



NWD Medicaid Administrative Claiming Workbook Tool Five: Code Development Guidance

About this Tool

This tool provides guidance for developing state-specific codes, including examples of approved time study codes, and guidance for developing and using a decision tree to inform accurate coding. Refer to the Medicaid Claiming Workbook for further guidance.

This workbook tool provides guidance on developing state-specific codes for Medicaid Administrative Claiming (MAC). Developing codes requires three actions 1) becoming familiar with the sample codes in the [Reference Document](#), 2) reviewing local agency operations and workflow; and 3) evaluating what codes may work from other state-approved codes.

Reference Document Sample Codes

Section D of the [Reference Document](#) provides examples of five broad code categories. States can use these sample codes (see *Exhibit I*) as the platform for building time study codes that reflect state-specific processes.

Exhibit I: Reference Document Sample Codes

No Wrong Door Codes	
CODE 1: OUTREACH	Code 1.a Medicaid Outreach
	Code 1.b Non-Medicaid Outreach
CODE 2: REFERRAL, COORDINATION AND MONITORING	Code 2.a Referral, Coordination and Monitoring of Medicaid Services
	Code 2.b Referral, Coordination and Monitoring of Non-Medicaid Services
CODE 3: ELIGIBILITY	Code 3.a. Facilitating Medicaid Functional and Financial Eligibility
	Code 3. b. Facilitating Access to Non-Medicaid Programs
CODE 4: TRAINING	Code 4.a Training Medicaid-Related
	Code 4.b Training Not Medicaid-Related
CODE 5: PROGRAM PLANNING, INTERAGENCY COORDINATION AND CONTINUOUS QUALITY IMPROVEMENT	Code 5.a Program Planning, Interagency Coordination and Service Delivery Improvement
	Code 5.b Program Planning, Interagency Coordination and Continuous Quality Improvement Not Medicaid Related



Workflow Analysis

In order to develop codes, we suggest that the state operating agency first conduct a thorough review of local agency operations. State-specific operational processes, referral protocols, and detailed workflow strategies can influence code definitions. Codes should mirror the types of activities that NWD personnel conduct and use similar language as much as possible. The following examples provide guidance:

Eligibility/Functional Assessment Tools

- A functional and/or financial assessment tool given to people who contact the NWD/ADRC, such as a Level 1 Screen, can be coded as Medicaid-related. This type of assessment tool helps determine if the individual should be referred for Medicaid services and waivers. See Maryland codes in **Exhibit 2**.

Person-Centered Counseling (PCC)

- Person-Centered Counseling assists individuals seeking long term services and supports (LTSS) with making informed decisions about their choices. NWD/ADRC staff spend time discussing an individual's needs, strengths and values in order to develop goals for independent living that assist in navigating public and private resources. PCC can help individuals determine their eligibility for Medicaid programs and waivers or determine how Medicaid can be an option for them in the future. In addition, NWD/ADRC staff can assist an individual with taking steps to avoid reliance on Medicaid by planning for future needs. Accountability for Medicaid claiming is important, which is why NWD/ADRC staff are encouraged to use a person-centered planning form as written documentation that PCC has occurred.

Referral, Coordination and Monitoring

- Referral, coordination and monitoring of services may be coded into different categories. One example is time spent working with individuals at risk for Medicaid spend down and at risk of going into an institution, which can be Medicaid claimable. States have argued that this contributes to the efficiency of the Medicaid program by preventing or delaying people from having to rely on Medicaid, especially expensive Medicaid institutional services. The Maryland sub-code approved by CMS that reflects this logic is in **Exhibit 1** as code 3b. When reviewing local operations, most states will discover a subset of the population served, but not yet eligible for Medicaid, who are at risk for spending down to the Medicaid income and asset threshold and also at risk of entering an institution. NWD/ADRC agencies work with these individuals to avoid Medicaid enrollment and institutionalization. As a result, the agency makes a successful argument that these specific activities are Medicaid-related, even if the individual is not currently enrolled in Medicaid.
- In order to identify individuals at risk of spending down to Medicaid and requiring institutionalization, states need to establish a mechanism to identify whether the individual's income and assets exceed the spenddown threshold. States considering this code must establish criteria for classifying whether someone is at risk of going into an institution and consider a method for calculating a spend down threshold, such as the average cost of a nursing facility stay over six months. For further guidance on this approach, contact ACL (NoWrongDoor@acl.hhs.gov).



Training and Program Planning

- States may consider combining sample codes 4 and 5 in the [Reference Document](#). Combining training and program administration functions as one code allows staff to focus on whether the activity relates to Medicaid, a non-Medicaid program, or no specific program.
- Coding for program planning can include activities related to establishing and maintaining documentation, internal processes, and policies related to the provision of LTSS, health care services and other supports. For example, analyzing data to identify and close service gaps, working with partner agencies and planning advisory or interagency committee meetings in order to improve coordination and delivery of services.

Care Transitions

- States may consider adding codes for the work done by care transitions staff through evidence-based or evidence-informed care transitions programs. The work conducted to help individuals transition home after a hospital or nursing facility stay may involve explaining the Medicaid home and community-based services options and/or facilitating the application process. For example, Colorado has a code for work done relating to Section Q referrals (see [Exhibit 2](#)).

