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April 2009

Alaska Medical Assistance Newsletter

Location:

Affiliated Computer Services, Inc.
1835 S. Bragaw St., Suite 200
Anchorage, AK 99508-3469

New Location on the Web at:
<http://medicaidalaska.com>

Phone Numbers:

(907) 644-6800
(800) 770-5650 (toll-free in Alaska)

***NOTE: Recent changes have been made to the Fax Numbers list:**

PA: 644-8131
PI: 644-8126 or
644-8127
EPS: 644-8122
Finance: 644-8120
Training: 644-9845
Attachments: 644-8122 or
644-8123
*Enrollment: 646-4273

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Affiliated Computer Services, Inc. Website is Now Online

On March 29, 2009, the new Affiliated Computer Services, Inc. (ACS) website went online. The new ACS URL is: <http://medicaidalaska.com/>. Please update your bookmarks to assure you locate the new website. You will find that navigation is the same as the previously used website, although the look and feel of the site has changed.

Tips for Successful NPI Claims Processing

Here are some tips providers might find useful when submitting electronic and/or paper claims:

- If your billing manual states that a rendering/servicing provider NPI or MCI is **not** required, send only the billing NPI or MCI to allow faster claims processing with less chance of unnecessary pends.
- If your billing manual states that a rendering/servicing provider NPI or MCI **is** required, include this information in your claims submittal for faster processing with less chance of unnecessary pends.
- When using the 1D qualifier on paper or electronic claims, make sure that the MCI number indicated is a valid Alaska Medicaid Provider ID number. If the 1D qualifier is present with an invalid MCI, your claim will pend.
- If your NPI belongs to multiple provider records, sending the taxonomy (for different provider types) and/or the servicing address ZIP+4 (for multiple locations) will allow for faster claims processing with less chance of unnecessary pends.
- Individual providers that render services at multiple locations must adhere to the established guidelines to avoid delays in reimbursement.
- Providers that render services at multiple locations must ensure they are cross-referenced to all groups for which services will be rendered and claims submitted.

Read on for the latest **National Provider Identifier (NPI) Instructions**.

National Provider Identifier (NPI) Instructions: Guidelines for Professional (CMS-1500) Claim Submission

Alaska Medicaid enrollment records must include the rendering providers within a group practice. To avoid claim denial, Medicaid provider records must show the rendering provider as a member of the group practice for the claim Date of Service. It is the responsibility of the group practice to keep their practice membership records current. Please refer to the *Group Enrollment Required for All Individual Providers Billing with an Organizational Type 2 NPI* flyer located at: <http://www.medicaidalaska.com/providers/provupdates.shtml> dated 12/12/08.

Paper Claim Billing Guidelines for Group Practices (when billing only with NPI):

- The National Provider Identifier (NPI) for the rendering provider must be submitted in field 24J of the CMS-1500 claim form. The rendering provider must be enrolled with Alaska Medicaid and must have submitted this NPI number in their enrollment packet, in addition to other standard enrollment information such as SSN and license number. The NPI number in Field 24J must match to the NPI number submitted on the enrollment packet.

If provided, the corresponding taxonomy for the rendering provider must be on the shaded line in field 24J with the ZZ qualifier in field 24I.

24. A.	DATE(S) OF SERVICE						B.	C.	D. PROCEDURE(S), SERVICES, OR SUPPLIES			E.	F.		G.	H.	I.	J.	INFORMATION
MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)			DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	EPSDT	QUAL	RENDERING PROVIDER ID. #		
12	10	09	12	10	09	11		99213			1	50 00		1			ZZ	207V00000X 1234567890	

In the example above, NPI 1234567890 belongs to Dr. Jones. Taxonomy code 207V00000X is the taxonomy code that describes Dr. Jones' specialty. This was reported along with the NPI number in Dr. Jones' enrollment packet.

- The billing group must submit the Group Practice NPI in field 33A of the CMS-1500 claim form (see A in below example). Field 33A information is used in determining the Pay-to Provider for claims billed with only the NPI. If provided, the corresponding taxonomy must be in field 33B with the ZZ qualifier (see B in below example). Providers must submit the full ZIP+4 postal code for the physical location where services were rendered in field 32 (see C in below example).

