

An informational newsletter for Idaho Medicaid Providers

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

November 2007

September 19, 2007

7 Are You Using the

In this issue:

Correct Paper Claim Form?

7 More Tips for Billing Medicare Crossover Claims

7 Notice! NPI web registration help is available to providers through MAVIS

8 Most Common Billing Errors Seen on the New CMS-1500 (08/05)

9 Reminder for Hospital, Outpatient, and Professional Providers When Billing HCPCS that Require NDC Codes

10 Get Ready for 1099 Forms

11 Why Bill Electronically? Compare for Yourself!

11 Another Reason to Bill Electronically

12 November Office Closures

Information Releases:

- 1 Medicaid Information Release MA07-20
- 4 Medicaid Information Release MA07-21
- 6 Medicaid Information Release MA07-22
- 6 Medicaid Information Release MA07-23

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

Medicaid Information Release 2007-20

TO: Prescribing Providers, Pharmacists and Hospitals

FROM: Leslie M. Clement, Administrator

Division of Medicaid

SUBJECT: Preferred Agents for Drug Classes Reviewed at Pharmacy and

Therapeutics Committee Meetings on April 20, June 15, and

August 17, 2007

Drug/Drug Classes:	Noted below
Implementation Date:	Effective for dates of service on or after October 1, 2007

Idaho Medicaid is noting preferred agents and prior authorization criteria for the following drug classes as part of the Enhanced Prior Authorization Program. The information is included in the attached Preferred Drug List.

The Enhanced PA Program and drug-class specific PA criteria are based on nationally recognized peer-reviewed information and evidence-based clinical criteria. 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.

Questions regarding the Prior Authorization Program may be referred to Idaho Medicaid Pharmacy at (208) 364-1829. A current listing of preferred and non-preferred agents and prior authorization criteria for all drug classes is available online at: **www.medicaidpharmacy.idaho.gov**.

Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents	
ACE Inhibitors	Altace®, Aceon® benazepril, benazepril/HCTZ, captopril, capto- pril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, quinapril, and quinapril/HCTZ	moexipril, moexipril/HCTZ and trandolapril Brand name drugs of preferred generics will still require prior authorization.	
ADHD Drugs	Adderall [®] XR, amphetamine salt combo, Concerta [®] , dextroampheta- mine, Focalin [®] , Focalin [®] XR, Meta- date [®] CD, methylphenidate, and methylphenidate ER	Daytrana®, Desoxyn®, Provigil®, Ritalin® LA and Strattera® The current therapeutic prior authorization guidelines for diagnosis and contraindications remain in effect.	

Continued on Page 2 (Medicaid Information Release 2007-20)

Continued from Page 1 (Medicaid Information Release 2007-20)

Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents	
Alzheimer Agents	Aricept [®] , Aricept ODT [®] for mild to severe dementia ratings and Exelon [®] for mild to moderate dementia ratings. Namenda [®] for moderate to severe dementia ratings.	Cognex [®] , Razadyne [®] and Razadyne ER [®] Current therapeutic prior authorization criteria will continue to be required.	
Androgenic Agents	Androderm [®] and Androgel [®]	Testim [®]	
Anticholenergic Bronchodilators	Atrovent HFA [®] metered dose inhaler, Combivent [®] metered dose inhaler, ipratropium nebulizer solution and Spiriva Handihaler [®] inhalation powder	Duoneb [®] inhalation solution	
Antidepressants, SSRIs	citalopram, fluoxetine, fluvoxamine, and sertraline	Lexapro [®] , paroxetine, Pexeva [®] , Paxil CR [®] , Prozac [®] Weekly, and Sarafem [®]	
		All individuals currently on Lexapro®, paroxetine, and Paxil CR® will be "grandfathered." Brand name drugs of preferred generics will still require prior authorization	
Antiemetics, Oral	Emend® ,Zofran® and Zofran ODT ®	Anzemet [®] , Kytril [®] and ondansetron generic	
	Current therapeutic prior authorization criteria remain in effect for all of the class.		
Antifungals, Oral	clotrimazole, fluconazole, ketoconazole, and nystatin	Ancobon [®] ,griseofulvin suspension, Grifulvin [®] V tablets, Gris-Peg [®] , itraconazole, Lamisil [®] , Noxafil [®] and Vfend [®]	
		Brand name drugs of preferred generics will still require prior authorization.	
Antifungals, Topical clotrimazole/betamethasone, keto- conazole shampoo, Naftin®, nys- tatin, and nystatin/triamicinolone		ciclopirox cream and suspension, econazole, Ertaczo®, Exelderm®, ketoconazole cream, Loprox® gel and shampoo, Mentax®, Oxistat®, Penlac®, Xolegel® and Vusion® Current therapeutic prior authorization criteria	
		for Penlac® will continue to be required. Brand name drugs of preferred generics will still require prior authorization.	
Anti-Parkinson Agents	benztropine, carbidopa/levodopa, Kemadrin [®] , Requip [®] , selgiline,	Azilect ®, Comtan®, Mirapex®, Parcopa®, pergolide, Tasmar® and Zelapar®	
	Stalevo [™] and trihexyphenidyl	Current Mirapex® patients will be "grandfathered".	
Antivirals	acyclovir, amantadine, ganciclovir, Tamiflu [®] , Valcyte [®] , and Valtrex [®]	Famvir®, Relenza® and rimantadine	
	ramma , valeyte , and valuex	Brand name drugs of preferred generics will still require prior authorization.	
Atopic Dermatitis	Elidel [®] and Protopic [®]	No agents are recommended as non-preferred at this time.	
Beta-Agonist Bronchodilators albuterol CFC metered dose inhaler, albuterol HFA metered dose inhaler, albuterol inhalation solution, albuterol oral syrup, albuterol tablets, Proair HFA® metered dose inhaler, Proventil HFA® metered dose inhaler, Ventolin HFA® metered dose inhaler, Xopenex HFA® metered dose inhaler, Maxair Autoinhaler® metered dose inhaler, and terbutaline oral tablets		Accuneb [®] inhalation solution, Alupent [®] metered dose inhaler, Foradil Aerolizer [®] metered dose inhaler, metaproterenol inhalation solution, metaproterenol oral syrup, metaproterenol tablets, Serevent Diskus [®] dry powder inhaler, Vospire ER [®] and Xopenex [®] inhalation solution	

DHW

Phone Numbers Addresses Web Sites

DHW Websites www.healthandwelfare. idaho.gov

Idaho Careline 2-1-1 (available throughout Idaho)

(800) 926-2588 (toll free)

Medicaid Fraud and Program Integrity Unit P.O. Box 83720 Boise, ID 83720-0036 Fax (208) 334-2026

Email: 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 or (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 (toll free)

Continued on Page 3 (Medicaid Information Release 2007-20)

Prior Authorization Phone Numbers Addresses Web Sites

Prior Authorizations:

DME Specialist
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 Outof-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 Continued from Page 2 (Medicaid Information Release 2007-20)

