MedicAide

An informational newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **April 2008**

In this issue:

Information Releases:

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

March 1, 2008

MEDICAID INFORMATION RELEASE MA08-04

To: Primary Care Physicians, Mental Health Clinics, Psychosocial Rehabilitation Agencies, Nurse Practitioners, Physician Assistants, and Clinical Nurse Specialists

From: Leslie M. Clement, Administrator
Division of Medicaid

Subject: Family psychotherapy without the participant present

This information release describes billing and service requirements for providing family psychotherapy without the participant present. Medicaid will pay for family psychotherapy services without the participant present when they meet the requirements detailed in this release for dates of service beginning January 1, 2008.

Family psychotherapy services must be delivered in accordance with the goals of treatment, as specified in the individual treatment plan. The focus of family psychotherapy is based on the dynamics within the family structure as they relate to the participant. Family psychotherapy without the participant present must:

- Be face-to-face with at least one family member present.
- Focus on the participant.
- Use an evidence-based treatment model.

Evidence-based treatment models are described at: **www.nrepp.samhsa.gov**. Use the following code for billing family psychotherapy services without the participant present.

- **90846** - Family psychotherapy without the participant present. Physicians should use the UA modifier when billing this code in order to obtain the physician rate of reimbursement.

If you have any questions regarding this information, please contact the Office of Mental Health and Substance Abuse at: (208) 364-1813. Thank you for your continued participation in the Idaho Medicaid Program.

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February 25, 2008

MEDICAID INFORMATION RELEASE 2008-05

To: Developmental Disabilities Agencies (DDA)
Developmental Disabilities Service Coordination Agencies

From: Leslie M. Clement, Administrator
Division of Medicaid

Subject: Weekly Prior Authorization Requirement for Developmental Therapy

The Department of Health and Welfare has previously approved prior authorization (PA) requests for developmental therapy (DT) services on a units per week, units per month, or units per year basis. In order to ensure one consistent statewide process, all new requests for PA will only be approved in units per week.

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Initial and annual plans for DT services submitted after March 31, 2008, will be prior authorized as weekly units. The shift to weekly PA units will occur over the next year. Participants who currently have DT services approved in units per month or units per year do not require a plan addendum. This change will occur in conjunction with their next annual plan.

To simplify recordkeeping requirements for Developmental Disability Agencies, separate PAs will not be required for group center-based DT services (H2032 HQ), and group home-based and group community-based DT services (97537 HQ). Authorizations for these group modalities will be combined with authorizations for the primary procedure codes (H2032 individual center, 97537 individual home-based and individual community-based).

The individual and group DT services in a center, home, or community environment must be differentiated on the service plan as currently required. Addendums will still be necessary to reflect changes in services upon the individual service plan. New PAs will be required only when there is a revision to the total number of center, home, or community-based hours on the authorization. Providers must always use and follow the individual service plan and addendums in regard to the hours authorized for each therapy service.

Please contact your Regional Medicaid Services (RMS) office if you have any questions.

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Reading Your Weekly Remittance Advice (RA)

Are you getting National Provider Identifier (NPI) Explanation of Benefit (EOB) messages on your paper RA or NPI mismatch letters? The paper RA has lots of information that can help you make the changes you must make to be ready for the May 23, 2008, federal NPI compliance date.

RA Header

The NPI is displayed in the header portion of the paper RA as follows:

- If the Medicaid provider number used to process the claim is linked to a single NPI in the registration process, the NPI that is linked to the Medicaid provider number **on the date** the RA is produced will be displayed to the right of the Medicaid provider number.
- If the Medicaid provider number used to process the claim is linked to two or more NPIs, one of those NPIs, followed by an asterisk (*), will be displayed to the right of the Medicaid provider number. The asterisk indicates that there is more than one NPI linked to the Medicaid provider number, but not all are displayed. When there is more than one NPI linked to the Medicaid provider number the NPI displayed on the RA will be the **lowest number** NPI linked to the Medicaid provider number.
- If the Medicaid provider number used to process the claim is **not** linked to an NPI, no NPI will be displayed in the header.

RA Claim Detail Section

EVEN IF THE NPI IS NOT REGISTERED WITH IDAHO MEDICAID, the claim detail section displays the NPI submitted on the claim. The submitted NPI is displayed to the left of the Internal Control Number (ICN). This allows you to view the NPI number that you submitted with the Medicaid provider number. If no NPI is submitted on the claim, no NPI is displayed on the claim detail.