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION Medicaid of Alaska P.O. Box 0000 Someplace, AK 11111-5888	33. BILLING PROVIDER INFO & PH # (907) 123-4567 Alaska Medicaid Provider 987 Anywhere Street Someplace, AK 99999-8888
SIGNED _____ DATE _____	a. <u>9876543210</u> b. _____	a. <u>9876543210</u> b. <u>ZZ123D00000X</u>

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

In the example above, NPI 9876543210 belongs to Dr. Jones' Professional Corporation, a group practice. Taxonomy code 123D00000X describes Dr. Jones' Professional Corporation. The zip code in field 32 identifies the physical location for services rendered. This information was reported in Dr. Jones' enrollment packet.

Paper Claim Billing Guidelines for Group Practices (when billing with both NPI and MCI in Field 33):

Although NPI-only submission is encouraged, claims submitted with both the NPI and the Alaska MCI will be accepted. Billing providers that choose to submit claims using both the Group Practice NPI in field 33A and the Alaska MCI in Field 33B must ensure that the appropriate Alaska group MCI is entered. The MCI in field 33B of the CMS-1500 claim form must correspond to the NPI entered in field 33A. The group MCI must be preceded by qualifier **1D**. The field 33B MCI will not be used in processing if the 1D qualifier is omitted.

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION Medicaid of Alaska P.O. Box 0000 Someplace, AK 11111-5888	33. BILLING PROVIDER INFO & PH # (907) 123-4567 Alaska Medicaid Provider 987 Anywhere Street Someplace, AK 99999-8888
SIGNED _____ DATE _____	a. <u>NPI</u> b. _____	a. <u>9876543210</u> b. <u>1DMDG999</u>

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

In the above example, MCI MDG999 is the Alaska Medicaid enrollment number for Dr. Jones' Professional Corporation. The NPI in field 33A belongs to Dr. Jones' Professional Corporation.

Paper Claim Billing Guidelines for the *Individual* Provider (when billing only with NPI):

- The NPI for the rendering provider must be submitted in field 24J of the CMS-1500 claim form. The rendering provider must be enrolled with Alaska Medicaid and must have provided this NPI number in their enrollment packet, in addition to other standard enrollment information such as SSN and license number. If provided, the corresponding taxonomy for the rendering provider must be on the shaded line with the ZZ qualifier in field 24I and the taxonomy in field 24J:

24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE			C. EMG			D. PROCEDURE(S), SERVICES, OR SUPPLIES			E. DIAGNOSIS POINTER			F. \$ CHARGES			G. DAYS OR UNITS			H. EPISODE			I. QUAL			J. RENDERING PROVIDER ID. #		
From	To																												
MM	DD	YY	MM	DD	YY				CPT/HCPCS	MODIFIER																			
12	10	09	12	10	09	11			99213				1	50	00	1				ZZ							123D00000X		
																											7777777777		

In the above example, NPI 7777777777 belongs to Dr. Smith. Taxonomy code 123D00000X is the taxonomy code which describes Dr. Smith's specialty. This was reported along with the NPI number in Dr. Smith's enrollment packet.

- When the rendering provider is also the billing provider, submit the rendering provider's NPI in field 33A of the CMS-1500 claim form (see A in the example below). Field 33A information is used in determining the Pay-to Provider for claims billed with only NPI. If provided, the corresponding taxonomy must be in field 33B with the ZZ qualifier (see B in the example below). Providers must submit the full ZIP+4 postal code in field 32 for the physical location where services were rendered (see C in the example below).

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # (907) 123-4567
	Medicaid of Alaska P.O. Box 0000 Someplace, AK 11111-7777	Alaska Medicaid Provider 987 Anywhere Street Someplace, AK 99999-8888
SIGNED _____ DATE _____	a. NPI b. _____	a. 7777777777 b. ZZ123D00000X

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

In the above examples, the NPI for Dr. Smith appears in both 33A and 24J. The taxonomy code appears in 24J and 33B. The physical location for the services rendered appears in field 32.

Paper Claim Billing Guidelines for the *Individual* Provider (when billing with both NPI and MCI in Field 33):

Although NPI-only submission is encouraged, paper claims submitted with the Alaska MCI will be accepted. Billing providers that choose to submit claims using both the NPI in field 33A and the Alaska MCI in Field 33B must ensure that the appropriate Alaska MCI is entered. The MCI in field 33B of the CMS-1500 claim form must correspond to the NPI entered in field 33A. The individual provider's MCI must be preceded by qualifier 1D. The field 33B MCI will not be used in processing if the 1D qualifier is omitted.

