

# MedicAide

An informational newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid

January 2004

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Distributed by the  
Division of Medicaid  
Department of  
Health and Welfare  
State of Idaho

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## Idaho Medicaid Provider Handbook on CD

Since September 2003, all active providers have received the *Idaho Medicaid Provider Resources* CD in the mail. This CD includes the *Idaho Medicaid Provider Handbook*. The handbook is the primary resource for information about the Idaho Medicaid program. The electronic handbook is used regularly by the EDS provider service representatives to answer provider questions.

### Ease of Use

Providers have discovered that this electronic version gives them more flexibility in using the handbook. The electronic version allows users to:

- copy the handbook to one or more computers or LAN for easy access
- use the search function to locate specific information
- complete standard forms online before printing and mailing them
- copy and paste sections of the handbook to their own office manuals
- print specific sections of the handbook as needed
- read about program requirements and procedures for all provider types and specialties

### Contents of Provider Handbook

The handbook includes a directory of addresses, phone numbers and Websites for important Idaho Medicaid contacts including Healthy Connections regional representatives, prior authorization contacts, DHW regional offices, and EDS.

The handbook itself is divided into five sections plus two appendices.

**Section 1 presents the** basic information all providers need to serve Idaho Medicaid clients. Topics include: Provider Participation, Provider Services, Client Eligibility, Restricted Medical Coverage, Healthy Connections, and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

**Section 2 presents the** basic information all providers need to submit claims. Topics include: General Billing Information, Claims Submission, Prior Authorization, Third Party Recovery, Crossover Claims, and Adjustments.

**Section 3 contains** specific information for each of the different provider types including a Healthy Connections supplement. The CD contains sections for **all** the different providers participating in the Idaho program. This allows any provider to get a better understanding of other providers' program requirements.

**Section 4 contains** information on remittance advice forms for the different provider types.

**Section 5 is a glossary** of terms and acronyms used in the handbook.

**Appendix for the Medicaid Automated Voice Information Service (MAVIS) contains information on** how to use MAVIS to obtain current information on client status and claims.

(Continued on page 2)

# Idaho Medicaid Provider Handbook on CD

(Continued from page 1)

**Appendix for Forms** contains a listing of forms used by the Idaho Medicaid program. There are samples of forms you can use to make as many copies as you need whenever you need them. As an added feature, all of the forms in the appendix can now be completed on a PC before printing and mailing. There is also a list of forms providers can order from EDS.

## Availability

The most recent version of the *Idaho Medicaid Provider Handbook* is always available online at: <http://www2.state.id.us/dhw/medicaid/provhb/index.htm>.

Providers who cannot use the electronic handbook may order one paper copy from EDS at no charge. (Paper copies are only for the provider's type). Call MAVIS and ask for *AGENT*.

## Federal Court Sentences Idaho Medicaid Providers For Fraud

On August 25, 2003, **Bernetta Watson**, pled guilty to one count of health care fraud. Bernetta Watson owned and operated In Home Care Services and D & J Personal Care Services and provided home health services to Medicaid and Medicare patients.

Watson billed for nursing services provided by Stephanie Malone, whom Watson knew did not have a current and valid license to practice nursing. In order to avoid discovery of the unqualified staff, Bernetta Watson had a licensed nurse, who did not provide the care, sign the nursing progress notes of care. Malone pled guilty to practicing nursing in the state of Idaho without a license.

Watson also billed for services provided by a certified nursing assistant with a criminal record whom Watson knew was not qualified to perform such services, due to failing Medicaid's criminal background check.

On November 25, 2003, U. S. District Judge B. Lynn Winmill sentenced Watson to 5 years of probation and 6 months of home detention. Watson was ordered to pay restitution to Medicaid in the amount of \$18,087.14.

**Mary Blankenship** owned and operated mental health clinics in Nampa and Payette, Idaho. Medicaid fraud investigators received a call that records were being created. After investigators visited the clinic, Blankenship directed the creation of records to support undocumented services and provided these fabricated records to investigators.

Blankenship was prosecuted by the U.S. Attorney's Office and on May 19, 2003, was found guilty by a jury of three counts of health care fraud. On September 2, 2003, Blankenship pled guilty to one additional count of health care fraud.

On November 19, 2003, U. S. District Judge Edward J. Lodge sentenced Blankenship to 3 years of probation and six months of home detention. Blankenship was ordered to pay restitution to Medicaid in the amount of \$9,283.90.

The Fraud Unit and Surveillance and Utilization Review (SUR) Unit are dedicated to pursuing fraud and abuse in the Medicaid program. Providers who alter, falsify and/or destroy records will be referred for prosecution. To report Medicaid fraud and abuse, call (208) 334-0675 or toll-free (866) 635-7515.

## DHW Phone Numbers

### Addresses

### Web Sites

## DHW Websites

[www.idahohealth.org](http://www.idahohealth.org)

[www2.state.id.us/dhw/](http://www2.state.id.us/dhw/)

[www2.state.id.us/dhw/medicaid/providers/](http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm)

[pharmacy.htm](http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm)

## Idaho Careline

211 (available in all areas)  
(800) 926-2588

## Provider Fraud and Utilization Review

P. O. Box 83720

Boise, ID 83720-0036

(866) 635-7515 (toll free)

(208) 334-0675

Email:

[~medicaidfraud&sur@](mailto:~medicaidfraud&sur@idhw.state.id.us)

[idhw.state.id.us](mailto:~medicaidfraud&sur@idhw.state.id.us)

(note: begins with ~)

Internet:

[www2.state.id.us/dhw/](http://www2.state.id.us/dhw/Medicaid/providers/fraud.htm)

[Medicaid/providers/fraud.htm](http://www2.state.id.us/dhw/Medicaid/providers/fraud.htm)

## Healthy Connections

Region I - Coeur d'Alene

(208) 666-6766

(800) 299-6766

Region II - Lewiston

(208) 799-5088

(800) 799-5088

Region III - Caldwell

(208) 455-7280

(800) 494-4133

Region IV - Boise

(208) 334-4676

(800) 354-2574

Region V - Twin Falls

(208) 736-4793

(800) 897-4929

Region VI - Pocatello

(208) 239-6260

(800) 284-7857

Region VII - Idaho Falls

(208) 528-5786

(800) 919-9945

Spanish Speaking

(800) 862-2147

#### DME Prior Authorizations

DME Specialist  
Bureau of Care Management  
PO Box 83720  
Boise, ID 83720-0036  
(866) 205-7403 (toll free)  
Fax  
(800) 352-6044  
(att: DME Specialist)

#### EMS Review Unit

(800) 362-7648  
(208) 334-2484  
Fax  
(800) 359-2236  
(208) 334-5242

#### PCG

P.O. Box 2894  
Boise, ID 83701  
(800) 873-5875  
(208) 375-1132  
Fax (208) 375-1134

#### Pharmacy

P.O. Box 83720  
Boise, ID 83720-0036  
(877) 200-5441 (toll free)  
(208) 364-1829  
Fax (208) 364-1864  
Web: [www2.state.id.us/dhw/medicaid/providers/pharmacy.htm](http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm)

#### Qualis Health (telephonic & retrospective reviews)

10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
(800) 783-9207  
Fax (800) 826-3836 or  
(206) 368-2765

Qualis Health Website  
[www.qualishealth.org/idahomedicaid.htm](http://www.qualishealth.org/idahomedicaid.htm)

#### Transportation Prior Authorization Unit

(800) 296-0509  
(208) 334-4990  
Fax  
(800) 296-0513  
(208) 334-4979

## New HIPAA Transaction: Health Care Claim Status Request and Response

Beginning February 23, 2004, Idaho Medicaid will support a new HIPAA transaction known as the 276/277, Electronic Claim Status Inquiry and Response. This transaction allows providers to electronically inquire on the status of claims, and requires health care plans to return an electronic response. (276 is the electronic inquiry and 277 is the electronic response). A 276 inquiry can be sent with only a claim number or with the client Medicaid ID number, client last and first name, gender and date of birth. Claim category and status codes will be returned in the 277 response. The 276/277 HIPAA transaction will be processed by EDS on a daily basis.

As with all HIPAA transactions, there are required data elements you will need to be aware of to ensure a successful transmission. These requirements can be found in the Vendor Specifications and are available on request by calling EDS at (800) 685-3757 and asking for 'Technical Support'.

In order to use this new functionality, you must have software which supports the 276/277 transaction, and the transaction must be tested with EDS. EDS will accept the 276/277 transaction for testing beginning January 12, 2004. The transaction is **not** supported in Idaho's electronic billing software, Provider Electronic Solutions (PES).

Want to know more? Contact your software vendor to find out if they support this transaction and what you need to do to get ready.

Submitted by DHW HIPAA Project Team

## Electronic Remittance Advice (ERA)

Providers who receive electronic remittance advices will notice an added data element in late February. This data element, referred to as the EFT or warrant number, is a piece of information sent to EDS in the weekly warrant file received from the State of Idaho's financial system.

If you do not currently receive an electronic remittance advice and would like to begin receiving one, you must submit a request to EDS in writing. Providers may call EDS at (800) 685-3757 to obtain the request form titled *Idaho Medicaid Program Electronic Remittance Advice (ERA) Authorization Form*. This request must include your provider number and the BBS logon (submitter) ID. Providers must submit a new request, even if they have been receiving an ERA prior to the HIPAA changes. Please keep in mind the Idaho Medicaid Provider Electronic Solutions (PES) software does **not** support the electronic remittance advice, HIPAA 835 transaction.

Submitted by DHW HIPAA Project Team

## Healthy Connections and Lock In Case Management Fees

On October 20<sup>th</sup> 2003, as part of HIPAA compliance actions, all local codes were eliminated and replaced with national codes. Prior to this change, monthly case management fees paid to providers for Healthy Connections and Lock In clients were processed as claims using local codes. Beginning in February, the sum of the fees paid for all clients will appear as a single financial transaction under the Financial Items on the paper Remittance Advice rather than as multiple individual claims. A client roster will be sent to the managing provider listing all clients currently enrolled with the provider and the corresponding fee paid.

Submitted by DHW HIPAA Project Team

## New NCPDP 5.1 Transactions Available in February

Beginning February 23, 2004, EDS will be able to process interactive requests from retail pharmacies for:

- Prior authorizations
- Inquiring on a previous prior authorization request
- Reversing a request
- Checking client eligibility (Please note, the NCPDP 5.1 eligibility transaction does not include additional information that may restrict drug coverage such as lock in, third party insurance, nursing home eligibility, etc.)

These requests must be submitted using the NCPDP 5.1 format.

The required data elements for these requests are in the Vendor Specifications for NCPDP 5.1 which are available upon request by calling EDS at (800) 685-3757, and asking for 'Technical Support'.

If you would like to take advantage of these options, please have your software vendor contact the EDI department at EDS to test your transactions and resolve any issues you may encounter.

Submitted by DHW HIPAA Project Team

## Electronic Crossovers

EDS and the Department of Health and Welfare are working with Medicare to resolve the technical issues that have prevented us from directly loading Medicare crossover claims into the Idaho Medicaid claim processing system.

Once these issues are resolved, crossover claims that would have been received from Medicare beginning October 20, 2003, will be loaded into the system and processed. Providers do **not** need to resubmit these claims or take any other action. Please be patient as we work to resolve these issues.

You can also submit electronic Medicare crossover claims directly to Idaho Medicaid using the Provider Electronic Solutions PES software provided by EDS. Some vendor software programs also support this option. For more details, please refer to the crossover section of your PES handbook (available on the Idaho Medicaid Provider Resources CD) or contact your software vendor.

Submitted by EDS Provider Services

## Medicaid Reimbursement Rate for Spacers Is Increased

The Medicaid reimbursement rate for spacers has been increased to ensure access to the right care for those living with asthma. Effective date for the new rate begins December 1, 2003. The codes and new reimbursement rates are listed below.

S8100	Holding chamber, or spacer; without mask - \$31.05
S8101	Holding chamber, or spacer; with mask - \$41.87

### EDS Phone Numbers Addresses

#### MAVIS

(800) 685-3757  
(208) 383-4310

#### EDS

##### Correspondence

PO Box 23  
Boise, ID 83707

##### Provider Enrollment

P.O. Box 23  
Boise, Idaho 83707

##### Medicaid Claims

PO Box 23  
Boise, ID 83707

##### PCS & ResHab Claims

PO Box 83755  
Boise, ID 83707

### EDS Fax Numbers

#### Provider Enrollment

(208) 395-2198

#### Provider Services

(208) 395-2072

### Client Assistance Line

Toll free: (888) 239-8463

### DHW HIPAA Project

#### Mail:

DHW HIPAA Project  
DHW  
PO Box 83720  
Boise, ID 83720-0036

#### Email:

HIPAAComm@idhw.state.id.us

#### Fax:

DHW HIPAA Project  
(208) 334-0645

#### Internet:

[www.idahohealth.org](http://www.idahohealth.org)  
(select H&W HIPAA  
quicklink)

or

[www2.state.id.us/dhw/  
hipaa/index.htm](http://www2.state.id.us/dhw/hipaa/index.htm)

**EDS Phone Numbers**

**Addresses**

**Provider Relations  
Consultants**

**Region 1**

Prudie Teal  
1120 Ironwood Dr., # 102  
Coeur d'Alene, ID 83814  
prudie.teal@eds.com  
(208) 666-6859  
(866) 899-2512 (toll free)  
Fax (208) 666-6856

**Region 2**

JoAnn Woodland  
1118 F Street  
P.O. Drawer B  
Lewiston, ID 83501  
joann.woodland@eds.com  
(208) 799-4350  
Fax (208) 799-5167

**Region 3**

Mary Jeffries  
3402 Franklin  
Caldwell, ID 83605  
mary.jeffries@eds.com  
(208) 455-7162  
Fax (208) 454-7625

**Region 4**

Jane Hoover  
1720 Westgate Drive, # A  
Boise, ID 83704  
jane.hoover@eds.com  
(208) 334-0842  
Fax (208) 334-0953

**Region 5**

Penny Schell  
2241 Overland Avenue  
Burley ID 83318  
penny.schell@eds.com  
Burley: Tuesday & Friday  
(208) 677-4002  
Twin Falls: Mon, Wed, Thurs  
(208) 736-2143  
Fax (208) 678-1263

**Region 6**

Sheila Lux  
1070 Hiline Road  
Pocatello, ID 83201  
sheila.lux@eds.com  
(208) 239-6268  
Fax (208) 239-6269

**Region 7**

Bobbi Woodhouse  
150 Shoup Avenue  
Idaho Falls, ID 83402  
bobbi.woodhouse@eds.com  
(208) 528-5728  
Fax (208) 528-5756

# Thinking (and Staying) Inside the Box

A common error made on paper claims is not staying inside the box. This is most often a problem in the signature box on the UB-92 where the provider has written his or her signature but allowed the script to run outside of the box. This causes the entire claim to be shifted up in the electronic scanning process which causes data to be 'captured' in the wrong fields which causes the claim to be denied.