- If the NPI is not registered with Idaho Medicaid or not linked to the Medicaid provider number used to process the claim this will trigger an NPI mismatch letter. If the mismatch errors are not resolved before NPI is fully implemented, the mismatch claims will deny or pay to a different provider.

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DHW Contact Information

- **DHW Web site**
  www.healthandwelfare.idaho.gov
- **Idaho Careline**
  2-1-1
  Toll free: (800) 926-2588
- **Medicaid Fraud and Program Integrity Unit**
  PO Box 83720
  Boise, ID 83720-0036
  Fax: (208) 334-2026
  prvfraud@dhw.idaho.gov

Healthy Connections Regional Health Resources Coordinators

- **Region I - Coeur d'Alene**
  (208) 666-6766
  (800) 299-6766
- **Region II - Lewiston**
  (208) 799-5088
  (800) 799-5088
- **Region III - Caldwell**
  (208) 642-7006
  (800) 494-4133
- **Region IV - Boise**
  (208) 334-0717
  (208) 334-0718
  (800) 354-2574
- **Region V - Twin Falls**
  (208) 736-4793
  (800) 897-4929
- **Region VI - Pocatello**
  (208) 235-2927
  (800) 284-7857
- **Region VII - Idaho Falls**
  (208) 528-5786
  (800) 919-9945
- **In Spanish (en Español)**
  (800) 378-3385
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Prior Authorization Contact Information

- **DME Specialist, Medical Care**
  PO Box 83720
  Boise, ID 83720-0036
  Phone: (866) 205-7403
  Fax: (800) 352-6044
  (Attn: DME Specialist)

- **Pharmacy**
  PO Box 83720
  Boise, ID 83720-0036
  Phone: (866) 827-9967
  (208) 364-1829
  Fax: (208) 364-1864

- **Qualis Health (Telephonic & Retrospective Reviews)**
  10700 Meridian Ave. N.
  Suite 100
  Seattle, WA 98133-9075
  Phone: (800) 783-9207
  Fax: (800) 826-3836
  (206) 368-2765
  www.qualishealth.org/idahomedicaid.htm

Transportation

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

- **Other Non-emergent and Out-of-State**
  Phone: (800) 296-0509, #1173
  (208) 287-1173
  Fax: (800) 296-0513
  (208) 334-4979

- **Ambulance Review**
  Phone: (800) 362-7648
  (208) 287-1155
  Fax: (800) 359-2236
  (208) 334-5242

Insurance Verification

- **HMS**
  PO Box 2894
  Boise, ID 83701
  Phone: (800) 873-5875
  (208) 375-1132
  Fax: (208) 375-1134

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Working Your EOB Codes

049: NPI not registered with Idaho Medicaid or linked to Medicaid provider number.

The NPI submitted on the claim is not registered and linked to the Idaho Medicaid provider number listed in the RA header.

- Review the NPI number listed in the claim detail section of the RA.
- Assure the NPI shown should be linked to the Medicaid number listed in the RA header section.
- Go to the Idaho Medicaid NPI Registration Web page at: **https://npi.dhw.idaho.gov**. Register and link the NPI to the appropriate Idaho Medicaid provider number.

050: NPI not linked to Medicaid provider number allowed to bill for this service.
The NPI submitted on the claim is linked to a Medicaid provider number that is not allowed to bill for the specified service. For example, a physician is not allowed to bill for a hospital service.

- Review the NPI number listed in the claim detail section of the RA.
- Assure the NPI shown should be linked to the Medicaid number listed in the RA header section.
- Go to the NPI Web page listed above. Correct or add the link for the NPI submitted.

051: Taxonomy code is required when submitting this NPI on claims.

The NPI submitted on the claim is linked to more than one Medicaid number that submits the same type of claim, from the same service location.

- Review *Appendix B; Taxonomy,* from the *Medicaid Provider Handbook* found on the Web page listed above. Click on the *NPI Registration Instructions* link on the left side of the page, or review the *Provider Electronic Solutions (PES)* CD for a list of allowed taxonomy codes for each provider type.
- Submit the proper taxonomy code on each claim. The billing provider taxonomy code must be submitted in loop 2000A segment PRV03 of the electronic transaction.

