



July '05

# alaska MEDICAID NEWSLETTER

First Health Services, in conjunction with the Division of Health Care Services, publishes a monthly newsletter. This newsletter offers providers useful information, monthly reminders, and tips on how to make billing easier.

<b>JULY</b> Holiday Closures ■ S = State Offices Closed ■ SF = State & FHSC Offices Closed						
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## MRI PA Information

Prior Authorization is required for outpatient MRI and PET to ensure that the procedure is medically necessary. Authorization for an MRI or PET is requested from First Health by a physician. Allowed indications for an MRI are listed in the Physician Billing Manual in Appendix F.

Prior to requesting the Prior Authorization (PA), verify that the patient has current Medicaid eligibility.

Prior Authorization requests for an MRI can be either called in to First Health at 907-644-6800 option 4, or 1-800-770-5650 option 2. A PA request for an MRI may also be faxed to First Health at 907-644-8131, or mailed to First Health Services Corporation, P. O. Box 240808, Anchorage, AK 99524-0808. Instructions for filling out the AK-PA form are included in the Billing Manual in section II. Medical Assistance providers complete fields 1-19 of the AK-PA form. Verify that the PA request has the correct procedure/HCCPC code(s).

Retroactive authorizations will be reviewed and considered when medical necessity will not allow time for prior authorization. Use the AK-PA for retroactive authorization requests and submit either directly to the PA Unit or as an attachment to a claim. Dates of service on the claim form and the retroactive AK-PA form must be identical. Provide the following additional information on the AK-PA form: "Yes" in field 3 and "Retroactive to [date of service]" in field 13.

The AK-PA is a three-part form. Keep the "Retain for Your Records" copy and mail the "Original Copy" and the "Fiscal Agent" copy to the address at the bottom of the form, if applicable. After processing your AK-PA, First Health Services will send a copy of the determination to you. Prior Authorization does not guarantee payment.

When authorization is received, include the PA number with the imaging order that is sent to the facility providing the MRI.

To expedite claim processing, include the PA number on the claim form. Verify that the PA number is correct, the date of service matches the PA, and that the claim form is legible.

## Updates...

The following has been updated and is available to you on FHSC's Website:

- Home Health Services provider billing manual (<https://alaska.fhsc.com/documents/billing.asp>)
- June through September 2005 Training Schedule (<https://alaska.fhsc.com/training/providerTraining.asp>)

# PROVIDER TRAINING

Providers and billing staff are encouraged to attend training. There is no charge to attend, as training is sponsored under contract with the State of Alaska, Department of Health and Social Services, Division of Health Care Services. All participants are encouraged to bring their provider billing manual(s).

Because of limited space, you are encouraged to register early; registration for each class will close 1 week prior to the date of the class. Only registered attendees (with a confirmed registration) are guaranteed a seat; those without a confirmed registration may be turned away. If registration requests exceed the available seats, additional sessions may be offered.

Register for classes in one of the following ways:

- Complete the online registration form on the First Health Services website at <http://alaska.fhsc.com>
- Complete the registration form found in the Alaska Medicaid Training Schedule and fax to First Health Services at 907-644-5900 or mail to P.O. Box 240808, Anchorage, Alaska 99524-0808

After your registration is received and processed by First Health Services, you will receive a confirmation for the classes in which you are enrolled.

## TRAINING SCHEDULE THROUGH SEPTEMBER 05 NOW AVAILABLE

The training schedule through September 2005 is now available on the First Health Services website at <http://alaska.fhsc.com>. If you would like an electronic version sent to you, please contact the First Health Services training unit at [anctraining@fhsc.com](mailto:anctraining@fhsc.com). If you prefer a paper copy of the schedule, please contact the First Health Services Provider Inquiry Unit at 907-644-6800 or 1-800-770-5650 (toll free in Alaska).

### TRAINING E-MAIL AND FAX NUMBER

Medicaid's training e-mail address ([anctraining@fhsc.com](mailto:anctraining@fhsc.com)) is provided for your convenience to send in your questions and comments regarding training offered by FHSC, and to submit completed training registration forms.

Training also provides a fax number (907-644-5900) for your convenience in sending in registration forms or correspondence to FHSC's training department. Remember, our professional staff is ready to assist you, whatever your training needs may be.

**Please do not send sensitive or confidential information via e-mail, as this is not a securely protected environment.**

## July Training

07/13/05 Anchorage  
Lock-In Program  
10:00 am – 12:00 pm

07/15/05 Teleconference  
Lock-In Program  
10:00 am – 12:00 pm

07/20/05 Anchorage  
Introductory Classes - Day 1  
8:30 am – 5:00 pm  
\*Day 1 includes courses 100 through 105

07/21/05 Anchorage  
Introductory Classes - Day 2  
8:30 am – 5:00 pm  
\*Day 2 includes courses 106 through 109

07/22/05 Teleconference  
Enrollment  
9:00 am - 11:00 am  
Adjustments and Voids  
1:00 pm – 3:00 pm

07/26/05 Dillingham  
IHS/Tribal  
8:00 am – 5:00 pm

### NEW Classes for 2005 Provider Training

Medicare Crossovers  
Resubmission Turnaround  
Documents (RTD)  
Enrollment  
Appeals II  
Attachments  
TPL avoidance  
Edits II  
Medical Justifications for Travel  
Lock-in program

## *Third Party Liability (TPL) Payment*

To expedite claim processing and avoid adjustment requests, providers should indicate any Third Party Liability (TPL) payment amounts on the claim form. Attach the Explanation of Benefits (EOB) to the claim form when you submit it. When the TPL payment is not documented on the claim form, the result is an overpayment that must be adjusted. For assistance, call our Provider Inquiry Unit at 907-644-6800, option 1 or 1-800-770-5650, option 1 and 1. Electronic billers needing assistance may call 907-644-6800, option 3 or 1-800-770-5650, option 4.