Therapeutic Preferred Drug Class Agents		Non-Preferred Agents	
Bone Resorption Suppression and Related Agents	Fosamax [®] , Fosamax Plus D [®] and Miacalcin [®] nasal	Actonel [®] , Actonel [®] w/calcium, Boniva [®] , Didronel [®] , Evista [®] , Fortical [®] and Forteo [®] subcutaneous	
Oral Cepha- losporins and Related Antibiotics	amoxicillin/clavulanate tablets and suspension, Cedax®, cefaclor, cefadroxil, cefuroxime, cefprozil, Cefzil®, cephalexin, Omnicef®, Spectracef®, and Suprax®	Augmentin XR®, cefdinir, cefpodoxime, Panix- ine®, and Raniclor® Brand name drugs of preferred generics will still require prior authorization.	
Cytokine and CAM Antagonists	Enbrel [®] , Humira [®] , Kineret [®] and Raptiva [®]	Amevive [®] , Orencia [®] and Remicade [®]	
Fluroquinolones, Oral	Avelox [®] , ciprofloxacin tablets and Levaquin [®]	ciprofloxacin ER, Cipro [®] , Factive [®] , Noroxin [®] , ofloxacin and Proquin XR [®]	
Hepatitis B Agents	Epivir–HBV [®] , Tyzeka [®] , Hepsera [®] and Baraclude [®]		
Incretin Hypoglycemics	Byetta [®] and Symlin [®]	Janumet [®] and Januvia [®] Current therapeutic criteria for Byetta [®] and Symlin [®] will be retained.	
Inhaled Glucocorticoids	AeroBid [®] , AeroBid-M [®] , Asmanex [®] Azmacort [®] and QVAR [®]	Advair Diskus®, Advair HFA®, Flovent®, Flovent HFA®, Pulmicort Flexhaler®, Pulmicort Respules® and Symbicort® Current therapeutic criteria for Advair® and Pulmicort Respules® will remain in effect	
Intranasal Rhinitis Agents	Astelin [®] , Flonase [®] , ipratropium nasal spray, Nasacort AQ [®] and Nasonex [®]	Atrovent [®] , Beconase AQ [®] , flunisolide, fluticasone, Nasarel [®] and Rhinocort Aqua [®]	
Insulins	Humalog [®] , Humalog [®] mixture, Humulin [®] , Lantus [®] , Levemir [®] , Novolin [®] , Novolog [®] , and Novolog [®] mixture	Apidra [®] and Exubera [®]	
Leukotriene Modifiers	Singulair® Singulair® will still require therapeutic prior authorization for diagnosis for participants older than age 16	Accolate [®] and Zyflo [®]	
Macrolides/ Ketolides	azithromycin generic, clarithromycin generic and erythromycin generic	Biaxin® XL, Ketek® and Zmax® Ketek® will be subject to prior authorization with strict adherence to the package insert.	
Non-Steroidal Anti-inflammatory Agents	diclofenac, etodolac , fenoprofen, flurbiprofen, ibuprofen, indometha- cin, ketorolac, naproxen, oxaprozin, piroxicam and sulindac	Arthrotec®, Celebrex®, ketoprofen, meclofenamate, mefenamic acid, meloxicam, Mobic®, nabumetone, Prevacid Naprapac and tolmetin The therapeutic prior authorization rule currently in place for Celebrex® will remain. Brand name drugs of preferred generics will still require prior authorization.	
Opthalmics for Allergic Conjunctivitis	Alaway [®] , Acular [®] , Alrex [®] , cromolyn sodium, Elestat [®] , Optivar [®] , Patanol [®] , Pataday and Zaditor [®] OTC	Alocril [®] , Almast [®] , Alomide [®] , Emadine [®] , and ketotifen	
Ophthalmic Fluoroquinolone Antibiotics	ciprofloxacin, ofloxacin, Vigamox TM and Zymar TM	Ciloxan [®] ointment and Quixin [®]	

Continued on Page 4 (Medicaid Information Release 2007-20)

Continued from Page 3 (Medicaid Information Release 2007-20)

Therapeutic Drug Class	Preferred Agents	Non-Preferred Agents	
Ophthalmic Glaucoma Agents	Alphagan P®, Azopt®, betaxolol, Betimol®, Betoptic S®, brimonidine, carteolol, Cosopt®, dipivefrin, Istalol® levobunolol, Lumigan®, metipranolol, pilocarpine, timolol, Travatan®, Travatan Z®, Trusopt® and Xalatan®		
	Prescriber choice will be allowed within this drug class.		
	Brand name agents not listed as preferred agents will still require prior authorization.		
Ophthalmics, NSAIDs	Acular LS [®] ophthalmic, Acular PF [®] ophthalmic, flurbiprofen ophthalmic, Nevanac TM ophthalmic and Xibrom [®] ophthalmic	diclofenac ophthalmic	
Platelet Aggregation Inhibitors	Aggrenox [®] , dipyridamole and Plavix [®]	ticlopidine	

^{*}Use of any covered product may be subject to prior authorization for quantities or uses outside Food and Drug Administration (FDA) guidelines or indications.

