



October 2006

Alaska Medical Assistance Newsletter

Volume 1, Number 10

First Health Services Corp.  
1835 S. Bragaw St., Suite 200  
Anchorage, AK 99508-3469  
<http://alaska.fhsc.com>  
(800) 770-5650  
(907) 644-6800

*First Health Services, in conjunction with the Department of Health & Social Services, publishes this monthly newsletter to offer providers useful information, monthly reminders, and tips on how to make billing easier.*

## CMS-1500 Claim Form Revised

The CMS-1500 claim form has been revised by the National Uniform Claim Committee (NUCC) to accommodate the reporting of the National Provider Identifier (NPI) Number. Its use is required as of April 1, 2007 with a transition period commencing prior to that date. The Alaska Medicaid Management Information System (MMIS) is being modified to accommodate the changes found in the new CMS-1500 but is not yet equipped to accept and process this revised form. As the changes to the system are implemented, additional instructions will be provided. In the meantime, please familiarize yourself with the changes. For a list of the changes from the current (12/90) version to the revised (08/05) version, view the change log document posted on the NUCC Website, [www.nucc.org](http://www.nucc.org). For providers who use the 837P to submit claims, the NUCC is updating the crosswalk from the 837P to the revised CMS-1500 claim form. Once it is completed, it will be available on the NUCC Website also.

### October 2006

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

The State of Alaska offices will be closed on Wednesday, October 18, 2006 in observance of Alaska Day. FHSC offices will remain open.

#### Updates...

The following has been updated and is available to you on the FHSC Website

- Hearing Manual
- 2006 Chiropractic Fee Schedule

## 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 should bring their provider billing manuals.

Because of limited space, you are encouraged to register early; registration for each class will close one day 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 in the Alaska Medical Assistance Training Schedule and fax to First Health Services at (907) 644-9845 or

Mail to P.O. Box 240808, Anchorage, Alaska 99524-0808.

April - December 2006 Training Schedule is available on FHSC's Website at <http://alaska.fhsc.com>. Choose **Training**, and then choose **Schedule**.

The National Uniform Billing Committee (NUBC) approved the UB-04 as the replacement for the UB-92 at its February 2005 meeting. Submitters (health care providers such as hospitals, skilled nursing facilities, hospice, and other institutional claim filers) can use the UB-04 beginning March 1, 2007; however, there will be a transitional period between March 1, 2007 and May 22, 2007 where the UB-04 or the UB-92 can be used. Starting May 23, 2007 all institutional paper claims must use the UB-04; the UB-92 will no longer be acceptable after this date. For more information visit the NUBC Website at: <http://www.nubc.org/>

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 Email and Fax Numbers

The Alaska Medical Assistance training email 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. For Indian Health Services (IHS) training information, the training email address is [ihs@fhsc.com](mailto:ihs@fhsc.com).

Training also provides a fax number ((907) 644-9845) 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 email, as this is not a secure method of sending confidential information.

### October Training Schedule

#### Wednesday, October 11, 2006, Anchorage

Dental	1:00 pm– 3:00 pm
--------	------------------

#### Wednesday, October 11, 2006, Fairbanks

Inpatient/Outpatient Hospitals	10:00 am – 12:00 pm
Edit Resolution	3:00 pm – 5:00 pm

#### Thursday, October 12, 2006, Fairbanks

Physicians/Osteopaths/ANPs	10:00 am – 12:00 pm
Care Management Program	2:00 pm– 3:30 pm

#### Friday, October 13, 2006, Teleconference

Dental	1:00 pm– 3:00 pm
--------	------------------

#### Friday, October 20, 2006, Teleconference

Care Management Program	2:00 pm– 3:30 pm
-------------------------	------------------

#### Wednesday, October 25, 2006, Anchorage

Physicians/Osteopaths/ANPs	10:00 am – 12:00 pm
Waiver Services	1:00 pm – 3:00 pm

Note: Anchorage training sessions are held in FHSC's Training room located at 1835 S. Bragaw St., on the 3<sup>rd</sup> floor.

#### Reminder...

When requesting TPL avoidance, remember to continue to bill your claim(s) with an EOB that has a valid denial for that benefit year until you are notified by FHSC that your TPL avoidance has been approved by the state. Do not hold claims.