The same thing will happen on the CMS-1500 when the provider's individual or group number tries to escape from its box. See the examples below of 'good' and 'bad' signatures.

**'Good' Signature Placement**



**'Bad' Signature Placement**



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## Information Releases on Web

To obtain a copy of any current information release, please check the DHW website at [www2.state.id.us/dhw](http://www2.state.id.us/dhw) and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795.

January 1, 2004

**MEDICAID INFORMATION RELEASE MA03-90**

**TO: All Prescribing Providers, Pharmacists, and Long-Term Care Providers**

**FROM: Paul Swatsenbarg, Deputy Administrator**

**SUBJECT: New Prior Authorization Criteria for Stimulant Medications**

**Drug/Drug Class: Stimulants**

**Implementation Date: Effective for dates of service on or after January 20, 2004**

- Amphetamine/dextroamphetamines
- Dextroamphetamines
- Methamphetamines
- Methylphenidate products
- Straterra®

**Purpose of PA Criteria**

Prior Authorization (PA) controls use of products that have very narrow indications or high abuse potential. PA criteria can also reduce the risk for adverse events associated with medications by identifying patients at increased risk due to diseases or medical conditions, or those in need of dosing modifications. Restricting the use of certain medications can reduce costs by requiring documentation of appropriate indications for use, and where appropriate, encourage the use of less expensive agents within a drug class.

**Prior Authorization Process**

Participants who meet the approval criteria will have their requests for medication approved. Those who meet the denial criteria will have their requests denied.

**Approval Criteria**

Drug	Approved Diagnoses			Date Range of Diagnosis
	ADD*	ADHD*	Narcolepsy^	
Amphetamine/Dextroamphetamine	√	√	√	2 years
Dextroamphetamines	√	√	√	
Methamphetamines	√	√		
Methylphenidate products	√	√	√	
Straterra®	√	√		2 years

\*ICD-9 codes used to identify ADD and ADHD are included in 314

^ICD-9 code used to identify Narcolepsy includes 347

- Patients  $\geq 3$  and  $< 18$  years of age will be approved for therapy only if one of the diagnoses in the above table also is documented
- Patients  $\geq 18$  years of age require a documented diagnosis and the absence of denial criteria

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**Denial Criteria - Methylphenidate**

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range of Diagnosis
Opiate abuse	305.5	NA	2 years
Drug dependence: Opioids	304.0		
Cocaine dependence	304.2		
Amphetamine dependence	304.4		
Hallucinogen dependence	304.5		
Hypertension	401-405		
Hyperthyroidism	242		
Glaucoma	365		

- < 3 years of age

**Denial Criteria - Straterra**

- Patients < 3 years of age
- History of narrow angle glaucoma (IDC-9=365.02) in the last 2 years

**Additional Information**

A complete listing of National Drug Code numbers (NDC) and a decision flow chart is available on our website at [www.idahohealth.org](http://www.idahohealth.org)

**Medicaid Contact**

If you have questions about this Information Release, you may call the Medicaid Pharmacy unit at 208-364-1829.

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November 28, 2003

**MEDICAID INFORMATION RELEASE 2003-92**

**TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities**

**FROM: Paul Swatsenbarg, Deputy Administrator**

**SUBJECT: ENHANCED PRIOR AUTHORIZATION PROGRAM FOR MEDICAID PHARMACY PROGRAM**

Idaho Medicaid is implementing an Enhanced Prior Authorization Program during 2003. The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug that ensures the best health outcome at the right price.

The program utilizes evidence-based reviews to develop criteria that will aid in the selection of the most appropriate medication for the participant. Twenty-five (25) major drug classes will be subject to the evidence-based review over the next 3 years. The first four (4) drug classes to be reviewed include proton pump inhibitors (PPI), COXII NSAIDs, triptans and statins.

The Enhanced PA Program consists of two new features:

- An automated system (called SmartPA<sup>SM</sup>) will mean faster turnaround for a majority of prior authorization requests at the pharmacy
- Evidence-based review of drug classes to aid in determining prior authorization guidelines utilizing a Pharmacy and Therapeutics Committee.

The Pharmacy and Therapeutics (P&T) Committee is made up of doctors, pharmacists, and other healthcare prescribers representing a range of medical specialties and geographic locations. The P&T Committee evaluates evidence-based clinical information, current Medicaid utilization data, and net Medicaid cost in order to make recommendations to Medicaid on prior authorization guidelines.

Idaho Medicaid has had a prior authorization program for covered medications for several years. The EPAP program will enhance the PA process within selected drug classes. Overall, the recommendation of medications to be excluded from PA within a reviewed drug class will be based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs, and secondarily on cost.

Look for further information with EPAP program details in future information releases or in the MedicAide Bulletin. If you have any questions about this Information Release, please contact the Medicaid Pharmacy Unit at 208-364-1829. We appreciate your continued participation in the Idaho Medicaid Program.

PS/cb



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November 20, 2003

**MEDICAID INFORMATION RELEASE #2003-94**

**TO:** All Certified Family Home Providers  
**FROM:** Kathleen P. Allyn, Deputy Administrator  
**SUBJECT:** Billing Modifier

When billing the procedure code, S5140, Certified Family Home Providers need to use the following modifiers based on the resident's waiver program. If the resident is on the Developmental Disability/ISSH Waiver Program use the modifier U8 (Medicaid Level of Care 8, Developmental Disability/ISSH Waiver Program) and if the resident is on the Aged and Disabled Waiver Program use the modifier U2 (Medicaid Level of Care 2, Aged and Disabled Waiver Program).

This information can also be found online in the *Idaho Medicaid Provider Handbook* at the following website: [http://www2.state.id.us/dhw/medicaid/provhb/s3\\_toc.pdf](http://www2.state.id.us/dhw/medicaid/provhb/s3_toc.pdf).

If you have any questions regarding the information contained in this release, please contact Mitzi Gumm (208) 364-1982. Thank you for your continued participation in the Idaho Medicaid Program.

KA/mg

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December 1, 2003

## MEDICAID INFORMATION RELEASE MA04-01

**TO: Anesthesia Providers**  
**FROM:** Kathleen P. Allyn, Deputy Administrator  
**SUBJECT: CLARIFICATION OF INFORMATION RELEASE MA02-19: BILLING SEPARATE ANESTHESIA SESSIONS ON THE SAME DAY**

This Information Release is being issued to clarify Medicaid's policy for reimbursement of separate anesthesia sessions on the same day, and supercedes Information Release MA02-19 which was issued in the July 2002 MedicAide newsletter.

### Policy

- Repeat anesthesia procedures  
Idaho Medicaid limits reimbursement for anesthesia procedures to once per day. A repeat anesthesia procedure on the same day which is billed with the Current Procedural Terminology (CPT) modifier -76 or -77 will be paid at \$0.00.
- Separate anesthesia sessions  
*Medicaid considers that a separate session of anesthesia has occurred when a patient is returned to surgery after spending time in another unit of the hospital.* In these cases, Medicaid will reimburse both CPT anesthesia codes plus the total time for both sessions, with adequate documentation.

### Billing Instructions – new claims

If you are billing for a second *separate* session of anesthesia on the same day, *do not use modifier 76 or 77.* Instead:

- In the comment field of the claim include:
  - a. the start and stop time for each anesthesia session, and
  - b. the hospital unit where the patient was moved to between anesthesia sessions.
- In field 24G of the CMS-1500 claim form, enter the total billed time in minute increments.

### Adjusting or re-billing previous claims

If you have Medicaid claims with modifiers -76 or -77 for dates of service back to 7/1/2002 which you want Medicaid to reconsider under this policy clarification, please use the following guidelines:

- **Adjust your claim if the original claim was paid at \$0.00 amount**  
Refer to adjustment instructions in Section 2 of the Provider Handbook which is available on-line at: <http://www2.state.id.us/dhw/medicaid/provhb/index.htm>. In the explanation field of the adjustment, include the hospital unit where the patient was moved between sessions.
- **Rebill your claim if the original claim was denied**  
Resubmit the denied detail of the claim, and in the comment field of the claim include the start and stop times for each session and the hospital unit where the patient was moved between sessions. In field 24G of the CMS-1500 claim form, enter the total billed time in minute increments. If your rebilling is nearly or more than one year old, include the Internal Control Number (ICN) of the original claim in the comment field.

For additional information specific to billing anesthesia services, see section 3.14, of the Physician and Osteopath Provider Handbook which is available on-line at: [http://www2.state.id.us/dhw/medicaid/provhb/s3\\_physician\\_osteo.pdf](http://www2.state.id.us/dhw/medicaid/provhb/s3_physician_osteo.pdf)

Any questions about this Information Release should be directed to EDS at 1-800-685-3757 or 208-383-4310.

Thank you for your continued participation in the Idaho Medicaid Program.

KPA/af

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December 15, 2003

**MEDICAID INFORMATION RELEASE MA04-02**

**TO:** All Prescribing Providers, Pharmacists, District Health Departments, Indian Health Services Clinics, Rural Health Clinics, Federally Qualified Health Centers, Idaho Medical Association, Idaho Pediatric Association, Hospital Administrators

**FROM:** Kathleen P. Allyn, Deputy Administrator

**SUBJECT:** Medicaid Medical Necessity Requirements for the Administration of FluMist™

FluMist™ is a new intranasal administered influenza vaccine that offers an alternative to an injection for a limited number of individuals. FluMist™ has **not** been approved by the FDA for individuals who are:

- considered at the highest risk for developing influenza and have the highest need for vaccination
- those with chronic illness
- patients younger than 5 years old or greater than 50 years old

Because FluMist™ is a live vaccine that could result in virus transmission to susceptible individuals, it is contraindicated in pregnant women, individuals with chronic cardiovascular, pulmonary, metabolic or renal disease, and immunocompromised individuals. It should be used cautiously in child care workers, health care workers, and individuals with close contact to immunosuppressed patients.

**Medical Necessity Requirements**

**To be paid:**

- A claim must include the reason a conventional flu shot is not an equally effective course of treatment or suitable for the individual, and
- The client must be between the ages of 5 - 49 years old.

**Billing Information**

FluMist™ must be billed with HCPC code **J3530**, and must include the required Medical Necessity reason, the NDC (National Drug Code) number **66019-0100-01**, and quantity for payment. To facilitate electronic claims submission, enter medical necessity in the comments field.

**Contact**

If you have questions regarding the FluMist™ payment process, please contact EDS at (800) 685-3757 or (208) 383-4310.

KPA/cb

EDS  
P.O. Box 23  
Boise, Idaho 83707

PRSR STD  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT NO. 220



### January Office Closures

The Department of Health and Welfare and EDS offices will be closed for the following State holidays:

**New Year's Day, January 1**

**Martin Luther King, Jr. Day, January 19**

A reminder that MAVIS (the Medicaid Automated Voice Information Service) is available on State holidays at:  
(800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)

**MedicAide** is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:  
Becca Ruhl,  
Division of Medicaid  
Cynthia Brandt,  
Publications Coordinator,  
EDS

If you have any comments or suggestions, please send them to:

[ruhlab@idhw.state.id.us](mailto:ruhlab@idhw.state.id.us)

or

Becca Ruhl  
DHW MAS Unit  
PO Box 83720  
Boise, ID 83720-0036  
Fax: (208) 364-1911

# MedicAide

An informational newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid

February 2004

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Division of Medicaid  
Department of  
Health and Welfare  
State of Idaho

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## Payment Accuracy Measurement Project

The Improper Payments Information Act of 2002 (Public Law 107-300) directs the Centers for Medicare and Medicaid Services (CMS) to review all of its programs and activities annually, identify those that may be susceptible to significant improper payments, estimate the annual amount of improper payments, and submit those findings to Congress each year.

This is the third year of a three year CMS pilot, called the Payment Accuracy Measurement Demonstration Project (PAM), to develop a single methodology that can produce both state-specific and national level Medicaid payment accuracy estimates to comply with the requirements of the Act. PAM will be implemented on a national basis after the third year.

During the first year of the PAM Project, nine states developed and pilot tested various methodologies. From the results of year one, CMS developed the CMS PAM Model. During the second year, 12 states tested the CMS PAM Model. Based on their findings the model was modified. Year three is to pilot the final model in both the SCHIP and the regular Medicaid program.

Twenty seven states, including Idaho, were awarded grants to participate in the year three pilot. Idaho is participating in both the Medicaid and the SCHIP components of the project.

The model can be summed up as follows: we will draw a statistically valid, random sample from the universe of recently-paid Medicaid and SCHIP claims. We will then review and audit the sampled claims to determine the validity of the payments made. The audit will include an examination of the accuracy of the claims processing system, the medical necessity of the service for which payment was claimed, and the eligibility of the beneficiary who received the service. The dollar amount of any errors identified (overpayments and underpayments) will be tracked and used to calculate the final payment accuracy rate.

The assistance of providers is requested for this project. The sample size for this initiative is modest and most providers will not be sampled, but a small number will be asked to submit medical records to the state Medicaid agency for review. The number of records requested from any single provider will vary depending on claim volume. We anticipate the impact on any single provider will be limited. Providers are strongly encouraged to respond with requested documentation in a timely manner. Your cooperation will ensure the state's program is fully credited for claims accurately paid. If documentation for the requested claim is not provided, the amount of the claim will be considered an error, resulting in a lower accuracy rate.

Because this research project is conducted to improve the accuracy of Medicaid payments, records submitted to your Medicaid agency for review do not need to be de-identified to comply with the privacy provisions in the Health Insurance Portability and Accountability Act (HIPAA).

If you have any questions or concerns regarding this project please contact DeeAnne Moore of the State Medicaid agency at (208) 364-1947 or moored@idhw.state.id.us.

