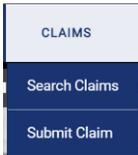


# DEVELOPMENTAL DISABILITIES WAIVER THERAPEUTIC BEHAVIOR CONSULTATION BILLING INSTRUCTIONS

<https://vamedicaid.dmas.virginia.gov>

- Log into the MES Portal (link above)
- Click on Claims → Submit Claim (near the top)



- This will open a new tab



Log out

Claims Main Page MES

The menu options on this page allow you to create, edit, delete, submit and resubmit Professional and Institutional Claims. They also provide you with means of creating, saving, editing and deleting claim templates, which are partially completed claim form containing information regularly used in various types of claims (such as provider's address or identifying information).

Create Claims	Create Templates	Manage Templates
<ul style="list-style-type: none"> <li>• Create Professional Claim</li> <li>• Create Institutional Claim</li> <li>• Create Crossover Part B Claim</li> </ul>	<ul style="list-style-type: none"> <li>• Create Professional Template</li> <li>• Create Institutional Template</li> <li>• Create Crossover Part B Template</li> </ul>	<ul style="list-style-type: none"> <li>• View/ Edit/ Delete Template</li> </ul>

## SET UP THE CLIENT TEMPLATE TO PREPARE FOR BILLING:

**HELPFUL TIP: make sure to complete all sections with a red asterisk \***

- Click on Create Professional Template
- Enter a Name for the Professional Template (i.e., John Doe, Sally Jones, D Jones, S Doe)
- Click Continue

Create New Professional Template

**\* Required Fields**

To create a new claim template, please enter a template name by which to identify it. The Template Name must be less than 40 characters. An optional Long Description may be entered to provide further descriptive information. Click "Continue" to proceed to the claim template entry form.

\* Template Name  
John Doe

\* NPI  
[Redacted]

Long Description  
[Empty text area]

320 Characters Remaining

Continue Reset Cancel

## TOP YELLOW SECTION

**Patient and Insured Information**

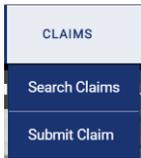
*Patient's Last Name [Text Box]	*First Name [Text Box]	MI [Text Box]	Patient's Date of Birth [Date Picker]	Gender [Dropdown]	*Insured's I.D. Number [Text Box]	TDO/ECO Ind [Dropdown]
Patient's Address [Text Box]			Patient Relationship to Insured [Dropdown]			
Address 2 [Text Box]	City [Text Box]		State [Dropdown]	Zip and Extension [Text Box]	Patient Marital Status [Dropdown]	
*Is there another Health Benefit Plan? <input type="radio"/> Yes <input checked="" type="radio"/> No			Patient Employment Status [Dropdown]			
			Is patient's condition related to: *Related Cause 1 [Dropdown]		Insured's Last Name [Text Box]	
			*Related Cause 2 [Dropdown]		First Name [Text Box]	
			*Related Cause 3 [Dropdown]		MI [Text Box]	
					Insured's Group or Policy # [Text Box]	
					Employer or School Name [Text Box]	
					Insured's Date of Birth [Date Picker]	
					Gender [Dropdown]	
					Insurance Plan or Program Name [Text Box]	



- Enter a Patient Account Number (the provider determines this number, but ensure each client has a unique patient account number)
- Enter the Billing Provider Information at the bottom Right corner
- Enter the Taxonomy Code for DD Waiver Services – 251C00000X
- Click “Save Template”

**For regular daily/weekly/monthly billing on an existing client/completed template:**

- Log into the MES Portal (link above)
- Click on Claims → Submit Claim (near the top)



- This will open a new tab



Log out

Claims Main Page MES

The menu options on this page allow you to create, edit, delete, submit and resubmit Professional and Institutional Claims. They also provide you with means of creating, saving, editing and deleting claim templates, which are partially completed claim form containing information regularly used in various types of claims (such as provider's address or identifying information).

Create Claims	Create Templates	Manage Templates
<ul style="list-style-type: none"> <li>• Create Professional Claim</li> <li>• Create Institutional Claim</li> <li>• Create Crossover Part B Claim</li> </ul>	<ul style="list-style-type: none"> <li>• Create Professional Template</li> <li>• Create Institutional Template</li> <li>• Create Crossover Part B Template</li> </ul>	<ul style="list-style-type: none"> <li>• View/ Edit/ Delete Template</li> </ul>

- Click on Manage Templates → View/Edit/Delete Template

View / Edit / Delete Template

**\* Required Fields**

To conduct a search for a previously saved template, enter all of the following: name of the template, select option either Starts With or Contains and Template Type then Click on Search button.

Template Name   Starts With  Contains

NPI

Template Type  
 Professional  
 Institutional  
 Crossover

Results Type  
 User Level  
 NPI Level

Rename Template?

Search Reset Cancel

- Enter the first letter of the client name (based on the way the original template was created) and click on “starts with”, Template Type “Professional”, and Results Type “User Level”
- This will create a drop down with client templates that have been created- choose the individual you are preparing to bill for

**ENTERING CLIENT BILLING**

- Double check that the required areas in the yellow sections are completed in the client template the yellow sections and ensure the Service Authorization number is entered
- If this is the first entry, click on Add Service in the middle left side and continue following the directions below. If this is not the first-time billing, click on Line #1 of one of the existing entries and replace the information.