You do not have to bill each claim to the TPL as long as you have a denial for that benefit year.

#### Useful Fax numbers:

- PA: 644-6831
- PI/Enrollment: 644-8127
- EPS: 644-8122
- Finance: 644-8120

#### Thursday, October 26, 2006, Teleconference

Physicians/Osteopaths/ANPs 10:00 am – 12:00 pm

#### Friday, October 27, 2006, Teleconference

Waiver Services 1:00 pm – 3:00 pm

#### Tuesday, October 31, 2006 Anchorage (3-day Intro. Training)

Intro to AK Medical Assistance 8:30 am – 12:00 pm

Eligibility 2:00 pm – 3:15 pm

Prior Authorization 3:30 pm – 5:00 pm

#### Wednesday, November 1, 2006, Anchorage

Remittance Advice 8:30 am – 10:30 am

Resubmission Turnaround Documents (RTD) 10:45 am – 12:00 pm

Appeals 2:00 pm – 3:30 pm

#### Thursday, November 2, 2006, Anchorage

Adjustments and Voids 8:30 am – 10:00 am

Transportation/Accommodation 10:15 am – 12:15 pm

## Electronic Billing

Providers have the option to bill electronically. You must have successfully tested for HIPAA compliant electronic transactions, have practice management software that supports the transactions, and have an information submission agreement on file with FHSC. You may contact FHSC's EMC/HIPAA coordinator or visit FHSC's website at <http://alaska.fhsc.com> for more information.

Be aware that any information entered in the "comments", "narrative", or "supporting documentation" field on your electronic claim form will cause the claim to pend for review. Some providers, for example, DME providers must enter information in this field for the claim to process. However, if you are entering extraneous information in this field, your claim will stop to review. An example of extraneous information in this field would be a procedure code description when the description is not needed.

### Unique Identification Numbers

**Reminder to providers that submit claims electronically:** Fax claim attachments the same day that you submit your claims. Enter a unique identification number of your choosing on each page of the attachment. Enter the unique identification number in the appropriate field on your claim form and write the unique identification number on the fax cover sheet. FHSC uses this unique identification number to match claim

## NPI: Get It. Share It. Use It.

**National Provider ID Number (NPI)** The deadline for providers submitting electronic transactions to begin using NPI exclusively is May 23, 2007. If you do not yet have an NPI, you can apply online at <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>.

The estimated time to complete the NPI application is 20 minutes. If you prefer a paper application, please call (800) 465-3203.

When applying for your NPI, CMS urges you to include your provider identification numbers, not only for Medicare, but for all payors. When reporting a Medicaid number, include the associated State name. This information is critical for payors in the development of crosswalks to aid in the transition to NPI.

**Getting an NPI is free – not having one can be costly.**

attachments. For more information, go to FHSC's website (<http://alaska.fhsc.com>), choose the **HIPAA** menu, and then choose **Companion Guide**.

## NPI: 7 Months & Counting

October 23<sup>rd</sup> marks 7 months remaining until the National Provider Identifier (NPI) compliance date. Do you have your NPI yet?

### Think You Don't Need an NPI? Think Again.

- Even those providers who do not bill for services may need to disclose their NPI number to those providers who do (e.g., physicians who order lab tests or refer patients for diagnostic testing must be identified on the lab's or testing facility's claims).
- Even if you plan to retire in April, but know that some of your claims will not be submitted until after the May 23<sup>rd</sup> compliance date, you still need an NPI. Without the NPI, those claims may be adversely affected, with payment delayed or possibly even denied.

### Reminder to Supply Legacy Identifiers on NPI Application

- CMS continues to urge providers to include legacy identifiers on their NPI applications. This will help all health plans, including Medicare, to get ready for May 23, 2007. If reporting a Medicaid legacy number, include the associated State name. If providers have already been assigned NPI numbers, CMS asks them to consider going back into the NPPES and updating their information with their legacy identifiers if they did not include those identifiers when they applied for NPI numbers. This information is critical for health plans and health care clearinghouses in the development of crosswalks to aid in the transition to the NPI.

