MedicAide

An informational newsletter for Idaho Medicaid Providers

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

From the Idaho Department of Health and Welfare, Division of Medicaid **October 2007**

Reminder! National Provider Identifier (NPI) Validation Starts October 1, 2007

Starting October 1, 2007, Idaho Medicaid will validate the format of all National Provider Identifiers (NPIs) submitted on the following electronic transactions:

- Electronic 837 healthcare claim
- Electronic 270 eligibility transaction
- Electronic 276 request for claim status information

The NPI validation check is based on the ID qualifier you use on the transaction. If you submit a provider identification number with an NPI ID qualifier, the NPI validation check will be performed. The NPI must be ten numeric digits in length and entered in the correct order to pass the check-digit validation.

If your electronic transaction is rejected because of an invalid NPI, you will be sent a re-jection message indicating the specific reason the NPI is not valid. Possible rejection mes-sages include errors for length, numeric value, both length and numeric value, or invalid check-digit.

If you receive an invalid NPI rejection message, check the format of the NPI you included in the transaction. Also make sure you used the correct qualifier. The qualifier communi-cates the type of ID you are sending. There are separate qualifiers for each identifier, in-cluding NPI, Medicaid provider number, and tax ID. Once you have identified the problem, make corrections and resubmit the transaction.

Provider Electronic Solutions (PES) software, which is provided at no cost by Idaho Medi-caid, performs the NPI validation check before a claim or eligibility request transaction is submitted to Medicaid. This feature allows providers an upfront opportunity to correct NPI format errors before submitting a transaction.