## New HIPAA Transaction: Health Care Claim Status Request and Response

Beginning February 23, 2004, Idaho Medicaid will support a new HIPAA transaction known as the 276/277, Electronic Claim Status Inquiry and Response. This transaction allows providers to electronically inquire on the status of claims, and requires health care plans to return an electronic response. (276 is the electronic inquiry and 277 is the electronic response). A 276 inquiry can be sent with only a claim number or with the client Medicaid ID number, client last and first name, gender and date of birth. Claim category and status codes will be returned in the 277 response. The 276/277 HIPAA transaction will be processed by EDS on a daily basis.

As with all HIPAA transactions, there are required data elements you will need to be aware of to ensure a successful transmission. These requirements can be found in the vendor specifications and are available on request by calling EDS at (800) 685-3757 and asking for 'Technical Support'.

In order to use this new functionality, you must have software which supports the 276/277 transaction, and the transaction must be tested with EDS. EDS will accept the 276/277 transaction for testing beginning January 12, 2004. The transaction is **not** supported in Idaho's electronic billing software, Provider Electronic Solutions (PES).

Want to know more? Contact your software vendor to find out if they support this transaction and what you need to do to get ready.

Submitted by DHW HIPAA Project Team

## Electronic Remittance Advice (ERA)

Providers who receive electronic remittance advices will notice an added data element in late February. This data element, referred to as the EFT or warrant number, is a piece of information sent to EDS in the weekly warrant file received from the State of Idaho's financial system.

If you do not currently receive an electronic remittance advice and would like to begin receiving one, you must submit a request to EDS in writing. Providers may call EDS at (800) 685-3757 to obtain the request form titled *Idaho Medicaid Program Electronic Remittance Advice (ERA) Authorization Form*. This request must include your provider number and the BBS logon (submitter) ID. Providers must submit a new request, even if they have been receiving an ERA prior to the HIPAA changes. Please keep in mind the Idaho Medicaid Provider Electronic Solutions (PES) software does **not** support the electronic remittance advice HIPAA 835 transaction.

Submitted by DHW HIPAA Project Team

## Healthy Connections and Lock In Case Management Fees

On October 20<sup>th</sup> 2003, as part of HIPAA compliance actions, all local codes were eliminated and replaced with national codes. Prior to this change, monthly case management fees paid to providers for Healthy Connections and Lock In clients were processed as claims using local codes. Beginning in February, the sum of the fees paid for all clients will appear as a single financial transaction under the Financial Items on the paper Remittance Advice rather than as multiple individual claims.

Submitted by DHW HIPAA Project Team

### DHW Phone Numbers Addresses Web Sites

#### DHW Websites

[www.idahohealth.org](http://www.idahohealth.org)  
[www2.state.id.us/dhw](http://www2.state.id.us/dhw)  
[www2.state.id.us/dhw/medicaid/providers/pharmacy.htm](http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm)

#### Idaho Careline

211 (available in all areas)  
(800) 926-2588

#### Provider Fraud and Utilization Review

P. O. Box 83720  
Boise, ID 83720-0036  
(866) 635-7515 (toll free)  
(208) 334-0675

Email:  
~medicaidfraud&sur@  
idhw.state.id.us  
(note: begins with ~)

Internet:  
[www2.state.id.us/dhw/Medicaid/providers/fraud.htm](http://www2.state.id.us/dhw/Medicaid/providers/fraud.htm)

#### Healthy Connections

Region I - Coeur d'Alene  
(208) 666-6766  
(800) 299-6766

Region II - Lewiston  
(208) 799-5088  
(800) 799-5088

Region III - Caldwell  
(208) 455-7280  
(800) 494-4133

Region IV - Boise  
(208) 334-4676  
(800) 354-2574

Region V - Twin Falls  
(208) 736-4793  
(800) 897-4929

Region VI - Pocatello  
(208) 239-6260  
(800) 284-7857

Region VII - Idaho Falls  
(208) 528-5786  
(800) 919-9945

Spanish Speaking  
(800) 862-2147

**Prior Authorization  
Phone Numbers  
Addresses  
Web Sites**

**DME Prior Authorizations**

DME Specialist  
Bureau of Care Management  
PO Box 83720  
Boise, ID 83720-0036  
(866) 205-7403 (toll free)  
Fax  
(800) 352-6044  
(att: DME Specialist)

**PCG**

P.O. Box 2894  
Boise, ID 83701  
(800) 873-5875  
(208) 375-1132  
Fax (208) 375-1134

**Pharmacy**

P.O. Box 83720  
Boise, ID 83720-0036  
(877) 200-5441 (toll free)  
(208) 364-1829  
Fax (208) 364-1864

Web: [www2.state.id.us/dhw/medicaid/providers/pharmacy.htm](http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm)

**Qualis Health** (telephonic & retrospective reviews)

10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
(800) 783-9207  
Fax (800) 826-3836 or  
(206) 368-2765

**Qualis Health Website**  
[www.qualishealth.org/idahomedicaid.htm](http://www.qualishealth.org/idahomedicaid.htm)

**Transportation Prior  
Authorization Unit**

(800) 296-0509  
(208) 334-4990  
Fax  
(800) 296-0513  
(208) 334-4979

**Ambulance Review**

(800) 362-7648  
(208) 287-1155  
Fax  
(800) 359-2236  
(208) 334-5242

December 24, 2003

TO: MEDICAID EMERGENCY TRANSPORTATION PROVIDERS AND  
AMBULANCE BILLING STAFF

FROM: THE DIVISION OF HEALTH, EMERGENCY MEDICAL SERVICES (EMS)

SUBJECT: AMBULANCE REVIEW AND PRIOR AUTHORIZATIONS

Effective January 5, 2003, the authorization of emergency transportation requests for Medicaid clients will transfer to the Division of Medicaid, Medicaid Transportation Unit.

This change will impact ambulance prior authorizations and retrospective reviews only. All other EMS responsibilities such as licensure, etc. remain unchanged. Please mail your claim forms and run sheets to the following address:

DHW - Division of Medicaid  
Ambulance Review - Medical Transportation Unit  
Attn: Lynne Denné  
P.O. BOX 83720  
Boise, ID 83720-0036

The phone numbers will be:

Ambulance Review Phone 800-362-7648 or Local 287-1155 (new)  
Ambulance Review FAX 800-359-2236 or Local 334-5242

## Prescription Prior Authorization Requests

For your convenience, pharmacy prior authorization request forms are posted on our website at [www.idahohealth.org](http://www.idahohealth.org). Prescribers may phone pharmacy PA requests into the Medicaid Pharmacy unit at (208) 364-1829.

**Prescribers please note:** if your professional claims for Medicaid clients are billed to Idaho Medicaid with the ICD-9 (diagnosis) codes justifying the prescription, fewer manual pharmacy PA requests will be required.

Pharmacy personnel may call in a prior authorization request if the prescriber documents on the prescription the diagnosis for the medication being prescribed and no further medical information is required to meet the pharmacy PA criteria.

## New NCPDP 5.1 Transactions Available in February

Beginning February 23, 2004, EDS will be able to process interactive requests from retail pharmacies for:

- Prior authorizations
- Inquiring on a previous prior authorization request
- Reversing a request
- Checking client eligibility (Please note, the NCPDP 5.1 eligibility transaction does not include additional information that may restrict drug coverage such as lock in, third party insurance, nursing home eligibility, etc.)

These requests must be submitted using the NCPDP 5.1 format.

The required data elements for these requests are in the vendor specifications for NCPDP 5.1 which are available upon request by calling EDS at (800) 685-3757, and asking for 'Technical Support'.

If you would like to take advantage of these options, please have your software vendor contact Technical Support at EDS to test your transactions and resolve any issues you may encounter.

Submitted by DHW HIPAA Project Team

# When You Ask MAVIS for *AGENT*

The *EDS* provider service representative team is working to build a strong relationship with the Idaho Medicaid provider community. Recently, the team members are answering almost 1000 calls on some days. When providers call MAVIS and ask for *AGENT* they are connected to a provider service representative (PSR).

## With what can a PSR help me?

Provider service representatives (PSRs) are trained to quickly and accurately answer provider billing questions and client eligibility. They can explain the adjustment process, request the addition of procedure/modifier combinations, and answer questions on claims. They can tell the provider if a service needs a prior authorization but they do not do prior authorization.

## What information will I need to give to the PSR?

Just like with MAVIS, you will need the following information when you call: your 9-digit Idaho Medicaid provider number, the internal control number (ICN) for the claim **or** the client's Medicaid identification number (MID) and the dates of service.

## I lost my security code for MAVIS, now what do I do?

If you lose your MAVIS security code, call MAVIS and ask for *AGENT*. Give the PSR your Idaho Medicaid provider number and the PSR will reset your security setting for MAVIS. You will then have to call MAVIS back to create a new security code. To protect the security of the MAVIS system, PSRs do not have access to provider security codes and cannot create them for providers. (Also for security reasons, PSRs cannot reset a provider's password for their PES software.)

## Can a PSR help me get prior authorization for services?

NO! *EDS* does not do prior authorization for any services. Please check your Idaho Medicaid Provider Handbook for information on how and when to get prior authorization.

## If I leave a message, how long will I have to wait for a call back?

Everyday the *EDS* PSR team receives as many as 200 voice messages. The team regularly checks the voice mail during the day and logs every message it receives. The PSR team is required to make three attempts to contact the caller and will respond to **every** message left by a provider either by the close of business that day or the next. When leaving a message, include the following information: provider name and telephone number, provider and client Medicaid numbers, and the dates of service.

## I live in northern Idaho and got a call-back at 7:05 A.M.! What gives?

The provider service agents are available Monday through Friday, from 8:00 a.m. to 6:00 p.m. (Mountain Standard Time). We sometimes make mistakes because Idaho spans two time zones but has only one telephone area code. When leaving a voice mail message, please be sure to mention if you live in northern Idaho and we will try to call later in the day.

## If a client has a question, should I give them the same telephone number I use?

No. There is a special toll-free phone number for clients (1-888-239-8463). Please don't give the provider telephone number to clients because it will slow down answering provider calls.

Submitted by EDS Provider Services

## EDS Phone Numbers Addresses

### MAVIS

(800) 685-3757  
(208) 383-4310

### EDS

#### Correspondence

PO Box 23  
Boise, ID 83707

#### Provider Enrollment

P.O. Box 23  
Boise, Idaho 83707

#### Medicaid Claims

PO Box 23  
Boise, ID 83707

#### PCS & ResHab Claims

PO Box 83755  
Boise, ID 83707

## EDS Fax Numbers

### Provider Enrollment

(208) 395-2198

### Provider Services

(208) 395-2072

## Client Assistance Line

Toll free: (888) 239-8463

## DHW HIPAA Project

### Mail:

DHW HIPAA Project  
DHW  
PO Box 83720  
Boise, ID 83720-0036

### Email:

HIPAAComm@idhw.state.id.us

### Fax:

DHW HIPAA Project  
(208) 334-0645

### Internet:

[www.idahohealth.org](http://www.idahohealth.org)  
(select H&W HIPAA  
quicklink)

or

[www2.state.id.us/dhw/  
hipaa/index.htm](http://www2.state.id.us/dhw/hipaa/index.htm)



**EDS Phone Numbers****Addresses****Provider Relations  
Consultants****Region 1**

Prudie Teal  
1120 Ironwood Dr., # 102  
Coeur d'Alene, ID 83814

prudie.teal@eds.com  
(208) 666-6859  
(866) 899-2512 (toll free)  
Fax (208) 666-6856

**Region 2**

JoAnn Woodland  
1118 F Street  
P.O. Drawer B  
Lewiston, ID 83501

joann.woodland@eds.com  
(208) 799-4350  
Fax (208) 799-5167

**Region 3**

Mary Jeffries  
3402 Franklin  
Caldwell, ID 83605

mary.jeffries@eds.com  
(208) 455-7162  
Fax (208) 454-7625

**Region 4**

Jane Hoover  
1720 Westgate Drive, # A  
Boise, ID 83704

jane.hoover@eds.com  
(208) 334-0842  
Fax (208) 334-0953

**Region 5**

Penny Schell  
2241 Overland Avenue  
Burley ID 83318

penny.schell@eds.com  
Burley: Tuesday & Friday  
(208) 677-4002

Twin Falls: Mon, Wed, Thurs  
(208) 736-2143  
Fax (208) 678-1263

**Region 6**

Sheila Lux  
1070 Hilina Road  
Pocatello, ID 83201

sheila.lux@eds.com  
(208) 239-6268  
Fax (208) 239-6269

**Region 7**

Bobbi Woodhouse  
150 Shoup Avenue  
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com  
(208) 528-5728  
Fax (208) 528-5756

December 23, 2003

**MEDICAID INFORMATION RELEASE 2004-04**

**TO: All Prescribing Providers, Pharmacists, and Long-Term Care Providers**

**FROM: Paul Swatsenbarg, Deputy Administrator**

**SUBJECT: AUTOMATED PRIOR AUTHORIZATION PROCESS AND CALL CENTER FOR MEDICAID PHARMACY CLAIMS**

Idaho Medicaid is implementing an Enhanced Prior Authorization Program. The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug at the right price. Part of this program is an automated prior authorization system for pharmacy claims called SmartPA<sup>SM</sup>. This system will provide turnaround for a majority of prior authorization requests at the pharmacy and less paper requests from the prescribers.

**HOW DOES SMARTPA<sup>SM</sup> WORK**

The pharmacist submits a participant's prescription to Idaho Medicaid through the point of sale (POS) system. If the medication requires prior authorization and the claim has not denied for any other edit, the claim is electronically transmitted to SmartPA<sup>SM</sup>.

SmartPA<sup>SM</sup> applies predetermined prior authorization (PA) criteria to the pharmacy drug claim utilizing both medical and drug data.

Claims that meet the predetermined criteria are approved in a real time environment and the claim is paid.

If the criteria is not met, the pharmacy provider is sent an electronic message at POS that states "PA required" and the drug claim is denied.

The pharmacy provider should then contact the prescriber to let him know that he must call the Medicaid Call Center or fax in a PA request for further consideration of this drug claim.

In this way, SmartPA<sup>SM</sup> effectively removes a significant number of PA requests from the manual PA request environment. *The prescriber needs to be contacted only when the request is not approved at POS.*

**HOW TO OBTAIN PRIOR AUTHORIZATION CONSIDERATION AFTER DENIAL FOR "PA REQUIRED" AT THE PHARMACY**

If the claim denies for prior authorization and the prescriber wants to pursue obtaining a prior authorization, the prescriber will need to contact the **Medicaid Pharmacy Call Center at 208-364-1829** or fax in a completed prior authorization form. PA forms can be located on the Medicaid Pharmacy website: [www.idahohealth.org](http://www.idahohealth.org).