IDAHO MEDICAID PROVIDER HANDBOOK

This Information Release does **not** replace information in your Idaho Medicaid Handbook.

October 1, 2007

Medicaid Information Release MA07-21

To: Prescribing Providers, Pharmacists, and Outpatient Pharmacies

From: Leslie M. Clement, Administrator

Division of Medicaid

Subject: Tamper-Resistant Prescription Forms

Idaho Medicaid will implement new Federal requirements that limit payments for Medicaid covered outpatient drugs (as defined in section 1927(k)(2) of the Social Security Act) when the prescription is in written (non-electronic) form unless the prescription was executed on a tamper-resistant form. The original legislation passed by the U.S. Congress required an October 1, 2007 implementation date. Subsequent legislation delayed that implementation by six months, or until April 1, 2008. **This Information Release is intended to give providers the opportunity to prepare for the April 1, 2008 implementation of these regulations.** Idaho Medicaid will continue to monitor Federal legislative activity and inform providers of any changes.

Beginning April 1, 2008, all written prescriptions presented to a pharmacy for Medicaid participants must be written on a tamper-resistant prescription form. This requirement applies to all legend and over-the-counter written prescriptions in non-electronic format when Idaho Medicaid is the primary or secondary payer.

Currently any prescription for scheduled drugs must be written on a tamper-resistant prescription form. The tamper-resistant forms currently authorized for use in Idaho meet one of three Federal guidelines, and may be used for written prescriptions through September 30, 2008.

Continued on Page 5 (Medicaid Information Release MA07-21

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

EDS Phone Numbers Addresses

Provider Relations Consultants

Fax (208) 666-6856

Region 2

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

Darlene Wilkinson 1118 F Street P.O. Drawer B Lewiston, ID 83501 EDSPRC-Region2@eds.com (208) 799-4350 Fax (208) 799-5167

Region 3 Mary Jeffries 3402 Franklin Caldwell, ID 83605

EDSPRC-Region3@eds.com (208) 455-7162 Fax (208) 454-7625

Region 4 Angela Applegate 1720 Westgate Drive, # A Boise, ID 83704

EDSPRC-Region4@eds.com (208) 334-0842 Fax (208) 334-0953

Region 5 Penny Schell 601 Poleline, Suite 3 Twin Falls, ID 83303

EDSPRC-Region5@eds.com (208) 736-2143 Fax (208) 678-1263

Region 6 Janice Curtis 1070 Hiline Road Pocatello, ID 83201

EDSPRC-Region6@eds.com (208) 239-6268 Fax (208) 239-6269

Region 7 Ellen Kiester 150 Shoup Avenue Idaho Falls, ID 83402

EDSPRC-Region7@eds.com (208) 528-5728 Fax (208) 528-5756 Continued from Page 4 (Medicaid Information Release MA07-21

Beginning October 1, 2008, to be considered tamper resistant, a prescription form must meet all of the following characteristics including:

- One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form.
- 2) One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.
- One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Drug Enforcement Administration and Idaho Board of Pharmacy laws and regulations pertaining to written and electronic prescriptions for Schedule II drugs still apply.

Exceptions

Exempt from the tamper-resistant requirement are Medicaid prescriptions that are:

- Paid by managed care organizations.
- Provided in inpatient hospital settings.
- Provided in institutional settings where the drug is not separately reimbursed, but is reimbursed as part of a total service.
- E-prescribed, faxed to the pharmacy from the provider's office, or telephoned to the pharmacy by the provider.
- Refills for which the original prescription was filled before April 1, 2008.

