



expertise in action™



July 2009

Alaska Medical Assistance Newsletter

Location

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

ACS Web Address

<http://medicaidalaska.com>

Phone Numbers

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

Fax Numbers

PA: 644-8131
PI: 644-8126 or 644-8127
SURS: 644-8128
EPS: 644-8122
Finance: 644-8120
Training: 644-9845
Attachments: 644-8122 or
644-8123
Enrollment: 646-4273

In This Issue

ClaimCheck® Upgrade is Here!1
Alaska Medical Assistance New Enrollment Requirements.....2
Adjustment/Void Form Now Available Online4
Dental Rate Increase4
 Ask Medicaid4
Coming 2010: On-line Claims History **Error! Bookmark not defined.**
The Training Advantage5
Complex Billing Question?.....6
New Billing Rules for Therapy and Speech Pathology Assistants, Physician Assistants and Certified Registered Nurse Anesthetists.....6
New Rules for Billing Group Services7

ClaimCheck® Upgrade is Here!

The new edits associated with the ClaimCheck® 8.5 upgrade are effective with claims processed on and after June 12, 2009.

These edits evaluate procedures billed with multiple units of service, modified and unmodified services billed by multiple providers, as well as invalid procedure code/modifier combinations.

ClaimCheck® 8.5 New Edits

Procedures Billed with > 1 Unit:

- Edit 464 – Line Added for Multi-Unit Procedure Code

When a procedure code is billed with > 1 unit and ClaimCheck® determines the procedure meets unit expansion rules, EOB 464 is assigned to the added, replacement lines. The added lines allow ClaimCheck® to determine the total number of units to reimburse and the appropriate denial reason for those units which exceed reimbursement limits. The original line is denied with Edit 474 (below).

- Edit 474 – Procedure with Multiple Units for Same DOS

When a procedure code is billed with > 1 unit and it meets the criteria for the ClaimCheck® unit expansion rule, it is denied for Edit 474. It is replaced with the appropriate number of added lines (see EOB 464) which account for the billed units. Each line is then evaluated to determine the total number of units payable.

- Edit 475 – Adjustments Not Allowed on Lines with EOB 464

Adjustments cannot be made to lines which have received EOB 464 (line added for multi-unit procedure code). If an adjustment is submitted, it will deny for Edit 475. Please see edit 464 for additional information. Providers must void all lines assigned EOB 464 and rebill as appropriate.

- Edit 494 – Multiple Unit Procedure Code Voided

When a previously paid multiple unit procedure code is evaluated by ClaimCheck® as a result of processing a current claim line, the paid line will be voided. Single unit claim lines will be added by ClaimCheck® to replace the voided service. This allows each unit to be evaluated (see edit 474) to determine the total number of units payable.

(Continued on Page 2)

*(Continued from Page 1)***Procedures Billed with Modifier -26 or –TC**

- **Edit 466** – Multiple Components Billed

The procedure code or procedure code + modifier have already paid for the same patient and date of service (multiple component billing). This occurs when an unmodified procedure has paid and the same procedure code + modifier -26 or –TC is subsequently billed. If the procedure code + modifier -26 or –TC has already paid, a claim line for the unmodified procedure will deny with this edit.

- **Edit 468** – Duplicate Global, -TC or -26 Billed

When a procedure code or procedure code + modifier TC or 26 has already paid to another provider for the same recipient and date of service (duplicate component billing), the current claim line is denied with this edit.

Other Modifiers

- **Edit 471** – Invalid Procedure Code/Modifier Combination

If a procedure code and modifier combination is considered invalid according to ClaimCheck[®] criteria, this edit will set and the service will be denied.

- **Edit 469** – Invalid Procedure/Modifier Combination Voided

When a previously paid invalid procedure code/modifier combination is evaluated by ClaimCheck[®] as a result of processing a current claim line, the paid claim line will be voided.

A more detailed training tool, including examples of these edits is available on the ACS Website at <http://medicaidalaska.com/providers/provupdates.shtml>, **ClaimCheck[®] 8.5 Training Tool and Flyer**.

If you have any questions please call the ACS Provider Inquiry Unit at (907) 644-6800, option 1, or (800) 770-5650 (toll-free in state).

Alaska Medical Assistance New Enrollment Requirements

Regulations have been adopted which change existing enrollment requirements for several provider types. These changes are the result of implementation of the National Provider Identifier (NPI). Please refer to regulations 7 AAC 43.111, 7 AAC 43.921, 7 AAC 43.923, 7 AAC 43.926, and 7 AAC 43.941 at <http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac/query=?jump!3A!27title7chap43!27!doc!@35600>. These changes became effective May 23, 2008.

Individual Enrollment Requirement

Enrollment in the Alaska Medical Assistance program is now required for the following individuals: **Certified Registered Nurse Anesthetists, Occupational Therapy Assistants, Speech-Language Pathology Assistants, Physician Assistants, and Physical Therapy Assistants**. Prior to this regulatory change, these provider types were neither required nor permitted to enroll individually.