If you have questions about this information, please call the EDI Helpdesk toll free at:
(800) 685-3757 or in the Boise area at: (208) 383-4310 and say 'Technical Support'.

~~~~~~

National Provider Identifier (NPI)

Try out your NPI on Electronic Claims

Did you know you can test your NPI on electronic claims without interrupting your cash flow due to NPI billing errors?

You can submit electronic claims with both an NPI and a Medicaid provider number until May 23, 2008. The Medicaid provider number will be used to process your claim during this grace period.

We'll use the linking information you supplied when you registered your NPI with Idaho Medicaid to crosswalk the NPI you send on a claim to a Medicaid provider number. If the NPI can't successfully crosswalk to a Medicaid provider number, we'll provide a message on your weekly paper remittance advice (RA) to communicate the cause of the problem. You can use this information to make changes needed to use your NPI successfully on electronic claims. Once you are sure your claims will process correctly, you should begin to submit electronic claims with just your NPI.

NPI messages on your paper RA

Explanation of Benefit (EOB) message codes are listed under the participants name and Medicaid ID number, or under the claim's 'from date of service' on the left side of the claims detail section of the paper RA. The 'message codes' section at the end of the RA provides a list of all message codes found on the paper RA and their associated messages.

The following table lists codes and messages that are generated on your paper RA if a claim fails the NPI crosswalk. Remember, during the grace period, claims will be processed using your Medicaid provider number if it was included on the electronic claim. These messages do not mean your claim has failed. They indicate what you need to do to bill successfully using your NPI in the future.

Message Code	Message	This message is generated when the crosswalk fails because	Tips for success
049	NPI not registered with Idaho Medicaid or linked to an Idaho Medicaid provider number	The NPI is not registered with Idaho Medicaid, or the NPI is not successfully linked to an Idaho Medicaid provider number.	Register your NPI with Idaho Medicaid and link it to your Medicaid provider number using the web registration tool at: **https://npi.dhw.idaho.gov**
050	NPI not linked to Medicaid provider number allowed to bill for this service	The NPI is not linked to a Medicaid provider number of a type and specialty allowed to bill with the claim type submitted.	Check your NPI web registration account. Determine if you need to update or correct the links between your NPI and your Medicaid provider number(s).
051	Taxonomy code is required when submitting this NPI on claims.	Multiple Medicaid provider numbers are linked to one NPI and a taxonomy code is needed to determine which Medicaid provider number to use for processing the claim.	Submit the correct national taxonomy code on each claim. Acceptable taxonomy codes for each Idaho Medicaid provider type and specialty can be found in Appendix B of your provider handbook.
052	Taxonomy code on claim is not used by Idaho Medicaid.	The taxonomy code submitted with the NPI on the claim is not used by Idaho Medicaid.	Find acceptable taxonomy codes for each Idaho Medicaid provider type and specialty in Appendix B of your provider handbook.
053	NPI and taxonomy number combination does not match any linked Medicaid provider number.	There is no Idaho Medicaid provider number linked to this NPI with a provider specialty that matches the taxonomy code submitted on the claim.	Find acceptable taxonomy codes for each Idaho Medicaid provider type and specialty in Appendix B of your provider handbook.
054	Zip code sent on claim does not match zip code on file.	The zip code submitted on the claim does not match the zip code that was registered for the service location address when the Medicaid provider number was linked to the NPI.	Use the same zip code you used in your NPI registration account. If your address has changed, contact EDS Provider Enrollment at (800) 685-3757 to have it updated.
055	NPI taxonomy zip combination matches multiple linked Medicaid provider numbers.	Multiple Medicaid provider numbers are linked to one NPI, and all of the Medicaid numbers have the same provider specialty and 9-digit zip code.	Update the service location zip codes in the NPI web registration tool at: **https://npi.dhw.idaho.gov** Each service location should have a unique 9-digit zip code.
056	An NPI must be submitted on claims for these services effective May 23, 2008.	Your provider type and specialty identify you as a healthcare provider and your electronic claim was submitted without an NPI.	Start using your NPI on electronic claims. Remember to first register your NPI with Idaho Medicaid and link your NPI to your Medicaid provider number using the web registration tool at: **https://npi.dhw.idaho.gov**

Prior Authorization Phone Numbers Addresses Web Sites

Prior Authorizations:

DME Specialist
Bureau of Medical Care
P.O. Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax (800) 352-6044
(Attn: DME Specialist)

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(866) 827-9967 (toll free)
(208) 364-1829
Fax (208) 364-1864

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

Transportation Prior Authorization:

Developmental Disability and Mental Health
  (800) 296-0509, #1172
  (208) 287-1172

Other Non-emergent and Out-of-State

  (800) 296-0509, #1173
  (208) 287-1173

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

Ambulance Review

  (800) 362-7648
  (208) 287-1155

Fax
  (800) 359-2236
  (208) 334-5242

Insurance Verification:

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

Watch out for Mismatches!

If you submit claims for an organization that has multiple NPIs, make sure you submit the correct NPI on each claim. After the grace period ends on May 23, 2008, using an incorrect NPI may cause your claim to fail or to be paid to the wrong subpart of your organization.

Need help using your NPI on Electronic Claims?

If you need help using your NPI on electronic claims, please contact your local EDS Provider Relations Consultant (PRC). PRC contact information can be found in the sidebar on Page 5.

~~~~~~

Medicaid Information Release MA07-18

TO: All Healthy Connections Primary Care Providers (PCPs) and
              All Hospital and Ambulatory Surgical Center Providers

FROM: Leslie M. Clement, Administrator

SUBJECT: Removal of Requirement for Healthy Connections Referral for
              Outpatient Dental Services

Effective September 1, 2007, the requirement for a Healthy Connections referral is removed for dental procedures provided in a hospital outpatient or ambulatory surgical center setting. This change is due to the implementation of the Idaho Smiles dental program.

We are pleased to make this change to support the Department's efforts to simplify the Idaho Medicaid program. Should you have questions, please contact Ms. Robin Pewtress at: (208) 364-1892 or **pewtresr@dhw.idaho.gov**. This information is in addendum to Sections 1, 3 and 6 of the provider handbook.

Thank you for working with us to deliver quality health care to the citizens of Idaho!

