

# Chargemaster

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Creating your own chargemaster

# Introduction & Housekeeping

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## Housekeeping:

- Slides are posted at [MCTAC.org](https://mctac.org)

**Reminder: Information and timelines are current as of the date of the presentation**

# What is a Chargemaster?

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Chargemaster or Charge Description Master (CDM) –

“A list detailing the official rate charged by a provider for individual procedures, services, and goods.”

“A comprehensive listing of items billable to a patient or a patient’s health insurance provider.”

“A listing of every single procedure that a provider can provide to it’s clients.”

# Why Create a Chargemaster?

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- ▶ **To have a comprehensive, consolidated resource telling everyone in your agency what services can be reimbursed by what payers**
  - Ensuring basic understanding across departments
  - Furthering agency integration
- ▶ **Financially:**
  - Provides codes for billers,
  - Expedites billing process,
  - Enhances billing compliance.
- ▶ **Clinically:**
  - Provides professional qualifications (LMSW, MD, PA, etc.) necessary to bill, thereby assisting with service determinations

# Who Should Create a Chargemaster?

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- ▶ All Provider Agencies that bill for their services

## Within your agency:

- ▶ Billing/Finance Team in collaboration with compliance and quality departments including operations/program.
- ▶ A committee should be designated to update and maintain the chargemaster
  - This committee should be representative of all departments listed above and have a chairperson to spearhead regular updates.

# How to Decide What to Include on your Chargemaster?

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- ▶ **The billable services that you provide**
  - Service Descriptions
  - Billing Codes
  - Billing Rules/Regulations
  - Professionals that are able to provide/bill each service
  
- ▶ **The codes for the insurances that you accept**
  - Medicaid
  - Medicaid Managed Care
  - Medicare
  - Commercial Insurance
  - Others
  
- ▶ **In some instances agencies will include their rates for each payer**
  
- ▶ **Personalize your chargemaster to your agency's needs**
  - Add agency service names if they differ from OMH or OASAS service names
  - Add your EHR specific codes, if applicable

# Potential Template

| Name and Definition   | Agency Service Name   | Billing Rules   | Profession | Minimum Duration | CPT Codes       | Modifier (additional services) | Medicaid Procedure Code | Medicaid MCO Procedure Code |
|---|---|---|------------|------------------|-----------------|--------------------------------|-------------------------|-----------------------------|
| Initial assessment Diagnostic & Treatment Plan is a face-to-face interaction between a clinician and recipient and/or collaterals to determine the appropriateness of the recipient for admission to a clinic, the appropriate mental health diagnosis, and the development of a treatment plan for such recipient.                       | Initial Assessment. Can be used for Re-Assessment                               | No more than three initial assessment procedures will be reimbursed during an episode of service. An episode of service means a series of services provided during a period of admission. For recipients previously served by the clinic, additional initial assessment procedures in excess of the allowable three shall not be eligible for Medicaid reimbursement if less than 365 days have transpired since the most recent Medicaid reimbursed visit to the clinic. | LCSW, MD   | 60 Min           | 90791           | Lang, Evening, Off-Site        | 90791                   | 90791                       |
| Initial assessment Diagnostic & Treatment Plan with Medical Services is a face-to-face interaction between a clinician and recipient and/or collaterals to determine the appropriateness of the recipient for admission to a clinic, the appropriate mental health diagnosis, and the development of a treatment plan for such recipient. | Initial Assessment. Can be used for Re-Assessment                               | No more than three initial assessment procedures will be reimbursed during an episode of service. An episode of service means a series of services provided during a period of admission. For recipients previously served by the clinic, additional initial assessment procedures in excess of the allowable three shall not be eligible for Medicaid reimbursement if less than 365 days have transpired since the most recent Medicaid reimbursed visit to the clinic. | MD         | 45 Min           | 90792           | Lang, Evening, Off-Site        | 90792                   | 90792                       |
| Complex Interactive Encounter: Initial assessment is a face-to-face interaction between a clinician and recipient and/or collaterals to determine the appropriateness of the recipient for admission to a clinic, the appropriate mental health diagnosis, and the development of a treatment plan for such recipient.                    | Complex Interactive Encounter Initial Assessment. Can be used for Re-Assessment | No more than three initial assessment procedures will be reimbursed during an episode of service. An episode of service means a series of services provided during a period of admission. For recipients previously served by the clinic, additional initial assessment procedures in excess of the allowable three shall not be eligible for Medicaid reimbursement if less than 365 days have transpired since the most recent Medicaid reimbursed visit to the clinic. | LCSW, MD   | 45 Min           | 90791 and 90785 | Lang, Evening, Off-Site        | 90791                   | 90791 and 90785             |