- For billers using the 1500 form:  
In Field 29 indicate TPL payments **Amount Paid**. In Field 28 indicate **Total Charges**, and in Field 30 indicate **Balance Due**. The balance due is the difference between Fields 28 and 29. Attach the EOB for the paid amount to the claim.
- For billers using the UB92 form:  
In Field 54 indicate TPL payment **Prior Payments**  
Attach the EOB for the paid amount to the claim,
- For billers using the Dental form:  
In Field 31 indicate TPL payment part 13 **Carrier Pays**  
Attach the EOB for the paid amount to the claim.
- For billers using the EPSDT (AK-10) form:  
In Field 16 indicate TPL payment **If Applicable, Enter Third Party Liability Amount**  
Attach the EOB for the paid amount to the claim.
- For billers using the Transportation Authorization and Invoice (AK-04) form:  
In Field 29 indicate TPL payment **Amount Paid**, in Field 28 indicate **Total Charges**, and in Field 30 indicate **Balance Due**. The balance due is the difference between Fields 28 and 29. Attach the EOB for the paid amount to the claim.
- For electronic billing, use the Fax Attachment Cover Sheet, indicate the Transaction Type, and list the Unique Attachment Control numbers on the cover sheet. Fax your attachments the same day that you submit your claims.

Upcoming Provider training for Adjustment/Voids will be held on July 22 and August 26 via teleconference. There will also be a live training session in Anchorage on August 24. For a complete training schedule, go to our Website at <https://alaska.fhsc.com>. Click **Training** and then click **Schedule**. Providers are encouraged to register online for training classes. There is no charge for the training.

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# MODIFIERS

In certain situations, procedures may have been altered by a specific circumstance. A modifier provides the means by which the reporting practitioner/service provider can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. The judicious application of modifiers obviates the necessity for separate procedure listings that may describe the modifying circumstance. Modifiers may be used to indicate to the recipient of a report that:

- A service or procedure has both a professional and technical component
- A service or procedure was performed by more than one physician and /or in more than one location
- A service or procedure has been increased or reduced
- Only part of a service was performed
- An adjunctive service was performed
- A bilateral procedure was performed
- A service or procedure was provided more than once
- Unusual events occurred

Examples:

- A physician providing diagnostic or therapeutic radiology services, ultrasound, or nuclear medicine services in a hospital would add modifier 26 to report the professional component.

73090-26 = Professional component only for an x-ray of the forearm.

- Two surgeons may be required to manage a specific surgical problem. When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. Modifier 62 would be

applicable. For instance, a neurological surgeon and an otolaryngologist are working as co-surgeons in performing transphenoidal excision of a pituitary neoplasm.

61548-62 = Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic + two surgeons modifier.

AND the second surgeon would report:  
61548-62 = Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic + two surgeons modifier.

If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added.

Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

Lists of Modifiers and their definitions can be found in current HCPCS and CPT code books. Using the appropriate modifier will expedite processing your claims.

If you need further assistance, please contact the First Health Services Provider Inquiry Unit at 907-644-6800 or 1-800-770-5650 (toll free in Alaska).



## More Information

### NATIONAL PROVIDER IDENTIFIER

For Health Care Providers -

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of a standard unique identifier for health care providers.

The National Plan and Provider Enumeration System (NPPES) collects identifying information on health care providers and assigns each a unique National Provider Identifier (NPI). If you need an

NPI, you can apply online by going to

<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>.

The estimated time to complete the NPI application form is approximately 20 minutes.

### OTHER NOTES & TIDBITS...

### CLAIMS *RESOLUTION* TIPS

- Please keep a copy of all claims for your records.
- FHSC is not able to image receipts that are small. Please copy small receipts onto a 8.5 x 11 sheet of paper before mailing in for better imaging. This process will assist FHSC in processing your claims in a more timely manner.

#### ATTACHMENT REMINDER

Remember that each claim should be able to stand alone. For example, if you receive an EOB from an insurance company with multiple Alaska Medical Assistance recipients on it, make a copy of the EOB and attach a separate copy of the EOB to each individual claim submitted to Alaska Medical Assistance. Each claim should include attachments associated with that claim only. Any additional recipients indicated on the EOB should be marked out so that it is not readable. The only recipient information that should be readable on the EOB is the one for which you are seeking reimbursement from Alaska Medical Assistance.

#### ADJUSTMENT REMINDER

Please remember to sign your adjustments upon returning them to FHSC. Any unsigned documents will be returned for final completion and slow the payment process. Complete paperwork allows for timely payment. If you need assistance in completing any claim forms or adjustments, please call FHSC at (907) 644-6800 or 1-800-770-5650 (toll-free in Alaska).