCCP**: CDC does not allow reimbursement of the following procedures:

- CAD (Computer Assisted Device)
- MRI (Magnetic Resonance Imaging)
- Screening Ultrasound: Not reimbursed as a screening examination for either normal or high risk women.

3. Claims

3.1 Paper Claims Mailing Address – BCCCP, WISEWOMAN & MCRCEDP

BCCCP Claims
109 Michigan Ave.
WSB – 5th Floor
Lansing, MI 48913

3.2 Refunds - BCCCP, WISEWOMAN & MCRCEDP

State Of Michigan
DCH – Accounting Division
PO Box 30437
Lansing, MI 48909

Make checks payable to the State Of Michigan

*** It is very important that your agency indicates “REFUND IS FOR BCCCP/WW/CRC” as the check will be going to the State Of Michigan Accounting Department post office box rather than directly to the BCCCP/WW/CRC Office ***

3.3 Claim Submissions

- Providers/Agencies will submit their claims to MDCH for processing
- Paper claims are mailed to Lansing and electronic claims via the DEG (837I / 837P)
- Claims will be adjudicated nightly

3.4 Adjudication Process

- Every evening MBCIS adjudicates claims that are received either by paper or Electronic Data Interchange (EDI)
- MDCH accounting payment schedule:
 - Checks are distributed on Thursday’s
 - Electronic Fund Transfers (EFTs) are available on Fridays

3.5 Claims will be paid if:

1. All required claim information is submitted on either the HCFA 1500 or UB-04.
2. The claim contains all program approved billing codes
3. All exam results and/or diagnostic service information have been sent to the agency and entered into the data base (MBCIS) and authorized to be paid.

3. Claims

3.6 Claims will pend if:

1. Provider/Billing Agency not enrolled in MBCIS
2. Client screening and/or diagnostic data not sent to the Agency
 - The agency will approve payment of the claim once data is received
 - Claims will be rejected after 30 days if data is not received during the time frame
 - Claims will then need to be resubmitted for payment

3.7 Claims will reject if:

1. Information needed for processing the claim is missing from the HCFA 1500/UB-04
2. Claim does not contain approved BCCCP/WW/CRC Procedure (CPT), ICD-9, Revenue, or Place of Service (POS) codes.
3. Client is not enrolled in a Program
4. An EOB did not accompany the claim of an insured client

3.8 Who to contact:

1. Claim questions: 1-866-930-6324
2. Clinical questions: call the agency you work with

3.9 To status a claim, please have the following information ready:

1. Client MBCIS or Social Security Number (SSN)
2. Procedure code (CPT)
3. Date of Service (DOS)
4. Provider Federal ID
5. ** Claims will not be reviewed with out this information

3.10 Electronic Claims

- Electronic Claims are accepted via the DEG. ** Please use **APPLICATION ID 5468.**

3.11 Year End Important Dates

1. Fiscal Year end 9-30-2011
2. Data entry for FY'11 Direct Services is 1/13/2012
3. Deadline for all corrections and resubmissions of FY'11 original claims received timely (1-13-2011) is 3-16-2012
4. All FY'11 claims will be rejected with N5:
 - Claim missed the 1-13-2012 deadline
 - Resubmission/Corrections missed the 3-16-2012 deadline
5. All FY'11 paperwork to the agency prior to 3-16-2012
6. <http://www.michigancancer.org/bcccp/PDFs/ProviderNews/FY11YearEndMemo.pdf>

4. Billing Resources

4.1 BCCCP Billing Resources

- BCCCP Rate Schedule:
<http://www.michigancancer.org/bcccp/LocalAgencyInformation/RateSchedules.cfm>
- BCCCP ICD-9 Codes:
<http://www.michigancancer.org/bcccp/LocalAgencyInformation/ICD9Codes.cfm>
- BCCCP Procedure Code Reference Chart:
<http://www.michigancancer.org/bcccp/LocalAgencyInformation/ProcedureCodeReferenceChart.cfm>
- Hold codes:
<http://www.michigancancer.org/bcccp/LocalAgencyInformation/HoldCodes.cfm>
- Place of Service (POS) codes:
<http://www.michigancancer.org/bcccp/LocalAgencyInformation/PlaceofServiceCodes.cfm>
- Revenue Codes:
<http://www.michigancancer.org/bcccp/LocalAgencyInformation/RevenueCodes.cfm>
- BCCCP Web Site: <http://www.michigancancer.org/bcccp/>