When calling the Medicaid Pharmacy Call Center, the prescriber will need to provide Call Center staff with the following information:

- Prescriber name and phone number
- Client name and Medicaid ID number
- Drug name, strength, and quantity
- Pharmacy name (if known)

Call Center staff may require further clinical information from the provider based on the drug PA criteria.

The staff will input the needed information into the SmartPA<sup>SM</sup> application. SmartPA<sup>SM</sup> will then automatically query both the medical and pharmacy databases and the manually input information to determine if the PA criteria have been met.

The PA decision will be explained to the calling provider.

If the PA is approved, the pharmacy will be able to resubmit the claim through the POS system immediately.

MEDICAID INFORMATION RELEASE 2004-04 continued on page 6

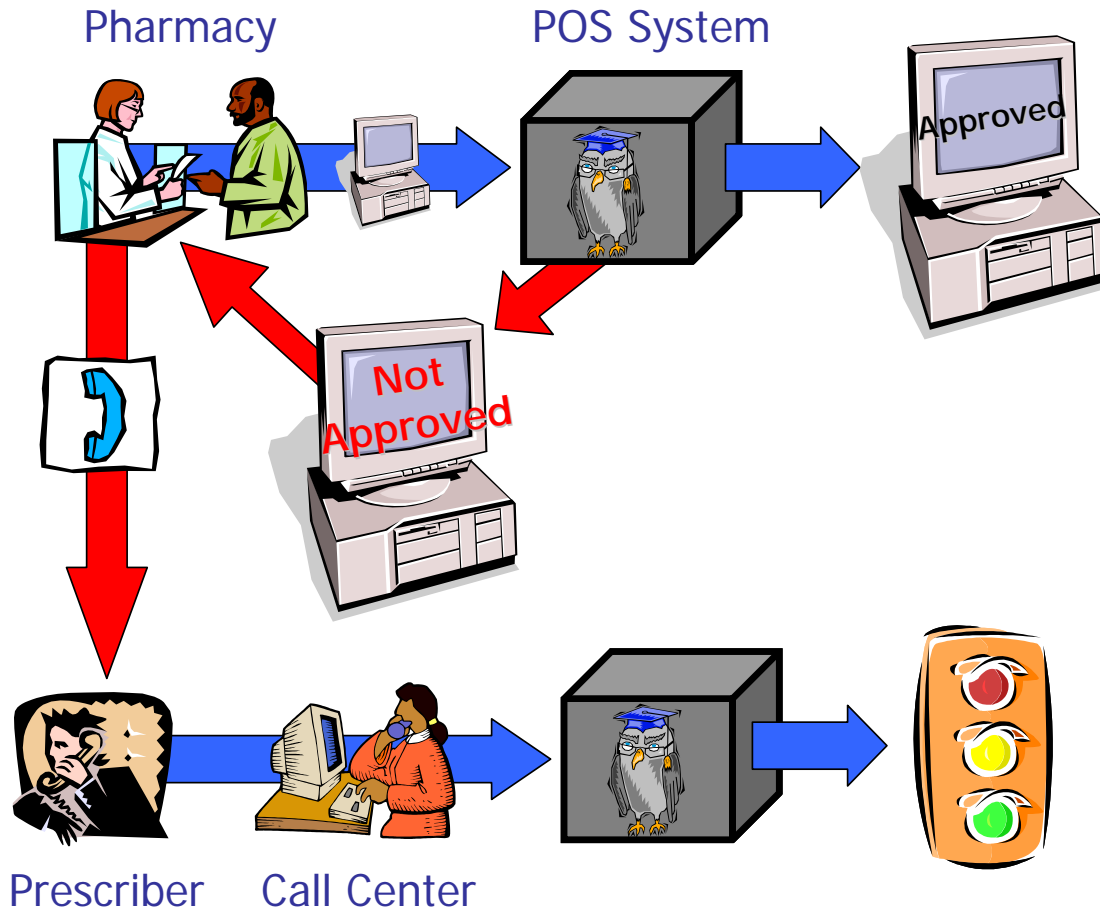
**HOW SMARTPA<sup>SM</sup> AFFECTS QUANTITY PRIOR AUTHORIZATIONS**

On August 19, 2002, Idaho Medicaid began requiring prior authorizations for quantity override requests. It required the pharmacy to bill with a paper claim for reimbursement.

The SmartPA<sup>SM</sup> application will change this process by allowing for an authorized quantity override to be billed through the POS system.

The quantity override request form must be faxed to (208) 364-1864 for consideration prior to dispensing to guarantee reimbursement.

If you have any questions, please contact the Medicaid Pharmacy Program at (208) 364-1829.



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December 23, 2003

**MEDICAID INFORMATION RELEASE MA04-05**

**TO: Dental Providers**

**FROM:** Kathleen P. Allyn, Deputy Administrator

**SUBJECT: CORRECTION TO INFORMATION RELEASE 2003-87 CONCERNING AMERICAN DENTAL ASSOCIATION (ADA) 1999 (2000) RED INK CLAIM FORM**

This Information Release (IR) reflects a change in Medicaid Policy previously issued in IR 2003-87 concerning mandatory use of ADA 1999 (2000) red ink claim form.

Numerous dental providers who bill on paper claims have contacted Medicaid to voice their concerns about Information Release 2003-87, and indicated that changing their billing systems to the red ink ADA 1999 claim form would create significant financial and staffing impacts on their dental practices. **Therefore, in response to the concerns of our dental providers, Idaho Medicaid will continue to encourage, but will not mandate, the use of the ADA 1999 (2000) red ink claim form for paper claims on January 1, 2004.**

You may bill dental claims using the following options, in order of efficiency:

1. Electronic billing is the quickest and most accurate way to submit Medicaid claims. Providers who are not set up to bill electronically may contact an EDS Provider Services Representative for more information toll-free at 1-800-685-3757, or 383-4310 in the Boise area.
2. Paper claims billed on the *red ink* ADA 1999 (2000) claim form can be scanned and processed more quickly than other paper claim forms.
3. Paper claims may be billed on the ADA 1999 (2000) claim form printed in *black ink, including software-generated claim forms which print on plain paper.*
4. Paper claims may also be billed on ADA dental claim forms older than the ADA 1999 (2000), however these claims require a longer period to process as they must be manually data-entered by EDS.

Please note that Medicaid still cannot accept paper claims on the ADA 2003 claim form because it does not contain all the required fields needed for processing.

Any questions about this Information Release should be directed to EDS at 1-800-685-3757 or 383-4310 in the Boise area.

Thank you for discussing your issues and concerns with Medicaid and for your continued participation in the Idaho Medicaid Program.

KPA/af

### **Information Releases on Web**

To obtain a copy of any current information release, please check the DHW website at [www2.state.id.us/dhw](http://www2.state.id.us/dhw) and select **Medicaid**.

December 30, 2003

**MEDICAID INFORMATION RELEASE MA04-06**

**TO: All Professional Providers Billing Medications with HCPCS codes**

**FROM:** Kathleen P. Allyn, Deputy Administrator

**SUBJECT: Additional information concerning Medicaid Information Release MA03-69, "Requirement of National Drug Code (NDC)"**

This Information Release is a follow-up to IR MA03-69, "Requirement of National Drug Code (NDC)", published on pages 11 and 12 in the October 2003 MedicAide provider newsletter. This IR may be accessed online at: <http://www2.state.id.us/dhw/medicaid/MedicAide/1003.pdf> .

Professional claims for medications reported with HCPCS (Healthcare Common Procedure Coding System) codes **for dates of service on or after February 1, 2004** must include the NDC of the medication supplied, units dispensed, and basis of measurement for each HCPCS medication.

This requirement:

- also applies to cancer drugs with HCPCS codes
- applies to claims submitted electronically and on the paper CMS 1500 form
- *does not* apply to Medicare claims which "crossover" to Medicaid as the secondary payer

The HCPCS medications that will require NDC information are listed in the current HCPCS Level II Expert manual, Appendix 3, alphabetically by both generic and brand or trade name with corresponding HCPCS codes.

Claims with incomplete NDC information will be denied with EOB 628 – "NDC required....".

The collection of the NDC information will allow Medicaid to collect rebates due from drug manufacturers, resulting in significant cost saving to Idaho's Medicaid Program. This requirement is supported by the federal Centers for Medicare and Medicaid Services (CMS), which is encouraging all states to develop systems to claim drug rebates for the Medicaid programs. See State Medicaid Director Letter #03-002, at: <http://www.cms.hhs.gov/states/letters/smd031403.pdf>.

<b>ELECTRONIC CLAIMS</b>
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PES SOFTWARE:

Electronic billing is the quickest and most accurate way to submit Medicaid claims. The HIPAA compliant fields needed to report NDC information are already available for providers using the EDS billing software PES (Provider Electronic Solutions). Providers who are not set up to bill electronically with PES software may contact an EDS Provider Services Representative for more information toll-free at 1-800-685-3757, or 383-4310 in the Boise area.

Complete the **Service** and **RX** tab fields using the following guidelines:

**SERVICE Tabs:**

Complete **Service Tabs 1 and 2** as appropriate.

Bring up **Service Tab 3**, **complete** appropriate fields, and mark **Y** in the **RX Ind** field, which will bring up the **RX** tab which must then be opened and completed:

**RX Tab:**

**NDC** – Enter the 11 digit NDC number.

**Prescription Number** – not required.

**Units** – Enter the units dispensed that you are billing for. You may want to refer to the HCPCS manual, Appendix 3, which includes brief directions regarding the "Amount" (Unit) column.

**Basis of Measurement** – Enter IU – International Units, GR – grams, ML – milliliters, or UN – units (such as the number of tablets, capsules).

**Unit Price** – Enter the price for the HCPCS medication dispensed.

If you have questions, refer to the Idaho Provider Electronic Solutions Handbook, Section 9 (837 Professional Forms) which can be accessed online at: [http://www2.state.id.us/dhw/medicaid/provvhb/ipesh\\_handbook.pdf](http://www2.state.id.us/dhw/medicaid/provvhb/ipesh_handbook.pdf)

**PROVIDERS USING VENDOR SOFTWARE:**

Check with your vendor or clearinghouse. If your software does not allow NDC information to be submitted in the appropriate HIPAA approved fields, you may use the **Comment** field for NDC information for no longer than 6 months while your software is being modified. Be sure to refer to the detail number in your **Comments**.

*After August 1, 2004 claims submitted without NDC information in HIPAA approved fields will be automatically denied.*

**WHAT IF YOUR VENDOR SOFTWARE IS NOT READY ON FEB. 1, 2004?**

You do not have to delay submitting outpatient Medicaid claims if one or more details include HCPCS medications. Here are your options for getting your claims processed as quickly as possible:

- You can bill the rest of the claim electronically, and wait to bill the line item details which need NDC information until your software is ready. You have up to one year from the date of service to bill any part of a claim, or
- You can bill the details which need NDC information on a paper CMS 1500 claim form, separate from the rest of your electronic claim.

<p><b>PAPER CLAIMS</b></p>
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**BILL PAPER CLAIMS ON THE CMS 1500 FORM**

For each HCPCS medication detail, use the following guidelines:

Submission of the NDC Detail Attachment is required with paper claim forms when submitting a medication billed with a HCPCS code. For each HCPCS medication, complete the attachment with corresponding detail number, NDC number, description, units dispensed, basis of measurement, and total charges.

The NDC Detail Attachment is available electronically to be printed out and copied for your use. It can be found on page 12 at: <http://www2.state.id.us/dhw/medicaid/MedicAide/1003.pdf>

Providers can avoid filling out the NDC Detail Attachment by submitting their claims electronically.

Please refer to the Idaho Provider Handbook, Section 3, for additional billing information. This handbook can be accessed online at: [http://www2.state.id.us/dhw/medicaid/provhb/s3\\_physician\\_osteopdf](http://www2.state.id.us/dhw/medicaid/provhb/s3_physician_osteopdf)

Any questions about this Information Release should be directed to EDS at 1-800-685-3757 or 383-4310 in the Boise area.

Thank you for your continued participation in Idaho's Medicaid Program.

KPA/af

December 30, 2003

**MEDICAID INFORMATION RELEASE 2004-07**

**TO: Outpatient Hospital Providers Billing Medications with HCPCS**

**FROM:** Kathleen P. Allyn, Deputy Administrator

**SUBJECT: REQUIREMENT OF NATIONAL DRUG CODE (NDC) FOR OUTPATIENT CLAIMS**

Outpatient hospital claims for medications reported with HCPCS (Healthcare Common Procedure Coding System) codes **for dates of service on or after February 1, 2004** must include the NDC of the medication supplied, units dispensed, and basis of measurement for each HCPCS medication.

This requirement:

- also applies to cancer drugs with HCPCS codes
- applies to claims submitted electronically and on the paper UB-92 form
- *does not* apply to Medicare claims which “crossover” to Medicaid as the secondary payer

The HCPCS medications which will require NDC information are listed in the current HCPCS Level II Expert manual, Appendix 3, alphabetically by both generic and brand or trade name with corresponding HCPCS codes.

Claims with incomplete NDC information will be denied with EOB 628 – “NDC required....”

The collection of the NDC information will allow Medicaid to collect rebates due from drug manufacturers, resulting in significant cost saving to Idaho’s Medicaid Program. This requirement is supported by the federal Centers for Medicare and Medicaid Services (CMS), which is encouraging all states to develop systems to claim drug rebates for the Medicaid programs. See State Medicaid Director Letter #03-002, at: <http://www.cms.hhs.gov/states/letters/smd031403.pdf>.

<b>ELECTRONIC CLAIMS</b>
--------------------------

**PES SOFTWARE:**

The HIPAA compliant fields needed to report NDC information are already available for providers using the EDS billing software PES (Provider Electronic Solutions). Please use the following guidelines.

Complete the **Service** and **RX** tab fields using the following guidelines:

**Service Tab:**

**Date of Service**

**Revenue code** – Use revenue code 634 or 635 for epoetin, or 636 (“drugs requiring special coding”), and include the HCPCS and NDC information.

**Billed Amount** – enter total charges for the revenue code billed.

**Units** - the number of times you provided the HCPCS medication for that date of service (not the grams, milligrams, or number of tablets).