Additional Codes for Consideration

- NWD/ADRC staff may receive direct reimbursement for certain Medicaid-related services on a per unit basis. To avoid duplication, States may develop a code for activities reimbursed directly by another source. Activities coded this way include case management services for Medicaid programs, nursing home transition coordination, etc.
- Consider a code category for general administration or personal time off. This is a way for staff to document when they are conducting “non-work” related activities, such as answering *personal* phone calls and emails, conducting personnel related activities, such as time sheets/work schedules, payroll or HR activities, etc. A general administration code also accounts for time off away from work, i.e. breaks, lunch, vacation, sick days, holidays, or any other type of leave.

State Examples

Exhibit 2 provides examples of CMS-approved codes. The code category refers to the samples provided in **Exhibit 1**. Additional state code examples and definitions are available on a private page on the [NWD technical assistance community website \(https://www.ta-community.com\)](https://www.ta-community.com).¹

¹ For access to this page, please email nowrongdoor@acl.hhs.gov



Exhibit 2: State Time Study Codes

Code Category	Maryland	Colorado	Wisconsin
Outreach	<ul style="list-style-type: none"> • Outreach – Medicaid-Related • Outreach – Not Medicaid-Related • Outreach – Not Tied to a Specific Program 	<ul style="list-style-type: none"> • Outreach/Program Education – Medicaid • Outreach/Program Education – Non-Medicaid • Outreach/Program Education – Not Tied to a Specific Program 	<ul style="list-style-type: none"> • Medical Services Admin • Non-Allowable Medical Services Activities
Referral, Coordination and Monitoring	<ul style="list-style-type: none"> • Referral, Coordination and Monitoring – Medicaid eligible • Referral, Coordination and Monitoring Individuals at Risk of Institutionalization and Medicaid Spend Down • Referral, Coordination and Monitoring Not Medicaid-Related 	<ul style="list-style-type: none"> • Referral/Coordination of Medicaid Services & Supports • Referral/Coordination of Non-Medicaid Services & Supports • Referral/Coordination of Non-Medicaid Long-Term Services & Supports to Medicaid Members 	<ul style="list-style-type: none"> • Medical Services Coordination (MA²) • Medical Services Coordination (Not MA)
Eligibility	<ul style="list-style-type: none"> • Facilitating Applications – Medicaid-Related • Facilitating Applications – Not Medicaid-Related • Level I Screen Assessment Tool 	<ul style="list-style-type: none"> • Facilitating Program Applications – Medicaid • Facilitating Program Applications – Non-Medicaid 	<ul style="list-style-type: none"> • Functional Screen Admin • Functional Screen (Other)

² MA or Medical Assistance is the name Wisconsin uses to refer to Medicaid.



Code Category	Maryland	Colorado	Wisconsin
Training, Program Planning, Interagency Coordination and Continuous Quality Improvement	<ul style="list-style-type: none"> • Training and Program Administration – Related to Medicaid or a Medicaid Funded Service • Training and Program Administration – Related to a Program or Service that is Not Funded by Medicaid • Training and Program Administration – Not Tied to a Specific Program 	<ul style="list-style-type: none"> • Program Administration and Planning, Interagency Coordination and Service Delivery Improvement – Medicaid • Program Administration and Planning, Interagency Coordination, and Continuous Quality Improvement – Non-Medicaid • Program Administration and Planning, Interagency Coordination and Service Delivery Improvement – Not Tied to a Specific Program • Training – Medicaid • Training – Non-Medicaid 	<ul style="list-style-type: none"> • MA Activity Training
Additional	<ul style="list-style-type: none"> • Options Counseling³ – Medicaid or Potentially Medicaid • Options Counseling – Medicaid Ruled Out as an Option • Options Counseling – Follow-up with Medicaid Ruled Out as an Option • Activities Reimbursed by Another Source • General Administration 	<ul style="list-style-type: none"> • Options Counseling – Medicaid • Options Counseling – Non-Medicaid • Section Q Activities – Medicaid • Section Q Activities – Non-Medicaid • General Administrative Activities 	<ul style="list-style-type: none"> • Case Identifier • Common to All

³ States use various terms for Person-Centered Counseling, such as Options Counseling.



Decision Tree for Choosing Codes

To help staff determine which code to pick, a decision tree may provide a useful visual.

Exhibit 3 provides an example of a decision tree for Maryland's time study codes. Staff follow the top row of code categories until they reach the appropriate code. Code categories should follow an order that reflects the general workflow processes related to an individual contacting the NWD/ADRC (e.g., initial triage, intake, assessment, application assistance, ongoing coordination, etc.). Once staff have reached the appropriate code, they follow the arrow down from that code to answer simple yes/no prompts to identify the appropriate code for them to select. The order of the decision tree reflects the following objectives:

- For a state concerned about potential duplication, place the activities reimbursed by another source code first. Therefore, staff paid for a referral activity on a per unit basis, would select this code rather than one of the service coordination codes.
- Place codes related to functional assessments and Person-Centered Counseling next to account for efforts States have in place for re-structuring NWD/ADRC operations. This would improve workflows and triage methods, especially as they relate to documenting Medicaid-related time.
- General administration-related codes should be placed last to prevent this code from becoming a default choice.

Exhibit 3: Example Decision Tree for Time Study Codes