052: Taxonomy code on claim is not used by Idaho Medicaid.

The taxonomy code submitted on the claim is not on the allowed list of codes accepted by Idaho Medicaid.

- Review *Appendix B; Taxonomy,* from the *Medicaid Provider Handbook* found at: **https://npi.dhw.idaho.gov**. Click on the *NPI Registration Instructions* link on the left side of the page, or review the *PES* CD for a list of allowed taxonomy codes for each provider type.
- Submit the proper taxonomy code on each claim. The billing provider taxonomy code must be submitted in loop 2000A segment PRV03 of the electronic transaction.

053: NPI and taxonomy combination does not match any linked Medicaid provider number.

The NPI/taxonomy code combination on the claim does not match the provider type assigned to the Medicaid provider number listed in the RA header section.

- Review the NPI in the claim detail section of the RA.
- Assure the NPI shown should be linked to the Medicaid number listed in the RA header section.
- Go to the NPI Web page listed above to link, or confirm the link is correct.
- Review the submitted taxonomy code with your regional Provider Relations Consultant (PRC). Contact information for the PRCs can be found on page 5.

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- Submit the proper taxonomy code on each claim. The billing provider taxonomy code must be submitted in loop 2000A segment PRV03 of the electronic transaction.

054: Zip code sent on claim does not match zip code on file.

The 9-digit zip code entered on the electronic transaction does not match the 9-digit zip+4 code entered when the NPI was registered on the Idaho Medicaid NPI Web page.

- Find the correct zip+4 code at: **www.usps.gov**.
- Review and correct, if necessary, the zip code entered in your billing system, if necessary.
- Go to the NPI Web page at**: https://npi.dhw.idaho.gov.** Review the 9-digit zip code entered for each service location of each linked Medicaid number and correct as needed.

055: NPI Taxonomy Zip combination matches multiple linked Medicaid provider numbers.

One NPI number is linked to two or more Medicaid numbers that have the same provider type and service location. One of the following two must be different if only one NPI will be used, taxonomy or zip+4.

- Review the NPI listed in the claim detail section of the RA.
- Assure the NPI shown should be linked to the Medicaid number listed in the RA header section.
- Go to the NPI Web page listed above to confirm all the links for this NPI are correct.
- Review the assigned provider types for each of the linked Medicaid provider numbers and their appropriate taxonomy codes with your regional PRC. Contact information for the PRCs can be found on page 5.
- Submit the proper taxonomy code on each claim. The billing provider taxonomy code must be submitted in loop 2000A segment PRV03 of the electronic transaction.

056: An NPI must be submitted on claims for these services effective May 23, 2008.

You did not submit an NPI number on the claim. Based on your provider type, an NPI is required by federal law and must be submitted on all electronic transactions by May 23, 2008.

- Apply for your NPI if you don't already have one. A link to the NPI application Web page can be found at: **https://npi.dhw.idaho.gov**.
- Work with your billing staff to ensure both the NPI and Medicaid number is submitted on electronic transactions before May 23, 2008, to ensure Idaho Medicaid can continue to pay your claims correctly.
- Work with your software vendor or clearing house to ensure your electronic transactions are submitted with the required NPI information before May 23, 2008.

We recommend you submit both the Medicaid number and the NPI number on electronic transactions through the federal extension period. This will allow us to test the NPI information submitted on each claim to assure it is linked correctly in our system.

At this time, all the EOB codes listed above are **informational only**. Receiving these EOBs does not currently affect your Medicaid payment, but will allow you to work out any possible problems before using only the NPI number on electronic transactions.

You can get help with NPI registration problems or Web page questions by calling: (800) 685-3757, and asking for *Provider Enrollment*. Billing questions, problems, or questions regarding how to link due to unique situations, multiple Medicaid numbers, etc. can be handled through the regional PRCs. Contact information for the PRCs can be found in the *Medicaid Provider Handbook* or in the sidebar on page 5.