**Basis of measurement** will be UN (unit) – software defaults to UN.

**Unit Rate** – not required.

**Procedure** – enter the 5 digit HCPCS code.

**Modifiers** – not required.

**RX Ind** – enter **Y** and the **RX** tab will pop up, which must be completed.

**RX Tab:**

**NDC** – Enter the 11 digit NDC number.

**Prescription Number** – not required.

**Units** – Enter the units dispensed that you are billing for. You may want to refer to the HCPCS manual, Appendix 3, which includes brief directions regarding the “Amount” (Unit) column.

**Basis of Measurement** – Enter IU – International Units, GR – grams, ML – milliliters, or UN – units (such as the number of tablets, capsules).

**Unit Price** – Enter the price for the HCPCS medication dispensed.

If you have questions, refer to the Idaho Provider Electronic Solutions Handbook, Section 8 (837 Institutional - Outpatient Form) which can be accessed online at: [http://www2.state.id.us/dhw/medicaid/provvhb/ipesh\\_handbook.pdf](http://www2.state.id.us/dhw/medicaid/provvhb/ipesh_handbook.pdf).

MEDICAID INFORMATION RELEASE 2004-06 continued on page 11

**PROVIDERS USING VENDOR SOFTWARE:**

Check with your vendor or clearinghouse. If your software does not allow NDC information to be submitted in the appropriate HIPAA approved fields, you may use the **Comment** field for NDC information for no longer than 6 months while your software is being modified. Be sure to refer to the detail number in your **Comments**.

*After August 1, 2004 claims submitted without NDC information in HIPAA approved fields will be automatically denied.*

**WHAT IF YOUR VENDOR SOFTWARE IS NOT READY ON FEBRUARY 1, 2004?**

You do not have to delay submitting outpatient Medicaid claims if one or more details include HCPCS medications. Here are your options for getting your claims processed as quickly as possible:

- You can bill the rest of the claim electronically, and wait to bill the line item details which need NDC information until your software is ready. You have up to one year from the date of service to bill any part of a claim, or
- You can bill the details which need NDC information on a paper UB-92 claim form, separate from the rest of your outpatient electronic claim.

<p align="center"><b>PAPER CLAIMS - UB-92 FORM</b></p>
--

For each HCPCS medication detail, use the following guidelines:

**Revenue code** – Use revenue code 634 or 635 for epoetin, or 636 (“drugs requiring special coding”), and include the HCPCS and NDC information.

**Description** – Include 11 digit NDC number, description of medication, units dispensed, and basis of measurement (IU – International Units, GR – grams, ML – milliliters, or UN – units, such as tablets, capsules). If more narrative space is needed Field 84 (**Remarks**) may also be used. Include the detail number for reference.

**HCPCS/RATES** – Enter the 5 digit HCPCS code.

**Service Date**

**Service Units** – the number of times you provided the HCPCS coded service (NOT grams, milligrams, or number of tablets)

**Total charges**

Please refer to the Idaho Provider Handbook, Section 3, for additional billing information. This handbook can be accessed online at: [http://www2.state.id.us/dhw/medicaid/provhb/s3\\_hospital.pdf](http://www2.state.id.us/dhw/medicaid/provhb/s3_hospital.pdf).

For questions regarding billing requirements, please contact EDS (800) 685-3757. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/af

EDS  
P.O. Box 23  
Boise, Idaho 83707

PRSR STD  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT NO. 220



### February Office Closures

The Department of Health and Welfare and EDS offices will be closed for the following State holiday:

**Presidents Day, Monday, February 16, 2004**

A reminder that MAVIS (the Medicaid Automated Voice Information Service) is available on State holidays at: (800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)

**MedicAide** is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:  
Becca Ruhl,  
Division of Medicaid  
Cynthia Brandt,  
Publications Coordinator,  
EDS

If you have any comments or suggestions, please send them to:

[ruh1b@idhw.state.id.us](mailto:ruh1b@idhw.state.id.us)

or

Becca Ruhl  
DHW MAS Unit  
PO Box 83720  
Boise, ID 83720-0036  
Fax: (208) 364-1911





# MedicAide

An informational newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid

March 2004

**In this issue:**

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- 3 PET Scan Billing
- 3 Breaking the Code—How to Read an ICN
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- 5 2004-09 Idaho Medicaid DSH SURVEY
- 6 MA04-10 HIPAA EPA Transaction Available Feb 23, 2004

Distributed by the  
Division of Medicaid  
Department of  
Health and Welfare  
State of Idaho

## Documentation and Attachments

99% of all Medicaid claims do **not require any** attachments. The following chart includes most of the times when attachments are required. If a service is not on this chart, it probably does not require an attachment. When attachments are **not** needed, submit the claim electronically for faster processing.

For claims that require prior authorization, the documentation is sent to the authorizing body and **not** sent with the Medicaid claim. Since most hospital claims are prior authorized, there is no need to send attachments with these claims to EDS *unless they are on the* following chart.

Billing situation	Include this attachment
Modifier 21, 22, and 23	Chart and/or op report
Modifier 50 and 51 if Medicaid payment will be over \$1000.	Chart and/or op report
Modifier 62 (the claim and the co surgeon's claim should be billed within 30 days of each other)	Chart and/or op report
Any CPT code that ends in 99	Chart and/or op report
Sterilization or hysterectomy	Consent form
Abortion	Certificate of Medical Necessity
Private room	Certificate of Medical Necessity or physician's orders
Procedures that require manual pricing	If you are unsure about pricing, call MAVIS or check online at <a href="http://www2.state.id.us/dhw/medicaid/fee_schedule.htm">www2.state.id.us/dhw/medicaid/fee_schedule.htm</a>
Procedures or services that require an invoice or receipt (see Provider Handbook)	Invoice or receipt. <i>Example: hearing aids.</i>
Claims billed for services that exceed Medicaid limitations may be denied for justification.	Justification for second service. When billing services requiring justification, use the appropriate comments field for the justification. This can be done electronically since no attachment is required.

continued on page 2

EDS is a registered mark and the EDS logo is a trademark of Electronic Data Systems Corporation.

# Documentation and Attachments

continued from page 1

Providers can save themselves copying costs, postage, and time by only sending attachments when they are specifically required. When documentation is required with a paper claim, please follow these guidelines:

1. With multiple claims using the same attachment, make a copy of the attachment and include one copy with each claim.
2. With an attachment printed on both sides of the page, make a copy of the back side and include both pages with the claim.
3. With an attachment on a small piece of paper, copy it or tape it to an 8 1/2 by 11 inch piece of paper.
4. When submitting several claims together, stack the claims with the required attachments one on top of the other: claim, attachment(s); claim, attachment(s); claim, attachment(s). Do **not** use paperclips, staples, 'post-it-notes', or glue.

See the *Idaho Medicaid Provider Handbook* for more complete information on attachments.

## Top Denials for Physicians in 2003

In 2003, physicians had to rebill over half a million detail lines on claims because they made at least one of the ten most common billing errors. As a result, they will need to correct these claims and resubmit them before their claims can be paid.

To save yourself time and receive reimbursement more quickly, here are a few of the most common claim denial reasons and suggestions on how you can avoid them.

EOB	Explanation and Correction
EOB 704	<b>Client has other insurance. Attach other insurance payment or denial.</b> Use MAVIS to determine if a client has other insurance before billing Idaho Medicaid.
EOB 414	<b>Diagnosis not allowed without medical justification.</b> Use your Idaho Medicaid Provider Handbook to determine if medical justification needs to be included for the claim.
EOB 904	<b>Total charges missing or invalid.</b> Check the arithmetic! A simple error can cost you time.
EOB 100	<b>Client Medicaid number missing/not on file.</b> Be sure that you are using the client's 9-digit Idaho Medicaid number. Social Security and Medicare numbers cannot be used on Medicaid claims.
EOB A01	<b>Exact duplicate of a previously submitted claim.</b> Check your remittance advice to determine if a claim has already been processed.

### DHW Phone Numbers

#### Addresses

#### Web Sites

### DHW Websites

[www.idahohealth.org](http://www.idahohealth.org)

[www2.state.id.us/dhw](http://www2.state.id.us/dhw)

[www2.state.id.us/dhw/medicaid/providers/pharmacy.htm](http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm)

### Idaho Careline

211 (available in all areas)  
(800) 926-2588

### Provider Fraud and Utilization Review

P. O. Box 83720

Boise, ID 83720-0036

(866) 635-7515 (toll free)  
(208) 334-0675

Email:

[~medicaidfraud&sur@idhw.state.id.us](mailto:~medicaidfraud&sur@idhw.state.id.us)

[idhw.state.id.us](http://idhw.state.id.us)

(note: begins with ~)

Internet:

[www2.state.id.us/dhw/](http://www2.state.id.us/dhw/)

[Medicaid/providers/fraud.htm](http://Medicaid/providers/fraud.htm)

### Healthy Connections

Region I - Coeur d'Alene

(208) 666-6766

(800) 299-6766

Region II - Lewiston

(208) 799-5088

(800) 799-5088

Region III - Caldwell

(208) 455-7280

(800) 494-4133

Region IV - Boise

(208) 334-4676

(800) 354-2574

Region V - Twin Falls

(208) 736-4793

(800) 897-4929

Region VI - Pocatello

(208) 239-6260

(800) 284-7857

Region VII - Idaho Falls

(208) 528-5786

(800) 919-9945

Spanish Speaking

(800) 862-2147

**DME Prior Authorizations**

DME Specialist  
Bureau of Care Management  
PO Box 83720  
Boise, ID 83720-0036  
(866) 205-7403 (toll free)  
Fax  
(800) 352-6044  
(att: DME Specialist)

**PCG**

P.O. Box 2894  
Boise, ID 83701  
(800) 873-5875  
(208) 375-1132  
Fax (208) 375-1134

**Pharmacy**

P.O. Box 83720  
Boise, ID 83720-0036  
(877) 200-5441 (toll free)  
(208) 364-1829  
Fax (208) 364-1864  
Web: [www2.state.id.us/dhw/medicaid/providers/pharmacy.htm](http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm)

**Qualis Health** (telephonic & retrospective reviews)

10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
(800) 783-9207  
Fax (800) 826-3836 or  
(206) 368-2765

**Qualis Health Website**  
[www.qualishealth.org/idahomedicaid.htm](http://www.qualishealth.org/idahomedicaid.htm)

**Transportation Prior Authorization Unit**

(800) 296-0509  
(208) 334-4990  
Fax  
(800) 296-0513  
(208) 334-4979

**Ambulance Review**

(800) 362-7648  
(208) 287-1155  
Fax  
(800) 359-2236  
(208) 334-5242

**Attention: Hospital and Radiology Providers**

**Re: PET Scan Billing (Positron Emission Tomography)**

As a reminder, as of October 10, 2003, when billing for the technical or professional components of a PET scan, providers need to bill with the **TC** or **26** modifiers. For hospitals, PET scans are reported with revenue code **404** and must have the corresponding HCPCS code for the scan. Please see information Release 2003-72 for the current list of covered PET scans and instructions for the prior authorization process.

**Breaking the Code: How to Read an ICN**

An Internal Control Number (ICN) is a unique number assigned to all claims and identifies the claim on the provider's remittance advice (RA). The ICN is in a RRCCYYJJBBSS format. This is a series of fields which, when read together, identify each specific claim received.

The following key will help you read an ICN:

RR - the medium in which the claim was received:

- 10 or 11 = paper
- 40 = electronic (ECS)
- 41 = tape crossover
- 43 = point of service

CC - the century in which the claim was received

YY - the year in which the claim was received

JJJ - the julian calendar date on which the claim was received (January 1 is 001, January 2 is 002, etc.)

BBB - the batch number assigned to each group of claims being processed. A range of batch numbers is assigned to each claim type for ease in identifying the claim type without having the actual claim. This can range from 001 - 899

SSS - the sequence of each claim within a batch. This can be from 000 - 999

When paper claims are received they are sorted and stamped with this number as they are being scanned. All attachments are placed directly behind the claim and receive the same number as the claim. Electronic claims automatically receive an ICN.

**Try taking the ICN quiz on page 8 of this newsletter.**

**ICN Quiz Answers:**

1. The claim was submitted as an electronic claim.
2. It was received on November 24, 2003. This is the 328th day of the year in a non-Leap Year. In 2004, the same date would have a julian calendar date of 329.
3. There were 47 claims ahead of yours in batch 352. This was a trick question. Remember that the first claim in the batch is numbered zero. A claim with the SSS number 047 is actually the 48<sup>th</sup> claim in the batch with 47 claims ahead of it.

January 21, 2004

**MEDICAID INFORMATION RELEASE 2004-08**

**TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities**

**FROM:** Paul Swatsenbarg, Deputy Administrator

**SUBJECT: NEW PRIOR AUTHORIZATION CRITERIA FOR COX-2 INHIBITORS**

Drug/Drug Class: Cox-2 Inhibitors  
Implementation Date: Effective for dates of service on or after March 1, 2004

Idaho Medicaid is implementing an Enhanced Prior Authorization Program for select therapeutic classes including the identification of preferred agents. The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug at the right price. Beginning March 1, 2004, COX-2 Inhibitors will be the first drug classes to have new prior authorization requirements:

Enhanced Prior Authorization drug class	Preferred Agent(s)	Non-preferred Agents ^
Cox-2 Inhibitors *	Vioxx	Bextra Celebrex

\* Cox-2 drug class currently requires prior authorization and will now require approval for non-preferred agents

^ Use of non-preferred agents requires additional prior authorization requirements

Point-of-service pharmacy claims will be routed through an automated computer system to apply PA criteria specifically designed to assure effective drug utilization. Through this process, therapy will automatically and transparently be approved for those patients who meet the system approval criteria.<sup>1</sup> For those patients who do not meet the system approval criteria, it will be necessary for you contact the Medicaid Drug Prior Authorization help desk at (208) 364-1829 or fax a PA request form to (208) 364-1864 to initiate a review and potentially authorize claims. **To assist in managing patients affected by these changes, Medicaid will be sending in a separate mailing a list to prescribing providers of their patients who are currently receiving therapy and whose claims for these drugs will be affected.**

The Enhanced PA Program and drug class specific PA criteria are based on evidence-based clinical criteria and available nationally recognized peer-reviewed information. The determination of medications to be considered preferred within a drug class is based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs and secondarily on cost.

Additional therapeutic drug classes will be added in the coming months to the Enhanced Prior Authorization (EPAP) program. The next drug classes to be implemented will include proton pump inhibitors (PPI), triptans and statins. Please watch for further information releases and the Medicaid pharmacy website at [www.idahohealth.org](http://www.idahohealth.org) for details.