Access to Care

The intent of this program is to reduce forged and altered prescriptions and to deter drug abuse. It is not the intent of the program to inconvenience a person seeking to have a valid prescription filled. Emergency fills for prescriptions written on non-tamper resistant forms are permitted as long as the prescriber provides a verbal, faxed, electronic, or compliant written prescription within 72 hours after the date on which the prescription was filled. In an emergency situation, this allows a pharmacy to telephone a prescriber to obtain a verbal order for any prescription written on a non-compliant prescription form. The pharmacy must document the call on the face of the written prescription.

Additional Resources

U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 (H.R. 2206), section 7002(b).

Centers for Medicare & Medicaid Services (CMS) letter to State Medicaid Director (SMDL #07-012) - http://www.cms.hhs.gov/SMDL/downloads/SMD081707.pdf.

CMS frequently asked questions concerning the tamper-resistant prescription pad law - http://www.cms.hhs.gov/DeficitReductionAct/Downloads/MIPTRPFAQs9122007.pdf.

Correction:

The August *MedicAide* newsletters article, *To Adjust or Resubmit...that is the Question* contained an incorrect statement. In paragraph three of the article, the last sentence should read: *Pending claims cannot be adjusted, i.e. corrected.*

We apologize for any confusion this may have caused.

Medicaid Information Release MA07-22

To: Medicaid Commercial Transportation Providers

From: Leslie M. Clement, Administrator

Division of Medicaid

Subject: Reimbursement Rate Increase

Effective for dates of service on or after November 1, 2007, Medicaid transportation rates will be increased for the following procedure codes:

Commercial Transportation:

Procedure Code Description Reimbursement Rate

A0110 Bus or Van Travel First Mile - \$4.20, Each Additional Mile - \$1.17

A0100 Taxi Intra-City First Mile - \$4.20, Each Additional Mile - \$1.17

This change does not affect current billing procedures or prior authorization requirements.

For any existing Prior Authorizations (PA) you have for date of service 11/1/07 or later, please re-send those requests to the appropriate Medicaid Transportation Coordinator.

All developmental therapy and mental health related requests should be sent to the designated Transportation Coordinator at: (208) 287-1172 or at: (800) 296-0509 X1172 or by e-mail at: **BoyleD@dhw.idaho.gov**.

All other medical appointment requests should be sent to the designated Transportation Coordinator at: (208) 287-1173 at: (800) 296-0509 X1173 or by e-mail at: **StithS@dhw.idaho.gov**.

If you have blanket PA's dated past 11/1/07, please re-send the blanket request. As a courtesy, we will accept four month blankets for this one time period. You may date your new blanket requests 11/1/07 thru 2/29/08.

PLEASE send all active blankets requests with dates of service past 11/1/07. If they are not sent in, they will not be corrected with the new rate. The rate chart on the next page shows the reimbursement rate per mile for your PA.

If you have questions concerning the information contained in this release, please contact Sheila Pugatch, Principal Financial Specialist, for the Office of Reimbursement, at: (208) 364-1817.

Addendum to IR MA07-22

For Commercial Transportation Providers Only

Procedure Code Description Reimbursement Rate

A0080- U8 Non-Medical Transportation First Mile - \$4.20, Each Additional Mile - \$1.17

September 28, 2007

Medicaid Information Release MA07-23

To: All Hospice Providers

From: Leslie M. Clement, Administrator

Division of Medicaid

Subject: Hospice Rates

Effective for dates of service on or after 10/01/07, Medicaid has revised its hospice rates as follows:

Revenue Code/Description Rural Urban Ada/Canyon County

 651 - Routine Care
 \$122.68
 \$135.37

 652 - Continuous Care
 \$716.00
 \$790.07

Continued on Page 7 (Medicaid Information Release MA07-23)

Continued from Page 6 (Medicaid Information Release MA07-23)

Revenue Code/Description Rural Urban Ada/Canyon County

655 – Respite Care \$129.63 \$139.97 656 – General Inpatient Care \$549.51 \$602.10

If you have already been paid at the previous rate for dates of service on or after October 1, 2007, you can submit claim adjustments to correct your reimbursement to the new rate.