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # (907) 123-4567
	Medicaid of Alaska P.O. Box 0000 Someplace, AK 11111-5888	Alaska Medicaid Provider 987 Anywhere Street Someplace, AK 99999-8888
SIGNED _____ DATE _____	a. NPI b. _____	a. 7777777777 b. 1DMD01010

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

In the above example, MCI MD01010 is the Alaska Medicaid enrollment number for Dr. Smith.

Please contact the ACS Provider Inquiry Unit at (907) 644-6800 or (800) 770-5650 (in-state toll free) if you need additional clarification regarding the information provided in this flyer, or have general inquiries regarding the Alaska Medicaid Program. Provider Inquiry staff is available to assist you Monday – Friday, 8:00 a.m. – 5:00 p.m.

National Provider Identifier (NPI) Instructions: *Guidelines for Professional (837P) Claim Submission*

Note that Alaska Medicaid enrollment records must include the rendering providers within a group practice. To avoid claim denial, Medicaid provider records must show the claim rendering provider as a member of the group practice for the claim date of service. It is the responsibility of the group practice to keep their practice membership records up to date. Please refer to the Group Enrollment Required for All Individual Providers Billing with an Organizational Type 2 NPI flyer located at: <http://www.medicaidalaska.com/providers/provupdates.shtml> dated 12/12/08.

Electronic Claim Billing Guidelines for Group Practices:

The 837P claims must contain the NPI in the Billing **Provider Loop 2010AA**. In addition, for claims requiring identification of the rendering/servicing provider, see Rendering Provider **Loop 2310 B**. Required fields and values are as follows:

Billing Provider NPI and Zip Code: **Loop 2010AA**

EDI 837P Field Name	EDI 837P Field Number	Values
Identification Code Qualifier	NM108	XX (Enter XX for NPI Qualifier)
Identification Code	NM109	10 digit NPI
Identification Code Qualifier ¹	REF01	1D (Enter 1D for MCI Qualifier)
Identification Code ¹	REF02	MCI
Identification Code Qualifier	NM101	85
Postal Code	N403	Enter 9 digit zip code (zip+4)

Billing Provider Taxonomy: **Loop 2000A²**

Provider Code	PRV01	BI
Reference Identification Qualifier	PRV02	ZZ (Enter ZZ for Taxonomy Qualifier)
Reference Identification	PRV03	Taxonomy Code

Servicing³ Provider NPI and Zip Code: **Loop 2310D**

Identification Code Qualifier	NM108	XX (Enter XX for NPI Qualifier)
Identification Code	NM109	10 digit NPI
Postal Code - for one (all lines are the same)	N403	Enter 9 digit zip code (zip+4)
Postal Code - for multiple providers use Loop 2420C	N403	Enter 9 digit zip code (zip+4)

Servicing³ Provider Legacy Identifiers: **Loop 2310B**

Reference Identification Qualifier ¹	REF01	1D (Enter 1D for MCI Qualifier)
Reference Identification ¹	REF02	MCI

Servicing³ Provider Taxonomy⁴: Loop 2310B

Provider Code	PRV01	PE
Reference Identification Qualifier	PRV02	ZZ (Enter ZZ for Taxonomy Qualifier)
Reference Identification	PRV03	Taxonomy Code

Servicing³ Provider Taxonomy⁴: Loop 2420A

Provider Code	PRV01	PE
Reference Identification Qualifier	PRV02	ZZ (Enter ZZ for Taxonomy Qualifier)
Reference Identification	PRV03	Taxonomy Code

¹MCI's are currently accepted only on 837P transactions affected by the Health Professional Group conversion. A future notice will announce the date that MCI's (legacy identifiers) will no longer be accepted.

²Send both billing and performing provider taxonomy information when Alaska Medicaid billing rules require rendering provider information for the services billed.

³Servicing provider is also called rendering or performing provider.

⁴ Use Loop 2310 when all services being billed were performed by the same provider. Use Loop 2420 when the services being billed were performed by different providers.

Coming in 2010: New Claim Processing Features

The new Medicaid Management Information System (MMIS), known as Alaska Medicaid Health Enterprise, is scheduled for the summer of 2010. Alaska Medicaid Health Enterprise utilizes more efficient and innovative technology than the current legacy MMIS. The innovative system will include many new claim processing features and functions via the Internet that will allow faster remittance to providers and easy access to billing instructions.

