Provider Manual Title: LTSS Screening Chapter V: Billing Instructions Revision Date: 6/5/2023

CHAPTER V **BILLING INSTRUCTIONS** 

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## INTRODUCTION

The purpose of this chapter is to explain the procedures for billing the Virginia Medicaid Program (Medicaid) for covered services provided to Medicaid-eligible individuals. The Department of Medical Assistance Services (DMAS) is the agency that oversees Medicaid in the Commonwealth of Virginia.

## REIMBURSEMENT FOR MEDICAID LTSS SCREENINGS

Providers of Medicaid LTSS Screenings are paid an agreed upon rate per screening. Screening providers do not submit claims for screenings.

Hospitals and health departments will be paid the federal share of their costs on a per screening basis. The electronic Medicaid LTSS Screening (eMLS) system generates a service payment for each accepted screening and notes when the service payment is made. The local health departments receive the interim payment for each accepted screening but the final reimbursement will be cost settled. Nursing facilities are not reimbursed for conducting LTSS Screenings.

Reimbursement for local departments of social services will be based on costs allocated through the VDSS cost allocation plan (using a random moment sampling (RMS) process). Reimbursement represents compensation for all services rendered and completion of the forms required to authorize enrollment for nursing facility placement, Commonwealth Coordinated Care (CCC) Plus Waiver or the Program of All-inclusive Care for the Elderly (PACE).

Local screening teams will receive payments directly from their respective State Agencies.

Each Medicaid LTSS screening must be entered into the DMAS eMLS system. The screening is checked for completeness, and adherence to basic DMAS policies and procedures. Payment for the screening service will be made only for a screening which includes all the required forms, and has been accepted by the eMLS system. Medicaid LTSS screenings must be completed and signed by the physician within 30 days of the request for screening .

No additional reimbursement will be paid for correcting errors on the screening and if a screening is voided, payment will be cancelled or retracted.

Please note that LTSS Screenings performed by local departments of social services are discussed in Chapter M14 of the DMAS Eligibility and Enrollment Manual, in section M1420.