The Hospice cap will be \$21,410.04.

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

If you have any questions concerning the information contained in this release, please contact Sheila Pugatch, Principal Financial Specialist for the Office of Reimbursement, at (208) 364-1817.

Are You Using the Correct Paper Claim Form?

Claims Submitted Using Old CMS-1500 (12-90) and UB-92 Forms Will be Returned

Starting October 1, 2007, Idaho Medicaid can only accept the CMS-1500 (08/05) and the UB-04 versions of the paper claim forms. Any claims submitted on the previous version of these forms will be returned to you. The CMS-1500 (12-90) and UB-92 claim forms are no longer accepted by Idaho Medicaid and cannot be processed. You can obtain the new forms from the same source you used for the old forms.

Instructions for completing the new forms have been published in recent MedicAide newsletter articles and is also available on the DHW website at: **www.healthandwelfare.idaho.gov**. Select *Medicaid Provider Information* from the menu on the right side of the screen, and then select either *New — CMS-1500 Form & Instructions* or New — *UB-04 Form & Instructions* from the menu listed under *Other Resources* on the right side of the screen.

More Tips for Billing Medicare Crossover Claims

Remember, you can bill all Medicare Crossover claims electronically. It is no longer necessary to bill on paper with the Medicare Remittance Notice (MRN) attached. Information, such as what was applied to the Medicare payment and any adjustments that are on the MRN, can be entered in software (such as PES) that supports this submission. Electronic billing is faster and more efficient than billing on paper.

If the claims are crossed over electronically from Medicare to Medicaid, it is not necessary to also submit those claims on paper. EDS has seen a substantial increase of duplicate billings for institutional crossover claims that have been sent electronically to Medicare and are also automatically generated and submitted on paper. The result is a delay in payment.

NOTICE!

NPI web registration help is 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.

Calling MAVIS

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

Most Common Billing Errors Seen on the New CMS-1500 (08/05)

The most common error we see on the new CMS-1500 claim forms is the 1D (one-D) qualifier not being entered correctly. When claims arrive without a correct qualifier and Medicaid provider ID number in field 33b, the claim is returned to you with instructions for filling out the CMS-1500 form correctly. Make sure all required fields of the form are filled in correctly and legibly so your claim will be processed quickly and without delays.

Field 33b - The 1D (one-D) qualifier should be placed in front of your 9-digit Medicaid Provider ID number, without a space between the qualifier and the provider ID number, within the box of field 33b.

Billing Provider Information Fields

33. BILLING PROVIDER INFO & PH# ()				
a.	ь. 1D123456789			

33a	NPI Number	Desired, but not required	Enter the 10-digit NPI number of the billing provider.	
			Note: NPI numbers, sent on paper claims are optional and will not be used for claims processing.	
33b	Other ID	Required	Enter the qualifier 1D followed by the provider's nine 9-digit proprietary Idaho Medicaid provider number.	
			Note: All paper claims will require the nine 9-digit proprietary Idaho Medicaid provider number for successful claims processing.	

Fields 24I and 24J — The qualifier (1D) must be positioned in field 24I when the 9-digit Medicaid Provider identification number is used in 24J.

Rendering Provider ID fields

241	ID Qualifier	Required, if Idaho Medicaid provider number	Enter qualifier 1D , when the 9-digit Idaho Medicaid provider number in 24J.
24J	Rendering Provider ID Number	Required if applicable	If the billing provider number is a group, enter the performing provider's 9-digit proprietary Idaho Medicaid provider number as the Rendering Provider.
			Note: Taxonomy codes and NPI numbers sent on paper claims will not be used for claims processing.

Alignment of the claim data is especially important with the smaller fields of this new form. Keep in mind that paper claims are read by a computer system. The system is programmed to look for specific information in particular fields on the claim. When data is outside of the field, or spilling over into another field, it is misread or rejected by the computer. Taking time to make sure data is entered correctly can prevent delays in processing and payments.

