

Attention: New Transportation and Accommodation Information

Effective with January 1, 2004 dates of service, the codes used by Alaska Medical Assistance for prematernal homes and the modifier used to indicate escort services will change. In addition, the Transportation Authorization and Invoice (AK-04) form will also be changed. The enclosed information will help you transition to the new codes and form.

In this packet...

The enclosed packet contains the following information:

- A Forms Order Request on colored paper to ensure priority handling of your order
- A crosswalk comparing the old codes and modifiers with the new codes and modifiers
Important: The “old” codes can only be used for services provided on or before December 31, 2003 dates of service. The “new” codes can only be used for services provided on or after January 1, 2004 dates of service.
- Frequently Asked Questions

A supply of new Transportation Authorization and Invoice (AK-04) forms will be sent out once available. It is anticipated the forms will be available at the end of December 2003. Meanwhile, please see the last question and answer on the FAQ sheet to find out how to file your claims for 2004 dates of service using the old forms.

Traveling Before and After December 31, 2003...

Use the following guidelines to know which form/codes to use based on the travel dates:

Dates of Travel	Which Form and Codes to Use
Travel completed on or before December 31, 2003	Complete the old (blue) AK-04 form and use the old codes
Travel started and completed on or after January 1, 2004	Complete the new (green) form and use the new codes
Travel started before December 31, 2003 and completed on or after January 1, 2004	<ul style="list-style-type: none">▪ Complete the old (blue) AK-04 form and use the old codes for the travel services that will be provided on or before December 31, 2003.▪ Complete the new (green) AK-04 form and use the new codes for the travel services that will be provided on or after January 1, 2004. <p>Note: You may use the same prior authorization number on both forms.</p>

If you have any questions...

If you have any questions regarding prior authorization, please contact First Health Services Corporation at (907) 561-5650 or 1-800-770-5650 (toll-free in Alaska) and choose option #81 (Prior Authorization).

If your questions are related to claims processing or billing, please contact First Health Services Corporation at (907) 561-5650 or 1-800-770-5650 (toll-free in Alaska) and choose option #89 (Enhanced Provider Support for Transportation Services).

HEALTH CARE FORMS ORDER REQUEST

Please order a 2-month supply.

Mail to: **First Health Services Corporation**
 P.O. Box 240808
 Anchorage, AK 99524-0808

Allow approximately 4 weeks for delivery.

You must include your health care provider number (HCP #); for example, "MD0000", "HS00IP", "PH0000", etc.

Ship to: _____ _____ _____
Attention: _____

Phone Number: _____
HCP #: _____

Form Requested		Quantity				
Number	Description	25	50	100	300	Other
AK-01	UB-92 Claim Form					
AK-02	Health Insurance Claim Form					
AK-04	Transportation/Accommodation					
AK-05	Adjustment/Void					
AK-07	Dental					
AK-10	Child Health Screening					
AK-11	Claim Inquiry					
AK-PA	Prior Authorization					
AK-LTC-1	LTC Authorization					
HCFA-1500	Health Insurance Claim Form					
Provider Billing Manual	Title of Manual or Provider Type (see reverse):					