As always, your support is critical to the success of this Medicaid Pharmacy initiative. It is our goal to partner with you in the provision of quality, cost-effective health care to your patients. Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829.

1 Specific Prior Authorization criteria and fax forms for all drug classes may be obtained from the Department of Health and Welfare Pharmacy Program web site at: <http://www.idahohealth.org>

**EDS Phone Numbers**

**Addresses**

**MAVIS**

(800) 685-3757  
(208) 383-4310

**EDS**

**Correspondence**

PO Box 23  
Boise, ID 83707

**Provider Enrollment**

P.O. Box 23  
Boise, Idaho 83707

**Medicaid Claims**

PO Box 23  
Boise, ID 83707

**PCS & ResHab Claims**

PO Box 83755  
Boise, ID 83707

**EDS Fax Numbers**

**Provider Enrollment**

(208) 395-2198

**Provider Services**

(208) 395-2072

**Client Assistance Line**

Toll free: (888) 239-8463

**DHW HIPAA Project**

**Mail:**

DHW HIPAA Project  
DHW  
PO Box 83720  
Boise, ID 83720-0036

**Email:**

[HIPAAComm@idhw.state.id.us](mailto:HIPAAComm@idhw.state.id.us)

**Fax:**

DHW HIPAA Project  
(208) 334-0645

**Internet:**

[www.idahohealth.org](http://www.idahohealth.org)  
(select H&W HIPAA quicklink)

or

[www2.state.id.us/dhw/hipaa/index.htm](http://www2.state.id.us/dhw/hipaa/index.htm)

**EDS Phone Numbers  
Addresses**

**Provider Relations  
Consultants**

**Region 1**

Prudie Teal  
1120 Ironwood Dr., # 102  
Coeur d'Alene, ID 83814

prudie.teal@eds.com  
(208) 666-6859  
(866) 899-2512 (toll free)  
Fax (208) 666-6856

**Region 2**

JoAnn Woodland  
1118 F Street  
P.O. Drawer B  
Lewiston, ID 83501

joann.woodland@eds.com  
(208) 799-4350  
Fax (208) 799-5167

**Region 3**

Mary Jeffries  
3402 Franklin  
Caldwell, ID 83605

mary.jeffries@eds.com  
(208) 455-7162  
Fax (208) 454-7625

**Region 4**

Jane Hoover  
1720 Westgate Drive, # A  
Boise, ID 83704

jane.hoover@eds.com  
(208) 334-0842  
Fax (208) 334-0953

**Region 5**

Penny Schell  
2241 Overland Avenue  
Burley ID 83318

penny.schell@eds.com  
Burley: Tuesday & Friday  
(208) 677-4002  
Twin Falls: Mon, Wed, Thurs  
(208) 736-2143  
Fax (208) 678-1263

**Region 6**

Sheila Lux  
1070 Hiline Road  
Pocatello, ID 83201

sheila.lux@eds.com  
(208) 239-6268  
Fax (208) 239-6269

**Region 7**

Bobbi Woodhouse  
150 Shoup Avenue  
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com  
(208) 528-5728  
Fax (208) 528-5756

Medicaid  
Enhanced Prior Authorization Program  
Drug Class listing  
Effective March 2004

Cox-2s*	
Preferred Agents	Non-preferred Agents^
Vioxx	Bextra
	Celebrex

\* It is necessary for the patient to meet the clinical criteria prior to being approved for any drug within this drug class.

^Use of non-preferred agents requires additional prior authorization requirements

January 20, 2004

MEDICAID INFORMATION RELEASE 2004-09

TO: All Hospital Administrators

FROM: **Kathleen P. Allyn, Deputy Administrator**

SUBJECT: IDAHO MEDICAID DISPROPORTIONATE SHARE HOSPITAL (DSH) SURVEY

On September 30, 2004, Idaho Medicaid will distribute a DSH payment to all eligible hospitals for federal fiscal year 2004. In order to be considered for a DSH payment, the hospital must:

Provide all data requested on the attached survey. All data entered on the survey should be for the fiscal year indicated on the survey form.

Verify that the information in the shaded areas on the survey is correct, as provided by Myers and Stauffer LC. If you disagree with any of this information, please attach documentation supporting the correct information.

Return the survey by May 31, 2004 to:

Myers and Stauffer LC  
Attn: Karen McKittrick  
8555 W. Hackamore Dr., Suite 100  
Boise, ID 83709

**Please note: if the survey is received after May 31, 2004, the hospital will not be considered for a DSH payment.**

If you have any questions concerning the survey, please contact Karen McKittrick at (800) 336-7721 or (208) 378-1400. Thank you for your participation in Idaho Medicaid.

KPA/SP/klm

Attachment

---

February 2, 2004

**MEDICAID INFORMATION RELEASE MA04-10**

**TO: All Medicaid Providers**

**FROM: Randy May, Deputy Administrator**

**SUBJECT: HIPAA ELECTRONIC PRIOR AUTHORIZATION (PA) TRANSACTION AVAILABLE FEBRUARY 23, 2004**

Idaho Medicaid will implement the HIPAA 278 transaction (electronic request and response for prior authorization of services) **on February 23, 2004** as part of the Department's HIPAA compliance activities.

- ✓ **Medicaid will not eliminate or change current procedures for requesting a PA.**
- ✓ The HIPAA 278 PA transaction is **optional** for providers.

Software

Idaho's Provider Electronic Solutions (PES) software doesn't support the HIPAA 278 PA transaction. Providers who use the HIPAA 278 PA transaction must purchase software from a private vendor that supports the transaction in the required HIPAA format. Software vendors are encouraged to test the transaction with EDS before providers use the software.

When a HIPAA 278 PA request is received, the Department or its designee will make a prior authorization decision, translate it into the required electronic HIPAA format, and send it back to the provider's software. Providers will retrieve the PA response according to the instructions of their software vendor.

When Attachments are Required

The HIPAA electronic PA request doesn't include a method for submitting electronic attachments. Providers who choose to use the HIPAA 278 transaction should submit required attachments on paper using current procedures specified in the Provider Handbook, which is available online at: <http://www2.state.id.us/dhw/medicaid/provhb/>. Additionally, providers must send a completed **Electronic PA Request Attachment Cover Sheet** on the front of each attachment, which will be used to match the attachment to the correct electronic PA request. The electronic PA request will be denied if a required attachment is not received according to the timeframes established by the program. A copy of the **Electronic PA Request Attachment Cover Sheet** form is included in this Information Release. *Please copy this form for future use.*

For questions regarding billing requirements, please contact EDS at 1-800-685-3757. Thank you for your continued participation in the Idaho Medicaid Program.

RM/af

**MEDICAID INFORMATION RELEASE 2004-10 continued on page 7**

**Information Releases on Web**

To obtain a copy of any current information release, please check the DHW website at [www2.state.id.us/dhw](http://www2.state.id.us/dhw) and select **Medicaid**.

---

**Idaho Medicaid**  
**Electronic PA Request Attachment Cover Sheet**

Complete and submit this cover sheet with the required attachment when you submit an electronic HIPAA formatted Prior Authorization Request (HIPAA 278 transaction). We will match the information on this cover sheet with your electronic PA request.

***This cover sheet is not required for PAs that are not requested electronically.***

**Please provide the following information:**

**Prior Authorization Control #**

Note – This number must match the control number required on the PA request

**Date electronic PA request was submitted**

**Provider Name**

**Provider 9-digit ID Number**

**Client Name**

**Client's 7-digit Medicaid ID Number**

**Date(s) of Service**

Please Copy this Form for Future Use

EDS  
P.O. Box 23  
Boise, Idaho 83707

PRSR STD  
U.S. POSTAGE PAID  
BOISE, ID  
PERMIT NO. 220



### Try This ICN Quiz:

The ICN on your RA is 402003324252047.

1. Is your claim on paper or electronic?
2. What day was it received?
3. How many claims are ahead of yours in the batch?

To help you crack the code, the ICN is given below divided into its different fields.

RR	CC	YY	JJJ	BBB	SSS
40	20	03	324	252	047

The answers can be found on page 3.

**MedicAide** is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:  
Becca Ruhl,  
Division of Medicaid  
Cynthia Brandt,  
Publications Coordinator,  
EDS

If you have any comments or suggestions, please send them to:

[ruhlab@idhw.state.id.us](mailto:ruhlab@idhw.state.id.us)

or

Becca Ruhl  
DHW MAS Unit  
PO Box 83720  
Boise, ID 83720-0036  
Fax: (208) 364-1911





# MedicAide

An informational newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid

April 2004

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- 3 Changes to Medicaid Provider Enrollment
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Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

# Idaho Healthcare Conference 2004

Medicaid providers are invited to attend the annual Idaho Healthcare Conference in May. The conference will be held in six locations. Registration is free for all Idaho health care providers. Multiple sessions will allow participants to attend classes by all presenters.

This annual meeting is sponsored by the Department of Health and Welfare/Medicaid, EDS, the Idaho State Insurance Fund, Public Consulting Group, Inc., Blue Cross of Idaho, CIGNA Medicare, Regence BlueShield of Idaho, and TriWest Healthcare Alliance.

Vendor fairs are offered to participants at all of the Healthcare Conference locations. This a valuable opportunity to talk directly with vendors about their products. Participants are encouraged to visit with the exhibitors during breaks and at lunch.

All events are from 8:00 a.m. to 4:15 p.m. Registration starts at 8:00 a.m. and classes begin at 8:30 a.m. Locations are listed below:

**Clarkston, WA**  
Tuesday, May 4, 2004  
Quality Inn  
700 Port Dr., Clarkston, WA

**Idaho Falls**  
Tuesday, May 18, 2004  
Shilo Inn  
780 Lindsay Blvd., Idaho Falls, ID

**Post Falls**  
Wednesday, May 5, 2004  
Templins Resort  
414 E. First Avenue, Post Falls, ID

**Pocatello**  
Wednesday, May 19, 2004  
Pond Student Building, #14  
Idaho State University  
1065 S. 8th St., Pocatello, ID

**Boise**  
Wednesday, May 12, 2004  
DoubleTree Inn Riverside  
2900 Chinden Blvd., Boise ID

**Burley**  
Thursday, May 20, 2004  
Burley Convention Center  
800 N. Overland Ave., Burley, ID

See page 2 for a complete listing of classes offered by the Idaho Medicaid program.

# Idaho Healthcare Conference

## 2004

### Medicaid/EDS Class Offerings

#### PROVIDER RESOURCES

This session will cover how to use the many resources available to providers: Medicaid Automated Voice Information Service (MAVIS), Provider Electronic Solutions (PES) CD, Provider Handbooks, Medic Aide Newsletter, DHW Websites, Small Provider Billing Unit (SPBU), Provider Services Representative (PSR), and Provider Relations Consultant (PRC).

#### ELIGIBILITY OPTIONS

Do you have eligibility denials including Healthy Connections and third party? You will learn the various methods of checking eligibility, some helpful tips, and why you should make verifying eligibility your number one priority.

#### TOP 10 MOST PREVENTABLE DENIALS

In this session we will review the top 10 claim denial reasons. Instruction will include billing tips that demonstrate how to avoid these denials - ultimately saving you time and money.

#### UNDERSTANDING THE REMITTANCE ADVICE

This class will provide a detailed review of the pending, adjustment, and financial items section of the Idaho Medicaid Remittance Advice (RA). The class will also provide a high level review of the denied claims section with information on what to do when a detail line or a claim denies. Bring copies of your RA for answers to your specific questions.

#### FREQUENTLY ASKED QUESTIONS

HIPAA and the Idaho Medicaid Billing Software—Come "pick the brains" of Medicaid Provider Relations Consultants who train how to use PES, the Idaho Medicaid billing software. We will discuss common inquiries about PES and general HIPAA questions. Advanced topics, such as the other insurance tab, crossover tab, and electronic adjustments/voids, will be included. This open forum will also provide time for questions and answers to other issues brought by participants.

#### HEALTHY CONNECTIONS

How does mandatory Healthy Connections benefit your practice? How to make Medicaid work for you—just in case you didn't know. What does Healthy Connections look like today? What about tomorrow?

#### Exhibit/Break Sponsors (at all locations)

- Blue Cross of Idaho
- CIGNA Medicare
- EDS
- Department of Health and Welfare—Healthy Connections
- MARS Medical Systems
- Public Consulting Group, Inc. (PCG)
- Regence BlueShield of Idaho
- TriWest Healthcare Alliance

#### DHW Phone Numbers

#### Addresses

#### Web Sites

#### DHW Websites

[www.idahohealth.org](http://www.idahohealth.org)  
[www2.state.id.us/dhw](http://www2.state.id.us/dhw)  
[www2.state.id.us/dhw/medicaid/providers/pharmacy.htm](http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm)

#### Idaho Careline

211 (available in all areas)  
(800) 926-2588

#### Provider Fraud and Utilization Review

P. O. Box 83720  
Boise, ID 83720-0036  
(866) 635-7515 (toll free)  
(208) 334-0675

#### Email:

~medicaidfraud&sur@  
idhw.state.id.us  
(note: begins with ~)

#### Internet:

[www2.state.id.us/dhw/Medicaid/providers/fraud.htm](http://www2.state.id.us/dhw/Medicaid/providers/fraud.htm)

#### Healthy Connections

Region I - Coeur d'Alene  
(208) 666-6766  
(800) 299-6766

Region II - Lewiston  
(208) 799-5088  
(800) 799-5088

Region III - Caldwell  
(208) 455-7280  
(800) 494-4133

Region IV - Boise  
(208) 334-4676  
(800) 354-2574

Region V - Twin Falls  
(208) 736-4793  
(800) 897-4929

Region VI - Pocatello  
(208) 239-6260  
(800) 284-7857

Region VII - Idaho Falls  
(208) 528-5786  
(800) 919-9945

Spanish Speaking  
(800) 862-2147

Submitted by EDS Provider Relations

#### DME Prior Authorizations

DME Specialist  
Bureau of Care Management  
PO Box 83720  
Boise, ID 83720-0036  
(866) 205-7403 (toll free)  
Fax  
(800) 352-6044  
(att: DME Specialist)

#### PCG

P.O. Box 2894  
Boise, ID 83701  
(800) 873-5875  
(208) 375-1132  
Fax (208) 375-1134

#### Pharmacy

P.O. Box 83720  
Boise, ID 83720-0036  
(877) 200-5441 (toll free)  
(208) 364-1829  
Fax (208) 364-1864

Web: [www2.state.id.us/dhw/medicaid/providers/pharmacy.htm](http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm)

#### Qualis Health (telephonic & retrospective reviews)

10700 Meridian Ave. N.  
Suite 100  
Seattle, WA 98133-9075  
(800) 783-9207  
Fax (800) 826-3836 or  
(206) 368-2765

Qualis Health Website  
[www.qualishealth.org/idahomedicaid.htm](http://www.qualishealth.org/idahomedicaid.htm)

#### Transportation Prior Authorization Unit

(800) 296-0509  
(208) 334-4990  
Fax  
(800) 296-0513  
(208) 334-4979

#### Ambulance Review

(800) 362-7648  
(208) 287-1155  
Fax  
(800) 359-2236  
(208) 334-5242

## Client Program Abuse/Lock-In Program

DHW reviews Medicaid client utilization to determine if services are being used at a frequency or amount that results in a level that may be harmful or not medically necessary.