Faster processing and payment is accomplished through the following new features:

- Claims can be submitted via the Internet 24x7. This is in addition to the electronic and paper methods of submitting claims that will continue.
- Claims submitted via the Internet are subject to all business rules, edits and validity checks in real-time so that errors are immediately identified and can be corrected.
- Claim status is available online instead of waiting for a Remittance Advice or calling the Provider Inquiry Unit.
- Providers submitting claims via the Internet immediately know the status of the claim without waiting for an adjudication cycle.
- Providers can correct claims online and resubmit any claim that has been denied.

Providers who take advantage of these self-service features that will be available via the Internet will be rewarded with more timely payment of claims. For more information about Alaska Medicaid Health Enterprise, go to <http://www.alaskamedicaid.info/>.

2009 Fee Schedules Available

The following 2009 Fee Schedules are now available online at <http://medicaidalaska.com/>:

- Advanced Nurse Practitioner/Nurse Midwife
- Ambulatory Surgery Center
- Chiropractic
- Dental
- DME Incontinence
- DME, Prosthetics, Orthotics and Supplies
- Direct Entry Midwife
- EPSDT
- Family Planning Clinic
- Hearing Services
- Home Infusion Therapy
- Independent Laboratory Services
- Independent Physical Therapist
- Occupational Therapy
- Outpatient Therapy
- Physician
- Podiatry
- School Based Services
- Speech Pathologist
- Vision

To download the appropriate fee schedule, go to <http://medicaidalaska.com/>:

1. Choose **PROVIDERS**, **LOOKUPS**, and then **FEE SCHEDULE**.
2. After accepting the CPT copyright agreement, choose the applicable document from the list of fee schedules.
3. The PDF file will open in a new browser window where it can be printed or saved on the user's computer. To save the document, choose **FILE** and **SAVE AS**.

If you do not have access to the Web or would like a paper copy, please call the ACS Provider Inquiry Unit at (907) 644-6800 (option 1), or (800) 770-5650 (toll-free in Alaska). You can also request the fee schedule in writing. In your request, please include:

- Name of individual requesting the fee schedule
- Organization
- Mailing address
- Medicaid Contract ID
- Number of copies requested

Please send your request to ACS. You can either fax or mail your request.

Fax numbers:

- (907) 644-8126
- (907) 644-8127

Mailing address:

Affiliated Computer Services, Inc.
Provider Inquiry Unit
P.O. Box 240808
Anchorage, AK 99524

The Training Advantage

Saving time and money is important to everyone. Provider training is free! Providers are invited to send new employees to training to establish a solid foundation in determining recipient eligibility. Veteran employees can benefit from these trainings as well, both to refresh their knowledge and to keep them abreast of recent changes in Medicaid policies and procedures.

Providers can attend upcoming ACS classes free of charge. Training schedules are located at <http://medicaidalaska.com> under **TRAINING**, then **SCHEDULE**. Provider training sessions are offered in a variety of locations to suite everyone's need. The most current sessions are:

Anchorage: April 21-24; May 12-14

Teleconferences: April 27, 28; May 11

Petersburg: May 19-22

Seattle: May 25-29

For future classes check the online schedule at <http://medicaidalaska.com> for classroom location, address, and start times.

Remember: To guarantee your seat please register at <http://medicaidalaska.com>; choose **TRAINING**, then **ONLINE REGISTRATION**. You will receive an online response confirming that you are registered for the class(s) you choose.

You may also complete the registration form and return it to ACS via fax, email, or mail.

The fax number is:
(907) 644-9845.

The email address is:
anctraining@acs-inc.com.

The mailing address is:

Affiliated Computer Services, Inc.
Attention: Training Unit
P.O. Box 240808
Anchorage, Alaska 99524-0808

If you are unable to access the ACS website to obtain the registration information, please contact a provider trainer at (907) 644-6800, or (800) 770-5650 (toll-free in Alaska).

Do you know what has changed since YOU last attended training?

Adjustment/Void Form Now Available Online

The Adjustment/Void form is now available online at <http://medicaidalaska.com> under *Providers*, then *Forms*. Under *Other Forms*, choose *Adjustment/Void Form*.

If you have questions, please call Affiliated Computer Services, Inc., Provider Inquiry Unit at (907) 644-6800 (option 1), or (800) 770-5650 (toll-free in Alaska).