Signature of Provider or Authorized Person *Date of Request*

For First Health Use Only

Comments: _____
Date Shipped: _____ Shipped By: _____

PROVIDER BILLING MANUAL REQUESTS

Req. Date	Manual	Amount
	Advanced Nurse Practitioner/Nurse Midwife	
	Ambulatory Surgical Care Facility	
	Chiropractic	
	Dental	
	Direct Entry Midwife	
	Durable Medical Equipment (DME) and Supplies, Including Respiratory Therapy	
	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	
	Family Planning Clinic	
	Federally Qualified Health Center (FQHC)/Rural Health Clinic Services	
	Hearing	
	Home & Community Based (HCB) Waiver Services:	
	<input type="checkbox"/> Care Coordination	
	<input type="checkbox"/> Environmental Modifications	
	<input type="checkbox"/> HCB Agency	
	<input type="checkbox"/> Residential Supported Living	
	Home Health	
	Hospice Care	
	Hospital:	
	<input type="checkbox"/> End Stage Renal Disease	
	<input type="checkbox"/> Inpatient	
	<input type="checkbox"/> Inpatient Psychiatric	
	<input type="checkbox"/> Outpatient	
	<input type="checkbox"/> Residential Psychiatric Treatment Center	
	Indian Health Services (IHS) & Tribal Facility Services	
	Laboratory Services, Independent	
	Long Term Care	
	Mental Health:	
	<input type="checkbox"/> Community Mental Health	
	<input type="checkbox"/> Day Treatment Facility	
	<input type="checkbox"/> Mental Health Physician Clinic	
	Nutrition	
	Outpatient Therapy Centers, Independent Physical Therapist, Certified Speech Pathologist, and Independent Occupational Therapist	
	Consumer Directed Personal Care Agency	
	Personal Care Agency	
	Pharmacy	
	Physician	
	Podiatry	
	Private Duty Nursing	
	Prosthetic & Orthotic	
	School-based Services	
	Substance Abuse Rehabilitative	
	Transportation & Accommodation	
	Vision	
	X-Ray	

Rev. 10/27/03

Transportation Services Crosswalk

Current Code through 12/31/03 dates of service	Description	Approved New Code effective for dates of service on or after 1/1/04	Description
A0185	Prematernal Home: Lodging and Meals for time authorized a pregnant woman while awaiting delivery, per day (30-day maximum without further medical justification)	A0180 with HD modifier	Non-emergency transportation: ancillary: lodging - Recipient
A0195	Prematernal Home, Escort of a pregnant minor or infant, per day	A0200 with HD modifier	Non-emergency transportation: ancillary: lodging – Escort
A0140 with ES Modifier	Non-emergency transportation and air travel (private or commercial), intra- or interstate, For Escort	A0140 with TK Modifier	Non-emergency transportation and air travel (private or commercial), intra- or interstate, For Escort
T2004 with ES Modifier	Air transport, emergency, For Escort	T2004 with TK Modifier	Air transport, emergency, For Escort
A0100 with ES Modifier	Non-emergency transportation: Taxi – intracity, For Escort (AK Medicaid Note: Includes all taxi services)	A0100 with TK Modifier	Non-emergency transportation: Taxi – intracity, For Escort (AK Medicaid Note: Includes all taxi services)
A0120 with ES Modifier	Non-emergency transportation: mini-bus, mountain area transports, or other non-profit transportation systems, For Escort	A0120 with TK Modifier	Non-emergency transportation: mini-bus, mountain area transports, or other non-profit transportation systems, For Escort
<p>Notes: The ES modifier will be replaced with the TK modifier for dates of service on or after January 1, 2004. The reimbursement rates and the PA requirements have not changed.</p>			

Frequently Asked Questions for Transportation Providers

First Health Services, in conjunction with the Department of Health and Social Services has developed these frequently asked questions to assist you in filing your claims with Alaska Medical Assistance. More specifically, these frequently asked questions should be used while transitioning from the current local/state unique codes to ones that are HIPAA compliant.

Question: Did you crosswalk your current state unique code to the correct replacement code?

Answer: Double check the code and description columns of the new codes for accuracy when filing your claim. For transportation providers, the only procedure codes that have changed are the ones for prematernal homes. Procedure code A0185 (Prematernal home: lodging and meals for time authorized a pregnant woman...) was replaced by **A0180 with a HD modifier**. Procedure code A0195 (Prematernal home, escort of a pregnant minor or infant, per day) was replaced by **A0200 with a HD modifier**.

Question: Is a modifier required to identify the correct service rendered?

Answer: For transportation services, there are two new modifiers that are required on your claims, where applicable. The modifier ES which was used to indicate escort services has been replaced with the **modifier TK for dates of service on or after January 1, 2004**.