EDS Contact Information

- **MAVIS**
  Phone: (800) 685-3757
  (208) 383-4310
- **EDS Correspondence**
  PO Box 23
  Boise, ID 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
- **Participant Assistance Line**
  Toll free: (888) 239-8463

Provider Relations Consultant Contact Information

- **Region 1**
  Prudie Teal
  1120 Ironwood Dr., Suite 102
  Coeur d'Alene, ID 83814
  Phone: (208) 666-6859
  (866) 899-2512
  Fax: (208) 666-6856
  EDSPRC-Region1@eds.com

- **Region 2**
  Darlene Wilkinson
  1118 F Street
  PO Drawer B
  Lewiston, ID 83501
  Phone: (208) 799-4350
  Fax: (208) 799-5167
  EDSPRC-Region2@eds.com

- **Region 3**
  Mary Jeffries
  3402 Franklin
  Caldwell, ID 83605
  Phone: (208) 455-7162
  Fax: (208) 454-7625
  EDSPRC-Region3@eds.com

- **Region 4**
  Angela Applegate
  1720 Westgate Drive, # A
  Boise, ID 83704
  Phone: (208) 334-0842
  Fax: (208) 334-0953
  EDSPRC-Region4@eds.com

- **Region 5**
  TBD
  601 Poleline, Suite 3
  Twin Falls, ID 83303
  Phone: (208) 736-2143
  Fax: (208) 678-1263
  EDSPRC-Region5@eds.com

- **Region 6**
  Abbey Durfee
  1070 Hiline Road
  Pocatello, ID 83201
  Phone: (208) 239-6268
  Fax: (208) 239-6269
  EDSPRC-Region6@eds.com

- **Region 7**
  Ellen Kiester
  150 Shoup Avenue
  Idaho Falls, ID 83402
  Phone: (208) 528-5728
  Fax: (208) 528-5756
  EDSPRC-Region7@eds.com

Important Tips:

Ensuring Paper Claims Are Legible for Scanning

The process of getting paper claims into the automated computer system requires scanning them to create an electronic document of the information on the claim. The scanners are set to read a range of lightness or darkness of the print on the form. The system is programmed to look for information in particular fields of the claim form. The following items will help the scanner read your claim form:

- Use the same black ink throughout the claim and make sure it is dark enough to read easily. Use correction tape to cover claim details that are not being submitted.
- Print information in each field within the field box. The scanner will not be able to correctly read information printed directly on the lines of the field box.
- Modifiers should be placed in each separate modifier field. The scanner will not be able to read modifiers printed directly on the lines of the field box or strung together without separations.
- Only highlighters in yellow or pink may be used. Other colors will black out the print beneath the highlighting when it goes through the scanner.
- Please do not use staples on your claims or attachments. These must be removed before scanning each page and can cause tears in the documents that cause scanning problems.
- Include only one-sided documents, as double-sided documents cannot be scanned.

Illegible claims can be processed incorrectly or can be rejected by the system and returned to you for rebilling. To avoid delays, please take a moment to make sure your paper claims are easy to read.

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Identify Medicare Crossover Claims

We are receiving more Medicare Remittance Notice (MRN) forms that do not have any wording, or indicator, to identify that they are Medicare related. Each Medicare crossover claim must be submitted with an MRN attached that clearly states what was applied to the Medicare payment and any adjustments.

If the MRN does not clearly identify that it is a Medicare document, please write, *MEDICARE MRN,* on the top right margin of the claim form or the MRN to help us sort the claim correctly. This will help ensure that your claim is batched correctly for appropriate processing. Refer to the *Medicaid Provider Handbook, Section 2.5.1 of General Billing Information* for this instruction.

You can also bill Medicare crossover claims electronically. Electronic billing is faster and more efficient than billing on paper.

Call EDS toll-free at: (800) 685-3757 or in the Boise area at: 383-4310 from 8 a.m. – 6 p.m. MT, to request our *Provider Electronic Solution (PES)* software (provided by EDS at no cost).

You can contact EDS, EDI technical support option, at the same numbers as above from 8 a.m. – 5 p.m. MT to set up electronic billing with your vendor software.
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Provider's Billing Options:
Private Pay Clients Who Later Become Medicaid Participants

The purpose of this article is to clarify the provider's billing options. Several questions have come up regarding to what extent providers can continue to bill patients who, at the time the service was provided were private pay, but later were determined eligible for Medicaid for this same time period. The following guidelines are being provided to help determine when billing Medicaid participants is appropriate.

