

HELPFUL TERMS AND DEFINITIONS

Adjustment: A correction to an error in a claim that has already been paid.

Allowed Amount: The Medicaid maximum amount that may be billed for procedures/services provided.

Billed Amount: The amount submitted by the provider on a claim to Medicaid.

Claim: A charge that the provider bills to Medicaid for providing services to Medicaid eligible recipients.

Co-payment: Fixed dollar amount identified by the insurance policy that are the responsibility of the patient. Co-payments do not apply to IEP Direct Services.

CPT Code/Procedure Code: Established codes that describe services/procedures provided to the recipient. The Current Procedural Terminology (CPT) codes were developed by the Health Care Financing Administration (HCFA) to assist in the assignment of reimbursement amounts to providers.

Date of Service: The actual date services were delivered.

Date of Receipt: The date the claim is received by the fiscal agent. (Infocrossing Healthcare Services)

Direct Services: The OT, PT, and SP services provided under the student's Individualized Education Plan.

Diagnosis Code/ICD-9-CM Codes: Established codes that describe the recipient's condition according to the International Classification of Diseases (ICD), 9th Revision, Clinical Modifications.

Division of Medical Services (DMS): The state agency who administers the Medicaid Program.

EPSDT: Stands for Early Periodic Screening, Diagnostic and Treatment Program, known in Missouri as the Healthy Children and Youth (HCY) Program. The HCY Program allows reimbursement for the provision of certain medically necessary direct services to eligible children.

Federal Financial Participation (FFP) Rate: The rate at which the Federal Medicaid Program will pay claims. In Missouri, this rate is approximately 60%. For IEP services, MO Medicaid pays only the Federal share. School districts must use state or local funds to cover the remaining 40%.

Internal Control Number (ICN): the 13-digit number printed by the fiscal agent on each document that processes through the claims processing system. The first two digits indicate the type of claim. The year of receipt is indicated by the 3rd and 4th digits, and the Julian Date appears as the 5th, 6th, and 7th digits. For example, in the number 409516652006, "40" is the claim type, "95" is the year, and "166" is the Julian date for June 15. The last digits are for internal processing.

Managed Care (MC) Plan: This plan replaces the process of direct reimbursement to individual providers by DMS. That responsibility is then shifted to the MC plan for that region. The MC plans are implemented in three regions of the state: Eastern (St. Louis area), Central and Western (Kansas City area).

Medicaid: A federally funded health insurance program for low income and needy people below the 300% federal poverty level.

Medical Eligibility (ME) Code: Established codes that classify the eligibility of a recipient. For Missouri Children with Developmental Disabilities (MCDD), the ME Code is 33 or 34.

Medicaid Recipient ID Number: An 8-digit Medicaid number assigned to each recipient eligible for the Medicaid program.

Modifier: A code that designates IEP services. Currently, the modifier used for public school districts is TM.

Occupational Therapy (OT): A provision of services that address the development or functional needs of a child related to the performance of self-help skills, adaptive behavior, and sensory, motor, and postural development. Evaluation and treatment services are available to correct or ameliorate physical and/or emotional deficits.

Paid Amount: The amount that Medicaid reimbursed on a claim.

Prescription/Referral: A physician prescribed activity.

Physical Therapy (PT): A therapy that is a specifically prescribed program directed toward the development, improvement, or restoration of neuro-muscular or sensory-motor function, relief of pain, or control of postural deviations to attain maximum performance. The services include the evaluation and treatment related to range of motion, muscle strength, functional abilities, and the use of adaptive/therapeutic equipment.

Place of Service Code: Established codes that designate where services are provided. For services provided in public school districts, use code 03.

Prior Authorization (PA): A pre-approval for a certain specified service before delivery of the service.

Provider: A Division of Medical Services (DMS) approved person/entity who provides administers services to eligible children.

Provider Number: A number issued to the district by DMS used to identify the provider. Numbers are issued based on the type of service provided. Districts may apply for three types of provider numbers: Occupational Therapy (OT), Physical Therapy (PT), and Speech Therapy (ST). Provider numbers for these categories will begin with: OT – 47; PT – 48; and ST – 46. Provider numbers for psychology/counseling must be obtained on an individual provider basis.

Recipient: The student who is eligible and enrolled in the Medicaid program.

Remittance Advice(RA): This report shows payment or denial of claims. The RA lists message codes explaining the denial or any other action that has been taken affecting payment of the claim.

Speech/Language Therapy (ST): The evaluation and provision of treatment for the remediation and development of age appropriate speech, expressive and receptive languages, oral motor and communication skills. Speech treatment includes activities that stimulate and facilitate the use of effective communication skills.

Unit: 15 minutes of service. Medicaid claims are billed and paid using the units system. Rates are also posted in single unit amounts. For example, 3 units (45 minutes) of OT = \$30.00 (\$10.00 per unit).