

ADDITIONAL

SBCH

RESOURCES

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
SBCH PROGRAM - REIMBURSEMENT AND CON
55 FARMINGTON AVENUE · HARTFORD, CT 06105-3725
Phone: 860-424-5695 Fax: 860-424-4812

SBCH Claim Submission to DAS Guidelines

The below information is provided to be used by districts as a GUIDELINE in submitting program claims to the Department of Administrative services.

In submitting claims, please keep the following in mind:

1. The information above is a guide for approximate processing times and program check dates. Only one check is issued per two claim cycle dates.
2. When claims are submitted to DAS, they are batched, reviewed for errors, and corrective action is taken when necessary before processing takes place.
3. DAS processed claims for many, many programs in addition to SBCH; within SBCH there are a total of 90 districts participating and that number is growing. Not all districts submit electronic claims; paper claims are manually entered by DAS staff.
4. The schedule below does not take into account unforeseen issues such as unplanned staff absences, special processing, procedure code corrections/updates, system issues with DAS and HP.

Claim Submission to DAS Guidelines

RA date	File to DAS Date (15 business days prior to RA date)	Approx. Check Date
1/12/2016	12/16/2015	2/15/2016
1/26/2016	1/4/2016	
2/9/2016	1/19/2016	3/15/2016
2/23/2016	1/29/2016	
3/8/2016	2/16/2016	4/15/2016
3/22/2016	3/1/2016	
4/12/2016	3/21/2016	5/15/2016
4/26/2016	4/5/2016	
5/10/2016	4/19/2016	6/15/2016
5/24/2016	5/3/2016	
6/7/2016	5/16/2015	7/15/2016
6/21/2016	5/31/2016	

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How do I access the Remittance Advice (RA)?

Remittance Advice (RA) data is available for download as a PDF document on the site www.ctdssmap.com. The PDF RA is available to providers the Monday following each claims processing cycle and will be available for 6 months. Providers are encouraged to download and save a copy of their RA.

Follow these steps to access and print your RA:

1. Log on to the site above using your username and password. If you forgot your username and password, contact HP (Hewlett Packard) directly at 1-800-842-8440. Once you are logged on, click on “Secure Site” in the left hand margin toolbar then “Trade Files” and finally “Download”.
2. A drop down box titled “Transaction Type” will appear on the left side. Select “Advice (RA) – PDF and click on “Search”.
3. RAs available for download will appear in rows. Highlight the row you want to download and click to open. If the file does not open, hold down the control key and then click on the file. You will be prompted to either Open or Save the file.

Notes:

In order to understand the RA information it is important to mention that information is listed with a procedure code rather than the MSI used when entering services/billing by the district. The attached crosswalk will serve as a means to correlate the listed procedure code to the MSI code.

Claims which are not paid will include a code in the field labeled “Detail EOBS”. The definition of the code can be found at the back of the RA on the page labeled “EOB Code Descriptions”. Most often, denied claims are listed toward the back of the RA document.

Attached is a sample RA identifying what each field represents. Should you have any questions about the RA, please contact me and I will walk through the RA information with you.

DENIED CLAIMS

REPORT: CRA-PHON-R RAP: 6348850		Interchange MMIS MEDICAID MANAGEMENT INFORMATION SYSTEM PROVIDER REMITTANCE ADVISE CMS 1500 CLAIMS DENIED						Date: 11/10/2015 PAGE: 19		
School District Name and Address						PAYEE ID ISSUE DATE TAXONOMY P. AVRS ID		NPI 1316085319 11/10/2015 251300000x		
--ICN-- --PATIENT NUMBER--		SERVICE DATES FROM THRU	BILLED AMOUNT	DEDUCT AMOUNT	CO-INS AMOUNT	TPL AMOUNT	APPLIED INCOME	CLIENT CONTR.	District Medicaid #	
PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER	BILLED AMOUNT	DETAIL	EOBS		
CLIENT NAME:		Student Name	CLIENT NO.:	Student Medicaid ID #		101.28	0.00	0.00	0.00	0.00
2015307620672 17-1384847			092515	092915						
PL SERV	PROC CD	MODIFIERS	UNITS	SERVICE DATES FROM THRU	RENDERING PROVIDER	BILLED AMOUNT	DETAIL	EOBS		
99	92508		2.00	092515 092515	NPI	33.76		2003		
99	92508		2.00	092815 092815	NPI	33.76		2003		
99	92508		2.00	092915 092915	NPI	33.76		2003		
TOTAL CMS 1500 CLAIMS DENIED:						1,217.48	0.00	0.00	0.00	0.00

Claim ICN #

Procedure Code

Units Billed

Date of Service

District NPI #

Billed Amount

Denial Reason Code

SBCH FFS Interim Rates
Effective July 1, 2013 and forward
Speech Codes updated January 1, 2014