Situation	Provider Option(s)
A patient presents for Medicaid covered service and states they are not Medicaid eligible. Provider agrees to provide service and patient agrees to pay privately. Patient never becomes Medicaid eligible.	Provider is encouraged to have the patient sign an agreement to pay privately. Provider is encouraged to bill Medicaid if there is any possibility of the patient eventually receiving Medicaid eligibility. Billing before eligibility is determined guarantees the claim will always be timely for future submissions. Provider can bill patient privately.
Same as above, except that patient eventually becomes Medicaid eligible for the period in which the above service was provided. Provider is never informed of Medicaid eligibility (by participant or otherwise).	Provider can bill participant privately.
Same as above, except that provider becomes aware of Medicaid eligibility (either through the participant or other means). **Provider has not yet billed Medicaid.**	Provider can continue to bill participant, **or** can bill Medicaid, but cannot do both. If the provider chooses to bill Medicaid, the provider must accept Medicaid payment as payment in full and is subject to the one year claim timely filing requirement (see *Information Release MA04-59*). Once the provider submits a Medicaid claim, the participant can no longer be billed. Providers are encouraged to always bill Medicaid within one year from the date of service if they think their patient will eventually become Medicaid eligible.
Same as above, except that provider becomes aware of Medicaid eligibility (either through the participant or other means). **Provider billed Medicaid within the one year timely filing requirement.**	Provider can no longer bill the participant and can rebill Medicaid. Must accept Medicaid payment as payment in full.

Note: The participant may be liable for the cost of any service that is beyond the scope of Medicaid coverage. The provider must inform the participant before to performing the service when this is the case and is encouraged to have the participant agree in writing to accept responsibility for payment of services not covered by Medicaid.

If the participant has made payments for services that eventually would have been covered by Medicaid and the provider then chooses to bill Medicaid, Medicaid will consider the billing to be fraudulent unless the provider first returns all payments made by the participant for the service.

Important Reminder:
Medicaid and Idaho Smiles Orthodontic Providers

This article is a follow up and clarification to the March, 2008 MedicAide article on page 9, *To All Dental Providers Billing for Orthodontics.*

If a participant changes Medicaid programs (from Basic to Enhanced Plan, or vice-versa), in the middle of orthodontic treatment that has already been prior authorized by either Medicaid or Idaho Smiles, a new prior authorization (PA) number must be issued by the new dental program before you can continue to be paid for the orthodontic treatment.

You do not have to go through the entire request for prior authorization process again.

If you receive a claim denial for prior authorized orthodontics because the participant/member is not eligible on the date of service, or the prior authorization is invalid or missing, please use the following process:

Fax a copy of your original Medicaid or Idaho Smiles prior authorization to Medicaid, Attn: Dental Unit at: (208) 332-7280.

Make a note on the fax that your claim was denied for prior authorization reasons.

If a new prior authorization is needed, Medicaid or Idaho Smiles will re-issue the PA under their dental program, and will send you the new information and new PA number.

You will need to bill any denied and future orthodontic claims to the new dental plan with the new prior authorization number.

If you have any questions, please contact Arla Farmer at: (208) 364-1958.

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Billing For All Psychotherapy Service Providers

Effective February 1, 2008, individual psychotherapy insight oriented service codes listed below should be billed with modifier **UA**-Professional Mental Health, if performed by a physician.

The **UA** modifier is specific to these codes:

90805 – 20-30 minutes with Medical E/M services
90807 – 45-50 minutes with Medical E/M services
90809 – 75-80 minutes with Medical E/M services

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Point of Service (POS) Devices

It is the decision of Idaho Medicaid to discontinue the distribution of new POS devices to Medicaid providers. EDS will still support providers with any technical issues. Contact MAVIS at: (800) 685-3757 toll free or 383-4310 in the Boise calling area and ask for *Technical Support*. If for any reason you do not need your device and wish to return it, you can contact your regional Healthy Connections Representative. Contact information is in the sidebar on page 2.

Contact EDS at: (800) 685-3757 toll-free or 383-4310 in the Boise calling area from 8 a.m. – 6 p.m. MT to request *Provider Electronic Solution (PES)* software (provided by EDS at no cost).

EDS
PO BOX 23
BOISE, IDAHO83707

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Reminder that MAVIS

(the Medicaid Automated Voice Information Service)

is available at:

(800) 685-3757 (toll-free) or

(208) 383-4310 (Boise local)

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