LMC/rp

~~~~~~

Medicaid Information Release MA07-19

TO: All Healthy Connections Primary Care Providers (PCPs), All Anesthesia, Laboratory, Pathology, Radiology and Immunization Providers

FROM: Leslie M. Clement, Administrator

SUBJECT: Removal of Requirement for Healthy Connections Referral for Select Services

Earlier this year, a survey was conducted in response to requests from Healthy Connections PCPs for the Department to reconsider requiring a Healthy Connections referral for some services.

In the survey, PCPs were asked if removing the requirement from select services would compromise the PCP's ability to manage their patients' care.

Although some PCPs did express a concern, the majority (86%) did not feel that removing the referral requirement would compromise patient care.

Therefore, effective April 1, 2007, the Healthy Connections referral requirement is removed for the following procedures:

- All anesthesia services with CPT codes 00100-01999
- All radiology services with CPT codes 70010-79999
- All pathology and laboratory services with CPT codes 80048-89330
- All immunizations with CPT codes 90476-90749 not already exempt from referral

We are pleased to make this change in collaboration with our PCPs' advice and to support the Department's efforts to simplify the Idaho Medicaid program.

Should you have questions, please contact Ms. Robin Pewtress at (208) 364-1892 or **pewtresr@dhw.idaho.gov**. This information is in addendum to Sections 1, 3 and 6 of the Provider Handbook.

~~~~~~

Keep Your Staff Up to Date on Accurate Claims Processing!

Provider and staff training workshops are conducted by local EDS Provider Relation Consultants. These two-hour training workshops are available in all regions every two months. Space is limited so plan now to attend the November session!

November training topics will include:

- Learn more about NPI
- General Medicaid Billing
- Provider Resources
- Using PES Software
- CMS 1500 (08/05)

November's training workshops will be held at Regional Medicaid offices on Tuesday, November 13th, from 2 to 4 p.m. for all regions except Region 4, which will be on Wednesday, November 14th, from 2 to 4 p.m.

These training sessions are provided at no cost to you, but space is limited so please pre-register early with your local provider relations consultant (see Page 5 for consultant names and phone numbers).

NOTICE!
Beginning October 1, 2007, NPI web registration help will be available to providers through MAVIS

If you need to speak with an NPI web registration specialist call toll free at: (800) 685-3757 or in the Boise area at: 383-4310 and ask for 'Provider Enrollment'.

The following assistance is available to providers:

- ***Registering an NPI with Idaho Medicaid***
- ***Linking an NPI to at least one current Idaho Medicaid provider number***
- ***Updating an existing NPI account when changes occur***

The self-service Idaho Medicaid NPI registration website at: **http://npi.dhw.idaho.gov** will remain available to providers to review and update their NPI web registration account.

Beginning September 29, 2007, NPI web registration help will *no longer* be available at: (866) 909-4148.

Calling MAVIS

1. Dial either the toll free number at: (800) 685-3757, or the local number at: 383-4310.

2. Once connected and prompted say 'Main Menu' or press the '9' button on your phone key pad.

3. At the next prompt, say 'Provider Enrollment'.

EDS Phone Numbers
Addresses

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

EDS
Correspondence
  P.O. Box 23
  Boise, ID 83707

Provider Enrollment
  P.O. Box 23
  Boise, Idaho 83707

Medicaid Claims
  P.O. Box 23
  Boise, ID 83707

PCS & ResHab Claims
  P.O. Box 83755
  Boise, ID 83707

EDS Fax Numbers
  Provider Enrollment
  (208) 395-2198

  Provider Services
  (208) 395-2072

Participant Assistance Line
Toll free: (888) 239-8463

Tips to Increase Paper Claim Readability

After you submit paper claims, they are scanned into a computer system for processing. The system is programmed to look for particular information in specific places on the claim form. This means that if the information is incorrect, written in the wrong place, or overlaps other information, your claim will not process correctly.

The following guidelines will help ensure that your claims get processed quickly and accurately.