The above is just a template. MCTAC is not guaranteeing the accuracy of this information but simply providing a mock-up of how a chargemaster could look.

# Resources

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- ▶ OMH Dashboard -  
<https://www.omh.ny.gov/omhweb/nyscri/dashboard.pdf>
- ▶ OMH Coding Crosswalk Rate sheet –  
<http://ctacny.org/media/835#overlay-context=media/662>
- ▶ HARP/ Mainstream Billing and Coding Manual –  
<http://ctacny.org/sites/default/files/harp-mainstream-billing-manual.pdf>



# Questions and Discussion

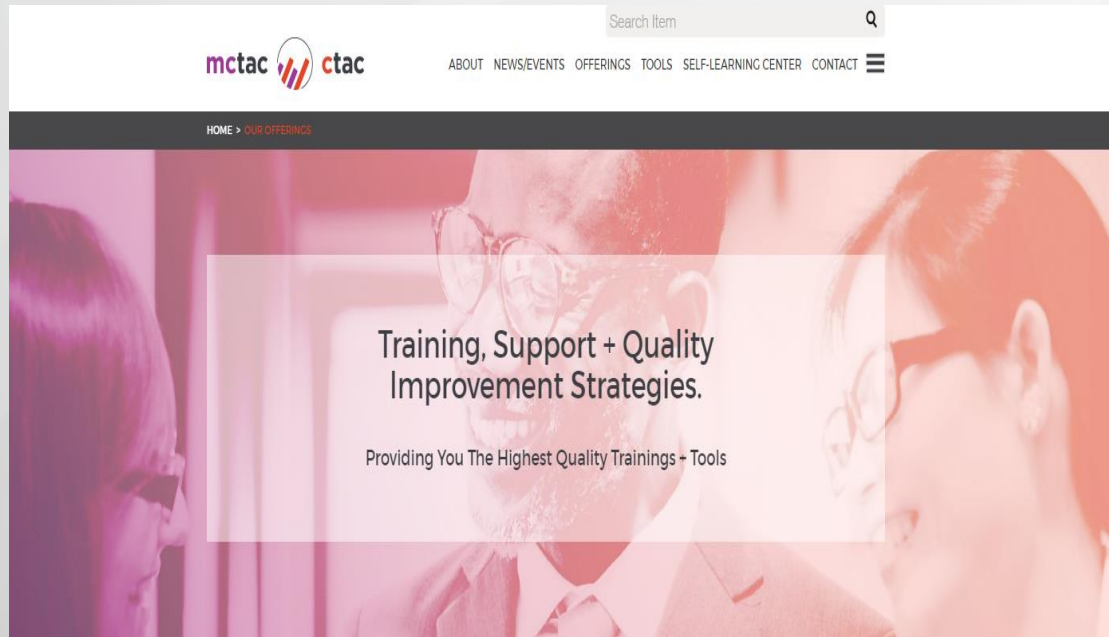
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Please send questions to:  
[mctac.info@nyu.edu](mailto:mctac.info@nyu.edu)

Logistical questions usually receive a response in 1 business day or less.

Longer & more complicated questions can take longer.

**We appreciate your interest and patience!**



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