4.2 WISEWOMAN Billing Resources

- WISEWOMAN Rate Schedule:
<http://www.michigancancer.org/bcccp/WiseWomanProgram/PDFs/RateSchedule/FY12WWRateSchedule.pdf>
- WISEWOMAN ICD-9 Codes:
<http://www.michigancancer.org/bcccp/WiseWomanProgram/PDFs/ICD9Codes/FY12WWICD9Codes.pdf>
- WISEWOMAN Procedure Code Reference Chart:
<http://www.michigancancer.org/bcccp/WiseWomanProgram/PDFs/ProcedureCodeReferenceChart/FY12WWProcedureCodeReferenceChart.pdf>
- Hold codes:
<http://www.michigancancer.org/bcccp/WiseWomanProgram/PDFs/RevenueCodes/FY12%20Holdcodes.pdf>
- Place of Service (POS) codes:
<http://www.michigancancer.org/bcccp/WiseWomanProgram/PDFs/RevenueCodes/FY12%20PlaceofServiceCode%20BCCCPWWCRC.pdf>
- Revenue Codes:
<http://www.michigancancer.org/bcccp/WiseWomanProgram/PDFs/RevenueCodes/FY12RevenueCodesBCCCPWWCRC.pdf>
- WISEWOMAN Web Site:
<http://www.michigancancer.org/bcccp/WiseWomanProgram/index.cfm>

4. Billing Resources

4.3 MRCEDP Billing Resources

- MRCEDP Rate Schedule:
<http://www.michigancancer.org/Colorectal/LocalAgencyInformation/RateSchedule.cfm>
- MRCEDP ICD-9 Codes:
<http://www.michigancancer.org/Colorectal/LocalAgencyInformation/ICD9Codes.cfm>
- MRCEDP Procedure Code Reference Chart:
<http://www.michigancancer.org/Colorectal/LocalAgencyInformation/ProcedureCodeReferenceChart.cfm>
- Hold codes:
<http://www.michigancancer.org/Colorectal/LocalAgencyInformation/HoldCodes.cfm>
- Place of Service (POS) codes:
<http://www.michigancancer.org/Colorectal/LocalAgencyInformation/PlaceofServiceCodes.cfm>
- Revenue Codes:
<http://www.michigancancer.org/Colorectal/LocalAgencyInformation/RevenueCodes.cfm>
- MRCEDP Web Site: <http://www.michigancancer.org/Colorectal/index.cfm>

4.4 Additional Billing Resources

- http://www.michigancancer.org/bcccp/Billing_Reimbursement.cfm
- Paper Claim Submission Guidelines:
<http://www.michigancancer.org/bcccp/PDFs/Manuals/Claims%20Submission%20Guidelines.pdf>
- DEG Claim Submission Manual:
<http://www.michigancancer.org/bcccp/PDFs/Manuals/%20Electronic%20Claim%20Submission%20Manual%20May%202011.pdf>
- 837I Companion Guide:
<http://www.michigancancer.org/bcccp/PDFs/Manuals/837IManual042011.pdf>
- 837P Companion Guide:
<http://www.michigancancer.org/bcccp/PDFs/Manuals/837PManual052011.pdf>
- EFT Manual – Business – Vendor & Payee Registration:
<http://www.michigancancer.org/bcccp/PDFs/Manuals/EFTManual042011.pdf>
- EFT Manual – Individual – Vendor & Payee Registration:
<http://www.michigancancer.org/bcccp/PDFs/Manuals/EFTManualIndividualPayee042011.pdf>

5. Contacts

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6. Acronyms

BCCCP	Breast and Cervical Cancer Program
CAD	Computer Aided Device
CPT	Procedure Codes
DEG	Data Exchange Gateway
DOS	Date of Service
EDI	Electronic Data Interchange
EFT	Electronic Funds Transfer
EOB	Explanation of Benefits
FPL	Federal Poverty Level
HMO	Health Maintenance Organization
AGENCY	Local Coordinating Agency
MBCIS	Michigan Breast and Cervical Cancer Control Information System
MCRCEDP	Michigan Colorectal Cancer Early Detection Program; also CRC
MDCH	Michigan Department of Community Health
MRI	Magnetic Resonance Imaging
NPI	
POS	Place of service
SOM	State of Michigan
SSN	Social Security Number
WISEWOMAN	Well-Integrated Screening and Evaluation for Woman Across the Nation; also WW
HCFA 1500	Providers Office claim form
UB-04	Hospital claim form
837I	Electronic UB-04
837P	Electronic HCFA 1500
835	Provider Remittance Report
997	Electronic Acceptance Report

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