Total Submitted Charges:\$0.00										Add Service Line Item			
Ln #	Service Dates		Procedure Code	Modifiers				Diag Pointers				Submitted Charges	Units
	Begin	End		1	2	3	4	1	2	3	4		
Add Line Item													Save   Reset   Cancel
*Service Date Begin		*Service Date End		*Place of Service									
*Procedure Code		Modifiers											
Diagnosis Pointers		*Submitted Charges		*Units									
*1. 2. 3. 4.		\$											
*Servicing Provider NPI		ID Qualifier		*Servicing Provider Taxonomy									
Emergency Indicator		EPSDT Indicator		Family Planning Indicator									
Yes No		Yes No		Yes No									
Supplemental Data (Line 24 - Shaded Area)													
A													

Information should be entered as listed below:

- Enter (or update for existing entries) the service date. Beginning date and end date must be the same date, if completing daily billing.
- Procedure code (this code needs to match the code the service was authorized under in WAMS):  
97139 for BCBA or BCaBA  
97530 for Other Therapeutic Consultation (PBSF, LCSW, LPC)
- Diagnosis Pointers: Dropdown **A** in #1, leave the rest blank
- Location- the four locations used are Telehealth, Home, Office, and Other
- Submitted Charges: varies on what is billed based on the rates and total hours during the billing timeframe chosen.

Current DMAS Reimbursement Rates:

BCBA or BCaBA = NOVA \$128.13 and ROVA \$115.78

Other Therapeutic Consult = NOVA \$97.88 and ROVA \$89.38

- Units: this is the total the number of hours billed that day/week/month
- Servicing Provider NPI# - this is the billing provider NPI#
- Servicing Provider Taxonomy- this is 251C00000X
- Save each entry using the save in the middle of the screen (not the bottom of the screen)
- Click on Add Service to enter additional billing. **NOTE:** You can only enter six activities per submission, so if more are needed you must submit this claim and then start on a new one.
- Delete any extra entries from previous months that were not replaced (use the button in the middle of the page that says delete, not the delete at the bottom).
- **NOTE: Only one service per day can be entered. This is EXTREMELY important and if not observed will result in a denial.** For example, if you bill two hours in the morning one day and also another 1 hour in the afternoon the same day, it is a total of 3 hours, so only complete **ONE** billing entry for 3 hours, not two separate entries
  - Similar with monthly or weekly billing- once the billing has been entered for that time period, any new entries during that time period will result in a denial.
  - Billing corrections can be made during the time period if hours need to be adjusted, added, reduced, but new entries on a date already billed will result in denial
- After entering all billable activities for that individual, make sure the Total Charges (near the bottom of the page) matches the total submitted charges (located above the service line items). Total charges are entered manually.

Line Item - System successfully saved the Information

Total Submitted Charges: \$125.00 Add Service Line Item

Ln #	Service Dates		Procedure Code	Modifiers				Diag Pointers				Submitted Charges	Units
	Begin	End		1	2	3	4	1	2	3	4		
1	11/01/2022	11/01/2022	97139					A				\$125.00	1

1 - 1 of 1

---

**Service Location**

Federal Tax ID #   SSN  FEIN

\* Patient Account #       Accept Assignment  Yes  No      \* Total Charges \$       Amount Paid \$       Balance Due \$

- At the **bottom** of the page, click Save Template- this is strongly suggested as this will save the billing information entered
- Click on Manage Another Template (TIP: on most browsers, clicking on the back button  will bypass the information below and take you back to the completed billing template you just saved)



- Find the claim you just completed (enter the first letter of the name, and click on “starts with” , Template Type “Professional”, and Results Type “User Level”
- Double check the entry, and click “Submit Template Claim” at the **bottom** of the page- a new page with submission verification information will appear

**COMMON DENIAL CODE TIPS:**

0161- Authorization not valid for date of service billed

- Double check auth dates in WAMS and check the dates of service billed- this is often a provider error

0160 Procedure Disagrees w/ PA Authorization or Level of Care

- Double check the Service Authorization Entered, service code used for billing and ensure they match the codes approved in WAMS

0132 Servicing Taxonomy Missing – provider will need to enter the taxonomy number and resubmit billing

0301 Duplicate Payment Request- Same Provider, Same DOS- double check the previous billing, but this code is used when the provide bills twice on the same day by accident or when trying to add hours to an already existing and paid entry

0202 Duplicate of History File Record- Different Provider, Same DOS

- This occurs when another provider is billing under the same code (97139)- When two providers are approved under the same code, the provider who bills in the MES system first is paid and the second provider is denied payment- To correct this, resubmit the same billing using the **Modifier# 77**

1 - 1 of 1

**Add Line Item** Save | Reset | Cancel

*Service Date Begin	*Service Date End	*Place of Service
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Procedure Code	Modifiers	
<input type="text"/>	1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>	
Diagnosis Pointers	\$	*Units
*1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/>	ID Qualifier	<input type="text"/>
*Servicing Provider NPI	ZZ	*Servicing Provider Taxonomy
<input type="text"/>	EPSDT Indicator	<input type="text"/>
Emergency Indicator	<input type="radio"/> Yes <input type="radio"/> No	Family Planning Indicator
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No

**Supplemental Data (Line 24 - Shaded Area)**

A

## Billing Adjustments and Changes

If an adjustment/addition/change is necessary after billing has been submitted and paid, adjustments can be made directly in the individual client template.

-At the top of the client template choose “yes” next to “Is this a void/replacement of a paid claim”

-Choose the appropriate drop down based on the type of correction and enter the ICN (listed next to the paid claim on the RA)

-Then enter the corrected billing the way billing is normally entered (see sections above) – tip: if adding hours (i.e. billed 3 hours but meant to bill 5 hours) you will enter billing for the entire 5 hours, do not just bill an additional 2 hours.

Using a void or adjustment claim essentially voids the previous claim so providers should enter the claim as if it is a new claim.

Is this a void/replacement of a paid claim

Yes  No

**Claim Resubmission Information**

* Resubmission Type Code	* ICN to Credit / Adjust
<input type="text"/>	<input type="text"/>