- Make sure that all data on your claim is printed in the correct field, without overlapping any other field.
- Check to make sure that there is no additional information written in the service detail area of the claim form; this will cause delays in processing and can result in processing errors. Include extra text only in the field that is designated for remarks (field 19 on the CMS-1500 claim form or field 80 on the UB-04 claim form), or include remarks on a separate page that will be scanned as an attachment to the claim.
- Do not use negative dollar amounts on your claim. The system cannot read negative numbers and will incorrectly identify them as positive numbers.
- Use only black ink on your claim forms. The original red form of the CMS-1500 and the UB04 disappears in the scanner. Only the black printed data is read. This means that anything written in red will not be picked up when the claim is scanned.

Our goal is to get your claims processed correctly the first time. Thanks for your help.

~~~~~~

Attention: Mental Health and Psychosocial Rehabilitation Providers

According to the Current Procedural Terminology (CPT) manual the description of code 90889 is:

"Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers."

This CPT code is not to be billed for the writing of the diagnostic assessment or comprehensive assessment. When billing 90801-diagnostic evaluation and H3001-comprehensive assessment, units billed should reflect the participant interview and report writing.

~~~~~~

Idaho Smiles Update

Idaho Smiles, the new dental insurance plan for Idaho's Medicaid Basic Plan participants, is currently recruiting and enrolling a statewide network of dental providers. Approximately 80 percent of children and adults covered by Idaho Medicaid, about 140,000 people, will be covered by Idaho Smiles starting on September 1, 2007. If you have patients on the Medicaid Basic Plan, you must enroll as an Idaho Smiles provider in order to be paid for services provided after August 31, 2007.

Note: You may enroll as an Idaho Smiles provider without committing to accept new Medicaid patients. Enrollment as an Idaho Smiles provider does not obligate a dentist to be part of any other Blue Cross program.

If you have not decided whether to enroll and have questions about the program, please call Idaho Smiles provider recruitment at: (800) 685-9971, or Arla Farmer, Division of Medicaid at: (800) 364-1958 for more information.

More Hints and Tips For Submitting Paper Claims

Electronic billing processes your claims faster, but there are times when you must bill on paper. The following tips will speed the processing and reduce the risk of damage to your paper claims.

Mail claims flat in a large envelope (recommend 9 x 12). Do not fold claims. If you send folded claims in a small envelope, the claim can be damaged during opening. Envelopes are opened by an automatic mail opening machine that taps the contents to the bottom and then slices the top edge off the envelope. If the claim fold is stuck in the edge that gets cut off, a sliver of the claim will be cut as well.

Stack attachments behind the claim to which they belong. Do not use staples or paperclips. Folded claims must be unfolded and flattened with all staples and paper clips removed in preparation for scanning each page. When claims are folded several times they may not flatten well and pages may stick together. This can result in scanner feeding problems which may damage the paper claim.

Please send your claims in a large envelope with the attachments stacked behind each claim to eliminate the need for folding, stapling, or paper clips. This reduces the risk of claim damage during the opening process. Additionally, manual handling is reduced and your claims can be processed faster.

Leave the top half inch on a paper claim form blank. Your claims can be rejected when notes are written on the top of the claim form. This is particularly true for the CMS-1500 claim form, the Pharmacy claim form, and the Dental claim form, all of which have a blank area at the top of the form. An internal control number (ICN) is printed at the top of the claim form and any attachments. If you write any other information in that space, the ICN number is garbled and the claim cannot be tracked.