Additionally, certain provider types that work in physician offices (previously identified as 'collaborators') are now required to enroll individually and must be associated with a group enrollment. Affected provider types are: **Nurse Practitioners, Audiologists, Nurse Midwives, Speech-Language Pathologists, Physical Therapists and Occupational Therapists**. Prior to this change, collaborators were not required to enroll individually and were not permitted to enroll as part of a group practice. Any of these provider types already enrolled as individuals will need to submit the Change of Information Request form to establish the group cross-reference relationship. The form is located at http://medicaidalaska.com/Downloads/Providers/AK_Provider_Change_Info.pdf. If the group enrollment does not already exist, please refer to the "How to Enroll" section of this notice.

(Continued on Page 3)

(Continued from Page 2)

Group Enrollment Requirement

Group enrollment is **allowed** for practices consisting of one individual provider and is **required** for practices consisting of **two or more** individual providers. Because of the individual enrollment requirement changes described above, **practices consisting of one or more health practitioners must now obtain a group practice enrollment.**

A group enrollment may now consist of combinations of the following providers with one exception - a Speech-Language Pathologist, Occupational Therapist or Physical Therapist must be enrolled in the professional group before an Assistant of the same licensure can be enrolled and cross-referenced to the professional group:

- Physician
- Physician Assistant*
- Advanced Nurse Practitioner
- Nurse Midwife
- Certified Registered Nurse Anesthetist
- Optometrist
- Optician
- Audiologist
- Occupational Therapist
- Physical Therapist
- Speech-Language Pathologist
- Occupational Therapy Assistant
- Physical Therapy Assistant
- Speech-Language Pathology Assistant

*Physician Assistant enrollment requires that the supervising physician be enrolled in the same professional group.

How to Enroll

If you or your staff are affected by this change, please complete a Standard Provider Enrollment Form (and addendum, if applicable), available at <http://medicaidalaska.com/providers/Enrollment.shtml>. This form may be used for both individuals and groups. For individual enrollments, the application **must be signed by the enrolling individual**. The following documents must be submitted along with the enrollment form:

Certified Registered Nurse Anesthetist	<ul style="list-style-type: none"> ▪ A copy of your current state occupational license ▪ Verification of your individual NPI
Occupational Therapy Assistant *	<ul style="list-style-type: none"> ▪ A copy of your current state occupational license ▪ Verification of your individual NPI
Speech-Language Pathology Assistant *	<ul style="list-style-type: none"> ▪ A copy of your current occupational registration or license ▪ Verification of your individual NPI
Physician Assistant-Certified (PA-C) *	<ul style="list-style-type: none"> ▪ A copy of your current occupational license ▪ Physician Assistant Addendum, completed and signed by the enrolling PA-C ▪ Verification of your individual NPI
Physical Therapy Assistant *	<ul style="list-style-type: none"> ▪ A copy of your current occupational license ▪ Verification of your individual NPI

* Occupational Therapy Assistants, Speech-Language Pathology Assistants, Physician Assistants, and Physical Therapy Assistants are considered rendering-only providers and **may not bill directly for their services**. Even after individual enrollment is completed, their services must be billed through a group practice. Group enrollment is required before approval of individual enrollment applications for these providers.

Note: Please include the NPI and Medicaid Contract ID numbers of the group practice on page 3, box C of the individual enrollment form to establish the group cross-reference relationship.

A future notice will be issued to inform providers of the need for any claim billing procedure changes resulting from these enrollment requirements. No billing procedure changes are needed at this time.

If you have any questions about these changes, or about the provider enrollment application process, please call the ACS Provider Inquiry Unit at (907) 644-6800, option 1, or (800) 770-5650 (toll-free in state).

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 the *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).

Dental Rate Increase

The Alaska Medical Assistance Program is pleased to announce that a legislative appropriation was received to increase Medicaid reimbursement rates for some commonly billed dental codes. The increased rates are effective for services provided on and after July 1, 2009.

A new dental fee schedule has been published to reflect this increase and is available from Alaska Medicaid's fiscal intermediary, Affiliated Computer Service (ACS), at <http://medicaidalaska.com/providers/FeeSchedule.asp>. If you do not have internet access and would like to receive a copy of the new fee schedule by mail, please contact ACS Provider Inquiry at (907) 644-6800 or (800) 770-5650 (toll-free in state), option 1.



Ask Medicaid

What are my responsibilities as the referring provider when a Medicaid recipient must travel to receive non-emergent medical care?

Q: One of my patients requires non-emergent medical care that is not available locally. What do I need to do to help ensure that Alaska Medicaid will pay the cost of travel for her to receive necessary services?