Service Definitions	Procedure Code	MSI Code - In District	MSI Code - Out of District	Interim FFS for Dates of Service 6/30/13 and prior	Interim FFS for Dates of Service 7/1/13 and forward	Session Time/Units	Units per Procedure Code	Procedure Code Description
10-Counseling; 40-Counseling	96101	71 (per hour)	76 (per hour)	\$74.40	\$186.00	per Hour	8 x \$186.00 per iC	Psychological Testing (per hour) use one unit increments
	90791/90801	81 (per hour)	86 (per hour)	\$74.40	\$186.00	per Hour	8 x \$186.00 per iC	Psychiatric diagnostic interview examination (per hour) use one unit increments
	90804/ 90832	82 (per 30 min)	87 (per 30 min)	\$27.00	\$67.50	per 30 minutes	8 x \$67.50 per iC	Individual psychotherapy (20-30 minutes) use one unit increments
	90853	83	88	\$6.75	\$16.88	per 15 minutes	4 x \$16.88 per iC	Group Psychotherapy- 15 minutes
	90847	84	89	\$13.50	\$33.75	per 15 minutes	8 x \$33.75 per iC	Family Psychotherapy - 15 minutes
11-Speech & Language Therapy; 41-Speech & Language Therapy	92506*	61 (per hour)	66 (per hour)	\$54.00	\$135.00	per Hour	8 x \$135.00 per iC	Evaluation of speech, language, voice (per hour) use one unit increments
	92507	62	67	\$13.50	\$33.75	per 15 minutes	8 x \$33.75 per iC	Treatment of speech, language, voice -15 minutes
	92508	63	68	\$6.75	\$16.88	per 15 minutes	8 x \$16.88 per iC	Treatment of speech, language, voice group -15 minutes
	92521	01	06	n/a	\$45.00	per session	1 per iC	Evaluation of speech fluency (e.g., stuttering, cluttering)
	92522	02	07	n/a	\$45.00	per session	1; Cannot be billed together with 92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
	92523	03	08	n/a	\$90.00	per session	1; Cannot be billed together with 92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
	92524	04	09	n/a	\$45.00	per session	1 per iC	Behavioral and qualitative analysis of voice and resonance
08-Occupational Therapy; 38-Occupational Therapy	97003	91 (per visit=hour)	96 (per visit=hour)	\$40.80	\$102.00	per Hour	8 x \$102.00 per iC	OT evaluation (per visit) use one unit increments
	97110	92	97	\$10.20	\$25.50	per 15 minutes	8 x \$25.50 per iC	OT Therapeutic procedure - 15 minutes
	97150	93	98	\$5.10	\$12.75	per 15 minutes	8 x \$12.75 per iC	OT Therapeutic procedure group - 15 minutes
09-Physical Therapy; 39-Physical Therapy	97001	51	56	\$40.80	\$102.00	per Hour	8 x \$102.00 per iC	PT Evaluation (per visit) use one unit increments
	97110	52	57	\$10.20	\$25.50	per 15 minutes	8 x \$25.50 per iC	PT Therapeutic procedure - 15 minutes
	97150	53	58	\$5.10	\$12.75	per 15 minutes	8 x \$12.75 per iC	PT Therapeutic procedure group - 15 minutes
	97755	15	20	\$13.50	\$33.75	per 15 minutes	8 x \$33.75 per iC	Assistive Technology Assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility); direct one-on-one contact by provider, with written report, each 15 minutes
	99499	21	26	\$13.50	\$33.75	per 15 minutes	6 x \$33.75 per iC	Assessments, Misc; Unlisted Evaluation and Management services (per 15 minutes, up to maximum of six services per member per date of service)

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xx-Respiratory Therapy	G0237	42	47	\$8.60	\$21.50	per 15 minutes	8 x \$21.50 per iC	Therapeutic procedures to increase strength and endurance of respiratory muscles (15 minutes)
	G0238	43	48	\$8.60	\$21.50	per 15 minutes	8 x \$21.50 per iC	Therapeutic procedures to improve respiratory function, other than described in G0237 (15 minutes)
	G0239	44	49	\$8.60	\$21.50	per 15 minutes	8 x \$21.50 per iC	Therapeutic procedures to improve respiratory function, group - 15 minutes
07- Nursing Services; 37-Nursing Services	T1002	72	77	\$12.90	\$32.25	per 15 minutes	32 x \$32.25 per iC	RN, APRN services - up to 15 minutes
	T1003	73	78	\$12.90	\$32.25	per 15 minutes	32 x \$32.25 per iC	LPN/LVN services - up to 15 minutes
06-Medical Services; 36-Medical Services	T1023	12 (per visit=2 units)	17 (per visit=2 units)	\$33.00	\$82.50	per session	1	Service by a medical doctor (per visit) use one unit increments
	V2799	24	29	\$18.60	\$46.50	per 15 minutes	8 x \$46.50 per iC	Vision service, miscellaneous - 15 minutes
03-Audiology; 33-Audiology	V5008	22	27	\$13.50	\$33.75	per 15 minutes	8 x \$33.75 per iC	Hearing Screening - 15 minutes
	V5299	23	28	\$13.50	\$33.75	per 15 minutes	4 x \$33.75 per iC	Hearing Services - 15 minutes

**Effective 1/1/14, MSI Code 61 (CPT Code 92506) has been deleted and replaced with 4 new, specific evaluation codes (92521, 92522, 92523, 92524)