Complete instructions for filling out the new form have been published in recent MedicAide newsletter articles and can also be found at the DHW website: **www.healthandwelfare.idaho.gov**. Choose *Provider Information* from the list on the right side of the screen, then select the form instructions from the *Other Resources* listing on the right side of the screen.

Reminder for Hospital, Outpatient, and Professional Providers When Billing HCPCS that Require NDC Codes

When billing the HCPC (J, Q, and S) codes that require a National Drug Code (NDC) you should first validate that you are using the appropriate code from the most current HCPCS book. Submit NDC information on the NDC Detail Attachment form with the paper claim form or use electronic billing software that supports this requirement (see Medicaid Information Releases 2003-69 and 2004-07). Collecting NDC information associated with the HCPC code is required by the Centers for Medicare and Medicaid Services (CMS), and allows Idaho Medicaid to collect rebates due from drug manufacturers, resulting in significant cost savings to Idaho's Medicaid Program. When claims are billed with incorrect NDC information, claims will be denied.

Note: You must bill with the actual NDC that was dispensed. This NDC should be taken from the container the drug was dispensed from. To pick an NDC from a list, which may or may not be the one you are using, is considered fraudulent billing.

There have been a significant number of claims with incorrectly billed HCPC or NDC information which can cause claim processing delays. The most common error is that the NDC data has been converted incorrectly according to the HCPC code being billed.

To avoid billing the incorrect NDC information the claim data must be entered appropriately. Verify the information through MAVIS, or call your EDS Provider Relations Consultant or Provider Services Representative.

Always verify the following information:

- NDC information on the claim matches the data on the product administered.
- All required fields on the NDC Detail Attachment Form are completed, including the NDC, Units and Basis of Measurement.
 - ° Bill the basis of measurement on the NDC Detail Attachment form either as GR (grams), ML (milliliters), or EA (each). Note that UN (unit) should be reflected as EA.
 - ° The number of units billed for the NDC has been correctly converted based on the HCPC code being billed.

Note: Rarely will the units for the HCPC code be the same as for the NDC; therefore, the conversion step is necessary.

An example of correct conversion:

- J9201 = Quantity 1 = 200mg
- Units on claim for J9201 = Qty 10 x 200mg (which equals 2000mg)
- NDC 00002 7502 01, is dispensed as a vial, the strength is 1 gram (1000mg), and the unit of measure is EA. Therefore, 1 gram/1000mg = 1EA
- The Unit Description (Unit of Measure) is EA. Unit of Measure on the NDC Detail Attachment form should be 2EA. °This is derived by:
 - Dividing the 2000mg of the J Code dispensed by 1000mg (1gram) from the NDC description, which calculates to 2 grams.
 - Therefore, 2 grams = 2EA.
 - The NDC Detail Attachment form or the electronic billing screen should then reflect; the NDC of the product dispensed, quantity 2, and unit of measure as EA.

Correct billing practices play a huge part in the benefit to Medicaid from the drug rebate programs and speeds claim processing. The CMS now requires Medicaid Programs to collect the NDC information. It is important for providers to correctly convert HCPC codes to NDC units for proper billing.

Get Ready for 1099 Forms

Note: There have been a few modifications to this form. If you need an updated form, please contact EDS at: (800) 685-3757 toll-free or in the Boise area at: 383-4310; ask for 'Provider Enrollment'.

The time of year is coming again when we will soon be sending your 1099 forms. The information that follows will help ensure that your 1099 information is current.

First, check your recent remittance advice report to make certain we have your correct business name and address and that this information is linked to the correct provider identification number.

Next, determine if your tax identification number has changed during this past year.

If any corrections are needed, please submit your updates using the Change of Provider Information Authorization form. This form must be signed by the provider to authorize a change in the pay-to name or address, or the tax identification number. You can either fax it to EDS Provider Enrollment at: (208) 395-2198, or mail it to: EDS Provider Enrollment P.O. Box 23, Boise, ID 83707.