A: Great question! Because of our geographic challenges and limited availability of medical services in many areas of Alaska, travel is sometimes necessary for Alaska Medicaid recipients to receive medical care. In order for Medicaid to pay for those travel expenses, the following are required:

- The out-of-area medical care must be **medically necessary**
- Travel (transportation and, if necessary, accommodation) expenses must be **prior authorized**

As the referring provider, you are responsible for obtaining the patient's transportation and accommodation prior authorization by contacting Affiliated Computer Services (ACS), Alaska Medicaid's fiscal agent, at (907) 644-6800 or (800) 770 -5650 (toll free, in-state). When calling, make sure the following information is available:

- Referring provider name
- Recipient name and Medicaid ID
- Receiving provider name and location
- Appointment date/time
- Medically necessary escort information, if applicable

After the travel prior authorization is received, complete and sign one **Transportation Authorization and Invoice form** (also referred to as 'travel voucher') for each travel/accommodation provider (units only – leave charges blank). Give the travel voucher(s) to your patient so that s/he may contact the State Travel Office to make necessary reservations.

If you have any questions about Medicaid travel regulations or procedures, please call ACS's Provider Inquiry Unit at (907) 644-6800 or (800) 770-5650 (toll free, in-state), option 1.

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 Alaska Medicaid policies and procedures.

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. Upcoming sessions include:

August

Teleconferences: August 11

Fairbanks: August 3, 4, 5, 6, 7

Anchorage: August 13, 18, 19, 20

Dillingham: August 25, 26, 27, 28

September

Teleconferences: September 4, 22, 23, 24, 25

Anchorage: September 1, 2, 3, 15, 16

Kenai: September 14, 15, 16, 17, 18

Valdez: September 29, 30

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 – (907) 644-9845, by email - anctraining@acs-inc.com, or mail:

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?

Complex Billing Question? Issue Requiring Extensive Research?

NO PROBLEM!

Complex matters and unique or difficult situations may require assistance beyond the role of Provider Inquiry. The Enhanced Provider Services (EPS) Department is a team of specialists ready to assist providers with the complicated and difficult problems. Please refer to the following designated EPS team member for their specialty, as listed (but not limited to):

Chandra: (907) 644-6898	DME, Behavioral Health
James: (907) 644-6899	Transportation
Misty: (907) 644-6893	Waiver

Provider Inquiry will continue to assist all providers with claim status and eligibility related questions. Remember that for escalated calls related to Waiver, Behavioral Health, DME and Transportation, the Provider Inquiry representative will gladly assist you by transferring your call to the appropriate EPS team member listed above. If the designated EPS team member is not available at the time of your call, you may be assisted by another team member, or you will have the option to leave a message.

The Enhanced Provider Services staff looks forward to assisting you.

New Billing Rules for Therapy and Speech Pathology Assistants, Physician Assistants and Certified Registered Nurse Anesthetists

Effective on and after August 7, 2009, claims submitted for services rendered by Physician Assistants, Certified Registered Nurse Anesthetists (CRNAs), physical therapy assistants, occupational therapy assistants and speech-language pathology assistants will be processed under new rules. These professionals are now required to be enrolled with Alaska Medicaid in order to be reimbursed for services provided to Alaska Medical Assistance clients. For additional information, please refer to the New Enrollment Requirements flyer, available on the ACS Website.

- Paper claims billed under the old rules must be received no later than July 24, 2009. Claims received on and after July 25, 2009 will be processed under the new rules indicated on the billing flyer mailed to providers on July 10, 2009.
- Electronic claims transmitted after August 4, 2009 will also process under these new rules.

ACS mailed a flyer on July, 10, 2009 regarding the newly implemented rules for billing Alaska Medicaid for these services, as well as:

- new edits impacting claims for therapy and speech pathology assistant services and group billers
- procedure codes which can be reimbursed for therapy and speech pathology assistants

For more detailed information regarding these new rules, download and view the flyer for your provider type from the ACS website at <http://medicaidalaska.com/providers/provupdates.shtml> .

New Rules for Billing Group Services

ACS mailed flyers to several provider types on July, 10, 2009 detailing the new claims processing rules for group billers, which becomes effective on and after August 7, 2009. Paper claims billed under the old rules must be received no later than July 24, 2009. Claims received on and after July 25, 2009 will be processed under the new rules indicated on this billing flyer. Electronic claims transmitted after August 4, 2009 will also process under these new rules.

The flyer highlights include:

- a reminder that providers who previously rendered services as physician collaborators must now be enrolled with Alaska Medicaid to be reimbursed for services
- the valid therapy center servicing provider types
- the valid servicing providers for GR/MDG/MPG Groups
- the new edits impacting group billers
- where to place the NPI on the CMS-1500
- provider types that cannot bill as individuals

For more detailed information regarding these new rules, visit the ACS website at <http://medicaidalaska.com/providers/provupdates.shtml> . Select the appropriate flyer for your provider type from the list.