Abuse can include frequent use of emergency room facilities for nonemergent conditions, frequent use of multiple controlled substances, use of multiple prescribing physicians and/or pharmacies, excessive provider visits, overlapping prescription drugs with the same drug class, and drug seeking behavior as identified by a medical professional.

To prevent client abuse, DHW has implemented the client lock-in program. Clients identified as abusing or over-utilizing the program may be limited to the use of one physician/provider and one pharmacy. This prevents these clients from going from doctor to doctor, or from pharmacy to pharmacy, to obtain excessive services.

If a provider suspects a Medicaid client is demonstrating utilization patterns which may be considered abusive, not medically necessary, potentially endangering the client's health and safety, or drug seeking behavior in obtaining prescription drugs, they should notify the Lock In Specialist at 208-364-1829 of their concerns. DHW will review the client's medical history to determine if the client is a candidate for the Lock-In program.

Submitted by Idaho Medicaid Fraud Unit

## Changes To Medicaid Provider Enrollment

In the definitions for IDAPA 16.03.09 the following is stated:

**“Provider: Any individual, organization, or business entity furnishing medical goods or services in compliance with this chapter and who has applied for and received a provider number, pursuant to section 020, and who has entered into a written provider agreement, pursuant to section 040.”**

Based on this definition, the Division of Medicaid has made a change as to when a provider agreement/application can be made effective and the provider will be reimbursed for services provided to a Medicaid client. Effective dates for provider enrollment applications received from this point forward will be processed as follows:

**Effective Date:** the effective date of an applicant's enrollment as an Idaho Medicaid provider is deemed to be the date the completed and acceptable application is received by the Department of Health and Welfare or EDS Provider Enrollment. Any exceptions to this policy must be requested in writing by providing justification as to why the applicant's effective date should be backdated. Exceptions that are typically approved are if emergency services were provided or if the client was given retroactive Medicaid eligibility. The requested effective date must be noted and must be covered by any applicable license or certification submitted with this application. In no instances will applications be approved with a requested backdate of more than a year prior to receiving the application.

Should you need additional information regarding the effective date of your application, please contact EDS Provider Enrollment at 1-800-685-3757.

Submitted by EDS Provider Enrollment

# Nursing Home Medicaid Casework Consolidation

A change has occurred in the way the Idaho Department of Health and Welfare processes nursing home Medicaid applications. These functions for Regions 1, 2, 3 and 4, now occur in a consolidated statewide unit rather than in local field offices.

The Department began processing nursing home applications and performing related case maintenance work in this new consolidated unit on February 23<sup>rd</sup>, and will do the same in Regions 5, 6 and 7 in the near future. While the local Self-Reliance offices will no longer perform this work, local staff can be relied on to help facilitate this centralized process for both participants and facilities. With this consolidation, the way local Regional Medicaid Service offices interact with facilities, regarding level of care, for these cases will NOT change.

Why the change? The Department is constantly seeking ways to meet ever-changing business demands and use our resources more efficiently. One ongoing strategy involves the consolidation of work where possible to find ways to better utilize resources, while providing consistent and efficient services. Facilities and participants should begin to see more consistent, prompt and accurate processing of nursing home Medicaid applications as the new consolidated unit progresses. Other consolidation concepts are also under consideration.

For more information about the consolidated Nursing Home Unit, call toll-free 1-866-255-1190 or email: ~LongTermCareUnit@idhw.state.id.us (be sure to include the "~").

Submitted by  
Division of Welfare, Business Improvement & Distribution Initiative Team

## Attention Hospitals – Non-citizen Hospital Claims

Please enter a non-citizen's Prior Authorization Number (PA#) from the Notice of Decision on inpatient claims when:

- The length of inpatient stay is over 3 days, or
- The service requires a PA regardless of length of stay.

The PA# is required only when the non-citizen is eligible for emergency Medicaid. This change is effective immediately.

Submitted by Bureau of Policy

## ARC Code for Non-covered Charges in PES

Idaho Medicaid uses adjustment reason code (ARC) 96, non-covered charges(s), to indicate that services are not covered by other insurers.

When billing with PES software, use 96 to indicate that a service is not covered by another insurer. Some providers have been using 46 which has a similar definition; however, these claims are denied.

Submitted by EDS Provider Relations

### EDS Phone Numbers

#### Addresses

#### MAVIS

(800) 685-3757  
(208) 383-4310

#### EDS

#### Correspondence

PO Box 23  
Boise, ID 83707

#### Provider Enrollment

P.O. Box 23  
Boise, Idaho 83707

#### Medicaid Claims

PO Box 23  
Boise, ID 83707

#### PCS & ResHab Claims

PO Box 83755  
Boise, ID 83707

### EDS Fax Numbers

#### Provider Enrollment

(208) 395-2198

#### Provider Services

(208) 395-2072

### Client Assistance Line

Toll free: (888) 239-8463

### DHW HIPAA Project

#### Mail:

DHW HIPAA Project  
DHW  
PO Box 83720  
Boise, ID 83720-0036

#### Email:

HIPAAComm@idhw.state.id.us

#### Fax:

DHW HIPAA Project  
(208) 334-0645

#### Internet:

[www.idahohealth.org](http://www.idahohealth.org)  
(select H&W HIPAA  
quicklink)

or

[www2.state.id.us/dhw/  
hipaa/index.htm](http://www2.state.id.us/dhw/hipaa/index.htm)

**EDS Phone Numbers**

**Addresses**

**Provider Relations Consultants**

**Region 1**

Prudie Teal  
1120 Ironwood Dr., # 102  
Coeur d'Alene, ID 83814

prudie.teal@eds.com  
(208) 666-6859  
(866) 899-2512 (toll free)  
Fax (208) 666-6856

**Region 2**

JoAnn Woodland  
1118 F Street  
P.O. Drawer B  
Lewiston, ID 83501

joann.woodland@eds.com  
(208) 799-4350  
Fax (208) 799-5167

**Region 3**

Mary Jeffries  
3402 Franklin  
Caldwell, ID 83605

mary.jeffries@eds.com  
(208) 455-7162  
Fax (208) 454-7625

**Region 4**

Jane Hoover  
1720 Westgate Drive, # A  
Boise, ID 83704

jane.hoover@eds.com  
(208) 334-0842  
Fax (208) 334-0953

**Region 5**

Penny Schell  
2241 Overland Avenue  
Burley ID 83318

penny.schell@eds.com  
Burley: Tuesday & Friday  
(208) 677-4002

Twin Falls: Mon, Wed, Thurs  
(208) 736-2143  
Fax (208) 678-1263

**Region 6**

Sheila Lux  
1070 Hiline Road  
Pocatello, ID 83201

sheila.lux@eds.com  
(208) 239-6268  
Fax (208) 239-6269

**Region 7**

Bobbi Woodhouse  
150 Shoup Avenue  
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com  
(208) 528-5728  
Fax (208) 528-5756

# Paper Claims

While electronic billing is faster, there are times when a provider may have to bill on paper. The following tips will speed the processing of paper claims:

- Complete only the **required** fields on the claim form. (See your provider handbook for more information on specific fields.)
- Use a typewriter (with the font Courier 10) or print legibly using black ink
- Keep claim form clean. Use correction tape to cover errors.
- Mail claims flat in a large envelop (recommend 9 x 12). Do not fold them.
- Stack attachments behind the claim. Do not use staples or paperclips.

Providers sometimes write notes at the top of the claim form not realizing that this can cause their claim to be rejected. This is particularly true for the CMS-1500, pharmacy, and the dental claim forms which have a blank area at the top of the form. Please do not write in the top half inch on a paper claim form.

When a claim is received by EDS it is sorted and prepared for scanning. A part of the scanning process is to add an internal control number (ICN) to the claim and any attachments. This number is printed at the top of the claim form. If there is any other printing in that space, the ICN number is garbled and the claim cannot be tracked.

**ICN**

**3324252047**

PLEASE DO NOT STAPLE IN THIS AREA

HEALTH INSURANCE CLAIM FORM

<input type="checkbox"/> PICA		<b>HEALTH INSURANCE CLAIM FORM</b>						<input type="checkbox"/> PICA							
1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)		CHAMPUS <input type="checkbox"/> (Sponsor's SSN)		CHAMPVA <input type="checkbox"/> (VA File #)		GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)		FECA <input type="checkbox"/> (BLK LUNG) <input type="checkbox"/> (ID)		OTHER <input type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE MM DD YY				SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)					
5. PATIENT'S ADDRESS (No., Street) CITY STATE				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				7. INSURED'S ADDRESS (No., Street) CITY STATE							
8. PATIENT STATUS															

Submitted by EDS Provider Services

**Attention Physicians and Hospitals: An updated **Select Pre-Authorization List** is included in this issue on pages 6-7.**

Changes since the October 2003 list are in bold type and require prior authorization effective April 1, 2004.

## Select Pre-Authorization List of Diagnoses and Procedures

FOR IDAHO MEDICAID  
AND DIVISION OF FAMILY AND COMMUNITY SERVICES CLIENTS  
Revised April 2004

### PRE-AUTHORIZATION LIST REQUIRING QUALIS HEALTH REVIEW

Phone 1 800-783-9207 Fax 1 800-826-3836

All surgical procedures on this list require pre-authorization for inpatient and outpatient services.

Procedure	ICD-9-CM Code October 2003	CPT® Code January 2004
Arthrodesis (Spinal Fusion)	78.59, 80.51 81.00 through 81.08  81.30 through 81.39  81.61, 81.62, 81.63, 81.64	<b>22532, 22533, 22534 (effective 4/1/04)</b> 22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22851, 27280
<b>Unlisted neck, thorax procedure</b>	<b>78.41 (effective 4/1/04)</b>	<b>21899 (effective 4/1/04)</b>
<b>Unlisted spine procedure</b>	<b>78.71 (effective 4/1/04)</b>	<b>22899 (effective 4/1/04)</b>
Laminectomy/Diskectomy	03.02 03.09 03.1 03.6 80.50 80.51	63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63172, 63173, 63180, 63182, 63185, 63190, 63191, 63194, 63195, 63196, 63197, 63198, 63199, 63200
Hysterectomy		
Abdominal	68.3, 68.31, 68.39 68.4 68.6	58180, 59135, 59525 58150, 58152, 58200, 58951, 59135, 59525 58210
Vaginal	68.51 68.59	58550, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294
Laparoscopic	68.7	58953, 58954
Radical		
Other and Unspecified	68.9	
Reduction Mammoplasty		
Unilateral, Bilateral	85.31, 85.32	19318
Total Hip Replacement	81.51	27130
Revision	81.53	27132, 27134, 27137, 27138
Partial Hip Replacement	81.52	27125
Total Knee Replacement	81.54	27445, 27446, 27447
Revision	81.55	27486, 27487

Current Procedural Terminology (CPT®) is copyright American Medical Association 2004. All rights reserved.  
CPT is a registered trademark of the American Medical Association.

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Procedure	ICD-9-CM Code	CPT® Code
	October 2003	January 2004
Transplants		
Bone Marrow Transplant		
Autologous	41.00, 41.01, 41.04, 41.07, 41.09	38241
Allogenic	41.02, 41.03, 41.05, 41.06, 41.08	38240, 38242
Liver Transplant		47135, 47136
	50.59	
Kidney Transplant		50380
	55.61	50360, 50365
	55.69	
Intestinal Transplant		44133, 44135, 44136
	46.97	
Heart Transplant		
(Note: Transplant facilities must be Medicare approved.)	37.5, 37.51, 37.52, 37.53, 37.54	33945
NOTE: All bariatric procedures require pre-authorization by the Department.		
Alcohol and Drug Rehabilitation and Detoxification		
Inpatient Only	94.61	90899
Alcohol Rehabilitation	94.62	90899
Alcohol Detoxification	94.63	90899
Alcohol Rehabilitation and Detoxification	94.64	90899
Drug Rehabilitation	94.65	90899
Drug Detoxification	94.66	90899
Drug Rehabilitation and Detoxification	94.67	90899
Combined Alcohol and Drug Rehabilitation	94.68	90899
Combined Alcohol and Drug Detoxification	94.69	90899
Combined Alcohol and Drug Rehabilitation and Detoxification		
Psychiatric Admissions (Diagnosis Codes)	291.0 through 314.0	
Inpatient Only		
Physical Rehabilitation	V57 (Diagnosis Code)	
Care involving use of rehabilitation procedures	This includes admission to all rehabilitation facilities, regardless of diagnosis.	
Inpatient Only		

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March 3, 2004

**MEDICAID INFORMATION RELEASE MA04-13**

**TO: Physicians, Osteopaths, Mid-Level Practitioners, and Podiatrists**

**FROM:** Kathleen P. Allyn, Deputy Administrator

**SUBJECT: BILLING FOR SURGICAL TRAYS USED IN THE OFFICE**

**Effective for dates-of-service on or after May 1, 2004**, the HCPCS code for Surgical Trays, A4550, will be reimbursable only when the following CPT codes are billed with a Place of Service Code - 11 (office), on the CMS-1500 form:

- G0105 Colorectal cancer screening: colonoscopy on individual at high risk
- 19101 Biopsy of breast; percutaneous, needle core, not using imaging guidance (open incisional)
- 19120 Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions
- 19125 Excision of breast lesion identified by preoperative placement of radiological marker, open: single lesion
- 19126 Each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
- 20200 Biopsy, muscle; superficial
- 20205 Biopsy, muscle; deep
- 20220 Biopsy, bone, trocar, or needle; superficial) e.g., ilium, sternum, spinous process, ribs
- 20225 Biopsy, deep (e.g.. vertebrae body, femur)
- 20240 Biopsy, bone, open; superficial (e.g., ilium, sternum; spinous process, ribs, trochanter of femur
- 25111 Excision of ganglion, wrist (dorsal or volar); primary
- 28290 Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (e.g., Silver type procedure)
- 28292 Keller, McBride, or Mayo type procedure
- 28293 Keller-Mayo Procedure with implant
- 28294 Joplin Procedure with tendon transplants
- 28296 Mitchell Procedure with metatarsal osteotomy
- 28297 Lapidus-Type Procedure
- 28298 Phalanx Osteotomy
- 28299 Double Osteotomy
- 32000 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
- 37609 Ligation or biopsy, temporal artery
- 38220 Bone Marrow; aspiration only
- 38221 Bone Marrow; biopsy, needle or trocar
- 38500 Biopsy or excision of lymph node(s); open, superficial
- 43200 Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing
- 43202 Esophagoscopy with biopsy, single or multiple
- 43220 Esophagoscopy with balloon dilation (less than 30 mm diameter)

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- 43226 Esophagoscopy with insertion of guide wire followed by dilation over guide wire
- 43234 Upper gastrointestinal endoscopy, simple primary examination
- 43235 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing
- 43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
- 43245 Upper gastrointestinal endoscopy with dilation of gastric outlet for obstruction (e.g., balloon, guide wire, bougie)
- 43247 Upper gastrointestinal endoscopy with removal of foreign body
- 43250 Upper gastrointestinal endoscopy with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
- 43251 Upper gastrointestinal endoscopy with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- 43258 Upper gastrointestinal endoscopy with ablation of tumor(s), polyp(s), or other lesions not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
- 45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression
- 45379 Colonoscopy with removal of foreign body
- 45380 Colonoscopy with biopsy, single or multiple
- 45381 Colonoscopy with direct submucosal injection(s), any substance
- 45382 Colonoscopy with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
- 45383 Colonoscopy with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
- 45384 Colonoscopy with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
- 45385 Colonoscopy with removal of tumor(s), polyps(s), or other lesion(s) by snare technique
- 49080 Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial
- 49081 Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent
- 52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
- 52007 Cystourethroscopy, with brush biopsy of ureter and/or renal pelvis
- 52010 Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic services
- 52204 Cystourethroscopy, with biopsy
- 52214 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
- 52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
- 52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of: SMALL bladder tumor(s) (0.5 to 2.0 cm)
- 52235 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of: MEDIUM bladder tumor(s) (2.0 to 5.0 cm)

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- 52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of: LARGE bladder tumor(s)
- 52250 Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration
- 52260 Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
- 52270 Cystourethroscopy, with internal urethrotomy: female
- 52275 Cystourethroscopy, with internal urethrotomy; male
- 52276 Cystourethroscopy with direct vision internal urethrotomy
- 52277 Cystourethroscopy, with resection of external sphincter (sphincterotomy)
- 52283 Cystourethroscopy, with steroid injection into stricture
- 52290 Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
- 52300 Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
- 52305 Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple
- 52310 Cystourethroscopy; with removal of foreign body, calculus, or ureteral stent from urethra or bladder, simple
- 52315 Cystourethroscopy; with removal of foreign body, calculus, or ureteral stent from urethra or bladder, complicated
- 57520 Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
- 58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
- 62270 Spinal puncture, lumbar, diagnostic
- 96440 Chemotherapy administration into pleural cavity, requiring and including thoracentesis
- 96445 Chemotherapy administration into peritoneal cavity, requiring and including peritoneocentesis
- 96450 Chemotherapy administration into CNS (e.g., intrathecal), requiring and including spinal puncture

If A4550 is the only code billed on a claim, or if A4550 is billed in conjunction with procedures other than those listed above, the claim will deny. All surgical trays billed with the above CPT codes will be reimbursed at \$16.98.

If you have any questions regarding the above information, please contact Jan Uren at (208) 364-1854. Thank you for your continued participation in the Idaho Medicaid Program.

March 1, 2004

**MEDICAID INFORMATION RELEASE 2004-14**

**TO: Prescribing Providers, Pharmacists, Pharmacies, Hospitals, and Long-Term Care Facilities**

**FROM: Paul Swatsenbarg, Deputy Administrator**

**SUBJECT: NEW PRIOR AUTHORIZATION CRITERIA FOR PROTON PUMP INHIBITORS**

**Drug/Drug Class: Proton Pump Inhibitors**

**Implementation Date: Effective for dates of service on or after April 1, 2004**

Idaho Medicaid is implementing an Enhanced Prior Authorization Program for select therapeutic classes including the identification of preferred agents. The Enhanced Prior Authorization Program (EPAP) is designed to provide Medicaid participants the most effective drug at the right price. **Beginning April 1, 2004, Proton Pump Inhibitors will be the next drug class to have new prior authorization requirements:**

<b>Enhanced Prior Authorization drug class</b>	<b>Preferred Agent(s)</b>	<b>Non-preferred Agents ^</b>
Proton Pump Inhibitors	Prevacid® Aciphex® Prilosec OTC®*	Protonix® Nexium® Prilosec® Omeprazole – various generics

^ Use of non-preferred agents must meet prior authorization requirements

\* Prilosec OTC® requires a valid prescription for Medicaid reimbursement

Point-of-service pharmacy claims will be routed through an automated computer system to apply PA criteria specifically designed to assure effective drug utilization. Through this process, therapy will automatically and transparently be approved for those patients who meet the system approval criteria.<sup>1</sup> For those patients who do not meet the system approval criteria, it will be necessary for you to contact the Medicaid Drug Prior Authorization help desk at (208) 364-1829 or fax a PA request form to (208) 364-1864 to initiate a review and potentially authorize claims. **To assist in managing patients affected by these changes, Medicaid will be sending in a separate mailing a list to prescribing providers of their patients who are currently receiving non-preferred therapy and whose claims for these drugs will be affected.**

The Enhanced PA Program and drug class specific PA criteria are based on evidence-based clinical criteria and available nationally recognized peer-reviewed information. The determination of medications to be considered preferred within a drug class is based primarily on objective evaluations of their relative safety, effectiveness, and clinical outcomes in comparison with other therapeutically interchangeable alternative drugs and secondarily on cost.

Additional therapeutic drug classes will be added in the coming months to the Enhanced Prior Authorization (EPAP) program. The next drug classes to be implemented will include triptans and statins. Please watch for further information releases and the Medicaid pharmacy website at [www.idahohealth.org](http://www.idahohealth.org) for details.

As always, your support is critical to the success of this Medicaid Pharmacy initiative. It is our goal to partner with you in the provision of quality, cost-effective health care to your patients. Questions regarding the Prior Authorization program may be referred to Medicaid Pharmacy at (208) 364-1829.

<sup>1</sup> Specific Prior Authorization criteria and fax forms for all drug classes may be obtained from the Department of Health and Welfare Pharmacy Program web site at: <http://www.idahohealth.org>

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APRIL 1, 2004

**MEDICAID INFORMATION RELEASE MA04-18**

**TO: Physicians, Hospitals and Optometrists**  
From: Kathleen P. Allyn, Deputy Administrator  
**SUBJECT: Procedure Code 76514 - Corneal Pachymetry**

Effective for dates of service on or after **April 1, 2004**, optometrists may receive Idaho Medicaid reimbursement for corneal pachymetry, CPT code 76514. Previously only physicians could bill for corneal pachymetry. This procedure is useful in determining which patients with elevated intraocular pressure are truly at increased risk for developing glaucoma.

The State Board of Optometry has made the determination that optometrists in the State of Idaho have the authority to perform pachymetry procedures.

If you have any questions, contact Christine Baylis at (208) 364-1891. Thank you for your continued participation in Idaho Medicaid.

March 8, 2004

**MEDICAID INFORMATION RELEASE 2004-19**

**TO: Plan Developers and Targeted Service Coordination Agencies**  
From: Paul Swatsenbarg, Deputy Administrator  
**RE: 1. Prior authorization for plan development hours (G9007)**  
**2. Distribution of medical care evaluation form**

1. For plans of service beginning March 1, 2004, Plan Development Hours (G9007) will be authorized from the date of the budget meeting and prior to authorizing the Individual Service Plan (ISP).

The Independent Assessment Provider (IAP) will approve the maximum of twelve (12) hours for this service at the budget meeting and send the approval to the Department for authorization. Authorization of the twelve hours will be for 365 days, i.e. January 1, 2004 through December 31, 2004. The plan developer may begin billing these hours on receipt of the "Notice of Decision for Medical Services" (prior authorization letter). A copy of the plan development authorization cover sheet is attached.

The start date for Plan Development should be identified on the ISP using the date of the budget meeting.

2. The Medical Care Evaluation Form is used for a physician's referral for services, the Healthy Connections referral, and program planning. The IAP gives the Medical Care Evaluation form to the plan developer at the budget meeting. If the participant elects to receive DDA services, the plan developer must give the Developmental Disability Agency (DDA) a copy of the Medical Care Evaluation Form at the Person Centered Planning Meeting.

If you have any questions please contact Jean Christensen by phone at 208-364-1828 or by e-mail: [christej@idhw.state.id.us](mailto:christej@idhw.state.id.us).

**Plan Development Authorization Cover Sheet**

*(for assessor use only)*

Date	Assessor	Participant
PA Start Date (Budget Meeting Date)	PA End Date	MID #
Provider Name: <i>(please print)</i>		

\_\_\_\_\_  
Assessor Signature

**Plan Development Services Have Been Authorized:**

*(for regional office use only)*

Service	Frequency	Provider Number	Prior Authorization #
G9007 Plan Development	12 hours / year		

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March 9, 2004

**MEDICAID INFORMATION RELEASE 2004-20**

**TO: Developmental Disabilities Agencies**  
**FROM: Paul Swatsenbarg, Deputy Administrator**  
**RE: Obtaining Documents As Required By IDAPA 16.04.11**

**Effective March 1, 2004, participant services authorized through** the Adult DD Care Management business model follow the process below to obtain evaluations required by IDAPA 16.04.11. The following forms go to the participant's selected DDA from the Idaho Center for Disabilities Evaluation Independent Assessment Provider (IAP):

- Medical/Social and Developmental History,
- Report of Adaptive Behavior Testing (SIB-R) and

A Medical Care Evaluation form will be obtained from the Plan Developer.

The IAP e-mails the Medical/Social and Developmental History and the Report of Adaptive Behavior Testing (SIB-R) to the DDA identified on the participant's ISP (Plan of Service).

The Plan Developer provides the Physician's Medical Care Evaluation to the DDA at the Person Centered Planning meeting.

The DDA provides their e-mail address to the Administrative Support person at their regional/geographic Idaho Center for Disabilities Evaluation office. DDAs without e-mail provide their mailing address to receive paper copies of documents.

For questions about this process, please contact Cyndy Jonsson at 208-364-1841 or e-mail her at: [jonssonc@idhw.state.id.us](mailto:jonssonc@idhw.state.id.us).

Thank you for your continued participation in the Idaho Medicaid program.

March 10, 2004

**MEDICAID INFORMATION RELEASE 2004-21**

**TO: All Nursing Home and ICF/MR Administrators**  
**FROM: Kathleen P. Allyn, Deputy Administrator**

**SUBJECT: Information Request Related to PCS Wage Determination**

Each year, the Department gathers information from all Nursing Facilities (including hospital-based facilities) and Intermediate Care Facilities for the Mentally Retarded to determine wage data for select employees in the nursing home industry.\* **The Department requires** you to respond according to the attached instructions and complete the attached certification. A survey form is also being provided to help you complete this request.

**If your facility was certified for participation in the Medicaid program before March 15, 2004, you must respond by April 16, 2004. Otherwise, you are not required to participate this year.** Please return the required information as soon as possible to:

Myers and Stauffer LC  
8555 West Hackamore Drive, Suite 100  
Boise, ID 83709-1693

If you have questions, please feel free to contact Sheila Pugatch at (208) 364-1817 or Myers and Stauffer at (800) 336-7721. Thank you for your participation in Idaho Medicaid.

\* Per Idaho Code, Section 39-5606, and IDAPA 16.03.10.202.03

**Note:** this information release was sent directly to providers with the required survey.

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## MIR 2004-21 INFORMATION REQUEST INSTRUCTIONS

In compliance with Idaho Code, Section 39-5606, we are requesting the following information related to select staff at all nursing facilities (including hospital-based facilities) and Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) as of March 15, 2004.

**The following information is required (PRM 03.10202.03) to be submitted to Myers and Stauffer no later than April 16, 2004. Early submissions would be greatly appreciated.**

- 1) EMPLOYEE NAME: This category will include only the name and/or identifier for each employee (e.g., I.D. number).
- 2) EMPLOYMENT CLASS: Include **ONLY** the specified classifications indicated below:
  - Registered Nurses (indicate Director of Nursing)
  - Licensed Practical Nurses
  - Qualified Mental Retardation Professional (ICFs/MR only)
  - Certified Nurse Aides
  - Nurse Aides
  - Therapy Technicians (ICFs/MR only)
- 3) WAGE PER HOUR: This category is to include the wage per hour only. If the individual is paid a salary, please convert it to an hourly wage (full time = 2,080 hours/year).
- 4) HOURS PER WEEK: This category requests the number of hours that the individual works in the AVERAGE WORK WEEK. Round figures to the nearest hour.
- 5) TIME FRAME: The wage data must be the rate paid as of March 15, 2004. Do not include personnel hired after this date.
- 6) FORMAT: A form has been included for your use in manually reporting this information. Should you elect to use an alternative format, the data is to be organized as follows:

<u>Employee Name</u>	<u>Employment Class</u>	<u>Wage per Hour</u>	<u>Avg. Hours per Week</u>
<i>(Example)</i>			
John Doe	Nurse Aide	\$7.76	32

**ELECTRONIC FILES would be appreciated, as long as they can be presented in** either an Excel or Lotus spreadsheet format. If an electronic file is submitted, a printout of the file must be attached to the *signed* certification page (see #7).

No subtotals or summarizations are necessary, but PLEASE SORT BY EMPLOYMENT CLASS. Please note that a payroll schedule will not satisfy the requirements of this request.

- 7) CERTIFICATION: Included with this request is a cover sheet/certification page. This page must be completed, signed, and attached to the information requested above.

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EDS  
P.O. Box 23  
Boise, Idaho 83707

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**MedicAide** is the monthly informational newsletter for Idaho Medicaid providers.

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or

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