By taking a few minutes to verify your correct information now, you can save time and frustration in the future.

If you have questions, please call EDS at: (800) 685-3757 toll-free or in the Boise area at: 383-4310; ask for 'Provider Enrollment'.

Provider Number:	Provider Name:		
Date requested information is effective:			
Please change the information for the following name(s) or a	ddress(es):		
Pay-to	Mail-to Service Location(s)		
Old Name:	New Name:		
	(attach a signed W-9 with effective date if Pay-To name is changing)		
Old Address:	New Address:		
Old Telephone Number:	New Telephone Number:		
Old Tax ID Number:	New Tax ID Number:		
	(attach a signed W-9 with effective date)		
Additional Comments:			
Provider Signature:			
Date Signed:			

Mail to: EDS

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

Fax to: EDS

Attn: Provider Enrollment

(208) 395-2198

Information: (800) 685-3757

Why Bill Electronically? Compare for Yourself!

Note: The following estimates are based on 200 claims per month.

*Based on example estimates

The benefits of billing electronically:

- It's less expensive.
- Conveniently available all day, every day.

The benefits of Provider Electronic Solutions (PES):

- Easy, user friendly PES software prompts for required fields before sending, resulting in fewer errors.
- PES software training at no charge.

	Paper Claims		Electronic Claims		
	Description	Cost	Description	Cost	
Postage	200 Claims x 41¢	\$82.00	No Postage	\$0.00	
CMS Claim Forms	200 Forms \$5.00		No Forms	\$0.00	
Labor	200 Claims x 5 Minutes Processing Time x \$10.00 per Hour	\$166.00	200 Claims x 1 Minute Processing Time x \$10.00 per Hour	\$33.00	
Cost of Software	Unknown	\$0.00	PES Software	NO CHARGE	
Total Monthly Cost	\$ 253.00		\$33.00		
			Pote	ntial Savings*: \$220.00	
Monthly					
Processing Time	6-10 Days		2-24 hours		
Availability	Regular Business Hours		24 Hours per Day, 7 Days per Week		

Another Reason to Bill Electronically

- 2007 paper claim denial rate is 29.9 percent.
- 2007 electronic claim denial rate 21.8 percent.

Almost a third of all paper claims are currently denied. Most of the denials are due to billing errors that can be corrected and rebilled.

Approximately 90 percent of Idaho Medicaid claims are submitted electronically. Approximately one-fifth of all electronic claims are denied. Fewer electronic claims are denied because electronic billing software has built in checks to prevent many of the most common errors found on paper claims.

A common denial for electronic claims is for incomplete justification that must be provided on an attachment. Some providers submit these claims electronically to get claims in the system in a timely manner. When the resulting denial indicates an attachment is required, the claim needs to be submitted on paper.

Claims that are returned to the provider (RTP) for errors that prevent the claim from being entered into the system are another type of denial not mentioned above. Errors that result in RTP are nearly eliminated with electronic billing.

Don't wait. Start billing electronically now. The Provider Electronic Solutions (PES) software is available from EDS at no charge. It is user friendly and training from a Provider Relations Consultant (PRC) is included. Software from other billing software vendors is also compatible with the system. Call the EDI help line at: (800) 685-3757 toll-free or in the Boise area at: 383-4310 and ask for 'Technical Support' for more information, or to get setup for electronic billing.

EDS P.O. BOX 23 BOISE, IDAHO 83707



November Office Closures

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

Veterans Day

Manday Named at 19, 2007

Monday, November 12, 2007

The Department of Health and Welfare and EDS offices will be closed for the following holiday: **Thanksgiving**Thursday, November 22, 2007.

Friday, November 23, 2007, EDS offices will be closed with the exception of the EDS Provider Service Representatives (PSRs).

The PSRs will be available from 8 am to 6 pm MST.

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