We appreciate your help to process claims quickly and efficiently.

~~~~~~

Billing Tips for Medicare Crossover - Split Claims

There are situations when a claim must be split and submitted as two or more claims. Keep in mind that the claim and the attached explanation of benefits (EOB) document from the primary payer(s) must match. This is described in Section 2 of the *Idaho Medicaid Provider Handbook*, subsections 2.4.5, 2.5.2.3, and 2.5.4.

Sometimes the EOB from Medicare, or other insurance, has more detail lines than fit on the paper claim form. To create a matching claim, the claim must be split as follows:

- Submit two or more claims with the first lines on one claim form and the remaining lines on additional claim forms.
- Write 'Split Claim' in field 19 of the CMS-1500 claim form, or in field 80 of the UB-04 Claim form.
- Leave the fields for amount paid and balance due blank.
- Attach a separate copy of the EOB to each split claim.
- Total each claim.

Occasionally, Medicare combines or splits claims to expedite processing. When this happens, submit the Medicaid claim to match the Medicare EOB. The services Medicare processes as a single claim under one claim number must match exactly the service billed on the claim submitted to Medicaid.

The claim dates of service, billed amounts, and the Medicare EOB must match.

When a Medicare EOB contains covered and non-covered services (for Medicare/Medicaid dually eligible participants only), submit two separate claims to Medicaid:

- One claim for the covered Medicare crossover portion with the Medicare EOB attached.
- Second claim for the non-covered Medicare services with the Medicare denial attached.

Indicate 'Medicare non-covered benefit' in the comments or remarks field of your claim form.

Refer to the *Idaho Medicaid Provider Handbook,* Section 2, subsections 2.4.5, 2.5.2.3, and 2.5.4 for more details. The *Idaho Medicaid Provider Handbook* is located on your Provider CD, and at the DHW website at: **www.healthandwelfare.idaho.gov** under the 'Medicaid Provider Information' link on the right side of the web page, then under 'Other Resources' on the right side of the next page.

Information Needed to Process Billings for Enteral Formul

Claims for Enteral formulas (procedure codes B4157, B4159, B4160, B4161, and B4162) must include the following information before they can be processed for payment:

- A copy of the invoice dated no more than one year prior to the date of service must be attached to the claim. Claims will be denied if billed electronically or if there is no invoice attached to the paper claim.
- The number of calories per day, ordered by the physician.
- The number of calories per can, in the comments field.
- The description of the enteral formula. The description on the claim must match the invoice description.
- The number of units billed. Per Durable Medical Equipment Regional Carriers (DMERC) guidelines; 1 unit = 100 calories, not the number of cans being billed.

Reminder: Check eligibility to see if the participant is enrolled in Healthy Connections. If a participant is enrolled, a referral from a Healthy Connections physician is required before payment will be made.

~~~~~~

New Provider Relations Consultants (PRCs): Regions 2 and 4

EDS is happy to announce two new Provider Relations Consultants (PRCs) have joined the EDS team. Darlene Wilkinson and Angela Applegate each bring many years of health care experience in Idaho.

EDS PRCs help keep providers up-to-date on billing changes resulting from program and policy changes implemented by the Division of Medicaid. PRCs accomplish this by:

- Conducting provider workshops.
- Visiting a provider's site to conduct training.
- Assisting providers with electronic claims submissions.

Initial communication with consultants may be directed through a provider service representative to determine which PRC can best support a provider's particular needs.

MAVIS, PSR OR PRC? Whom do I call?	• Routine questions about eligibility, limitations, codes, etc., can all be addressed by MAVIS. Toll-free at: (800) 685-3757, or in Boise at: 383-4310. • For questions that can't be answered by MAVIS, contact a Provider Service Representative (PSR) at: (800) 685-3757 and say 'Agent'. • For questions that can't be answered by a PSR, contact a Regional Provider Relations Consultant (numbers are listed on Page 5 of the Medicaid Newsletter).
What do I need before I call?	• The Internal Control Number (ICN) of the claim. • Your Medicaid Provider Number. • The participant's Medicaid identification number (MID). • Dates of Service. • Date of the Remittance Advice. • The Explanation of Benefits (EOB) code from the RA telling why the claim pended or denied.
When should I call a PRC directly?	• If you have multiple denials on a claim. • If you keep having claims deny for the same reason. • If you are having trouble finding an answer for a claim question.

EDS
P.O. BOX 23
BOISE, IDAHO 83707

IDAHO DEPARTMENT OF
HEALTH & WELFARE

October Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following State holiday: Columbus Day
Monday, October 8, 2007

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.

Editor:
Carolyn Taylor,
Division of Medicaid

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

taylorc3@dhw.idaho.gov

or

Carolyn Taylor
DHW MAS Unit
P.O. Box 83720
Boise, ID 83720-0036

Fax: (208) 364-1911