The second modifier, **HD**, will be used in conjunction with the procedure codes A0180 and A0200 when the services rendered are for **prematernal home services** for dates of service **on or after January 1, 2004**.

Question: Have you requested prior authorization for the correct procedure code and modifier?

Answer: Double check your old and new code descriptions and the modifiers associated with them for accuracy. Remember if you are requesting prior authorization for prematernal home services or for an escort and the date of service is on or after January 1, 2004, then you should be using the new procedure codes and modifiers.

Question: How do I file my claims for 2004 dates of service if I do not have the new claim forms?

Answer: If the services rendered were not for prematernal home services or no escort was required, then no changes should be made to the AK-04 claim form, fill out the claim form as you would normally.

However, if the services rendered were for prematernal home services or an escort was required, then use the "old" (blue) AK-04 claim forms to file your claim. You can make the necessary changes to the "old" (blue) AK-04 claim form to accurately reflect the services provided. For example, cross out the ES modifier for escort services and change it to **TK**. Write in the new procedure codes and modifier for **prematernal home services (A0180 or A0200 with the HD modifier)**.

AFFIX LABEL HERE

ELIGIBILITY CHECKED

INITIALS

DATE

CLAIM CONTROL NUMBER * FOR FHSC USE ONLY

First Health Services Corporation

TRANSPORTATION AUTHORIZATION AND INVOICE ALASKA MEDICAL PAYMENT SYSTEM

CONTROL NUMBER

T

798599

PATIENT (RECIPIENT) INFORMATION

1. PATIENT'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) 2. PATIENT'S DATE OF BIRTH 3. WAS CONDITION RELATED TO 4. RECIPIENT IDENTIFICATION NUMBER 5. PATIENT'S SEX 6. ADDRESS (STREET, CITY, STATE, ZIP CODE) 7. EPSDT REFERRAL 8. PRIOR AUTH. NUMBER 9. TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE, ACCURATE, AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT. 10. AUTHORIZED BY: FHSC SIGNATURE OF PERSON REQUESTING AUTHORIZATION DATE

EMERGENCY NON EMERGENCY

A. PATIENT'S EMPLOYMENT B. AN ACCIDENT/INJURY YES NO AUTO OTHER

PATIENT

ESCORT

Table with columns for Patient and Escort details including Transportation Origin, Round Trip, One Way, Description, Units, and Charges.

26. ACTUAL PATIENT SERVICE DATES 27. ACTUAL ESCORT SERVICE DATES FROM THROUGH

28. TOTAL DOCUMENT CHARGES 29. AMOUNT PAID* 30. AMOUNT DUE 31. TICKET NUMBER/ACCOUNT NUMBER

THE PURPOSE OF THIS FORM IS TO VERIFY THAT THE PERSON(S) LISTED ARE AUTHORIZED TO RECEIVE THE SERVICE(S) LISTED WITHIN THE DESIGNATED TIME FRAME. IN ORDER TO RECEIVE REIMBURSEMENT THE PROVIDER MUST DO THE FOLLOWING: 1. BE ENROLLED IN ALASKA MEDICAID PROGRAM. 2. SUBMIT CORRECT CLAIM WITH ALL PERTINENT INFORMATION AS DESCRIBED IN SECTION IV OF PROVIDER BILLING MANUAL. 3. PROVIDE ONLY SERVICES FOR WHICH ENROLLED.

PROVIDER NAME, ADDRESS AND TELEPHONE PROVIDER MEDICAID I.D. #

PROVIDER SIGNATURE DATE NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE IDENTIFICATION CARD IS CURRENT BEFORE RENDERING SERVICE.

FORWARD THIS FORM TO: FHSC, P.O. BOX 240769, ANCHORAGE, ALASKA 99524-0769

* THIS IS TO RECORD MONEY PAID BY OTHER INSURANCE ONLY. DO NOT USE FOR MEDICARE PAYMENT.