As always, more information and education on the NPI can be found at <http://www.cms.hhs.gov/NationalProvidenceStand> on the CMS website. Providers can apply for an NPI online at <https://nppes.cms.hhs.gov> or can call the NPI enumerator to request a paper application at (800) 465-3203.

CMS continues to urge providers to include their current provider identification numbers on their NPI applications, not only for Medicare, but for all payors. If reporting a Medicaid number, include the associated State name. If you have already applied for your NPI, CMS will ask you to go back into the NPPES and update your information with your provider identification number. This information is critical for payors in the development of crosswalks to aid in the transition to the NPI.

## Medicare DME, Orthotics and Supply Suppliers

The Centers for Medicare and Medicaid Services (CMS) will be linking Medicare provider numbers with NPI numbers.

As mentioned in the paper *Medicare Expectations on Determination of Subparts by Medicare Organization Health Care Providers Who Are Covered Entities Under HIPAA*, **Medicare DME suppliers are required to obtain an NPI for every location.** The only exception to this requirement is the situation in which a Medicare DME supplier is a sole proprietor. A sole proprietor is eligible for only one NPI (the individual's NPI) regardless of the number of locations the supplier may have.

**COBA:**

To ensure successful COBA crossover claims remember to update your Medicare number with our Provider Enrollment unit and to enter your Medicaid Provider ID number in the appropriate fields on your Medicare claims. You can update your provider file by sending us your "Welcome to Medicare" letter or by sending in an RA with your Medicare EOB/MRN from within the past three months with a note for us to update your Medicare number in our provider files. Be sure to also indicate your Medicaid Provider identification number so we can update the correct provider file.

**Remember...**

When cancelling a PA please remember to call FHSC, as well as the State Travel Office (STO).

The requirement for Medicare DME suppliers to obtain NPI numbers for every practice location applies also to those Medicare DME suppliers who do not send electronic claims to Medicare. Federal regulations require the unique enumeration of every location of a Medicare DME supplier regardless of how claims are submitted. Remember, sole proprietors are eligible for only one NPI. Failure to comply with this requirement may result in delayed processing or the rejection of Medicare claims.

For more information on Medicare Subpart Expectations, please visit the Medicare Subpart Guidance Paper at:

<http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/Medsubparts01252006.pdf>

## Resubmission Turnaround Document (RTD)

Claims that are in Resubmission Turnaround Document (RTD) status on the in-process page of your Remittance Advice (RA) require some response from you as the provider.

Use the worksheet from the back of the RA when the claim went into RTD status to correct incomplete information or to attach additional information by the deadline on the worksheet. Sign and date the worksheet as it is an amendment of your original claim. *Send in only the RTD worksheet with any attachments*, as applicable. Your claim will not process until you respond and may be holding up the rest of your claim lines.

You are given 90 days to send your corrected RTD worksheet to First Health. If no response is received from you after 60 days, a 2<sup>nd</sup> notice letter is generated. You have 30 days from the receipt of the letter to respond. Remember, the deadline does not change. If no response is received by the deadline, the claim will deny for Edit 076 – RTD filing limit exceeded. If you receive the 076 denial, it is now too late to send in the corrected RTD worksheet. You must resubmit a **corrected** claim. You may need to backtrack 90 days to find the RA in which the claim went into RTD status to determine the reason for the RTD so that the appropriate corrections can be made.

Do not attempt to make an adjustment to a claim or to add a claim line to the RTD. RTDs are an opportunity for you to correct a claim so that it can continue to process.

## Behavioral Health Inpatient Providers

The newly revised Alaska Provider Information form is now available on FHSC's website at <http://alaska.fhsc.com>. Choose **Providers**, then choose **Behavioral Health**, then choose **Information**; the form is listed on the bottom of the page.

For your convenience, the form may be filled out online. Once completed, you may print the form and fax, mail, or email it to FHSC. The fax number is (907) 644-5998. The email address is [lyntashea@fhsc.com](mailto:lyntashea@fhsc.com). The mailing address is: First Health Services Corporation, Attention: Lyn Tashea, PO Box 240808, Anchorage, AK 99524-0808.

For more information contact Lyn Tashea at (907) 644-6800 or (800) 770-5650 (in state, toll-free).

**Reminder:** Write your Prior Authorization number on your claims for reimbursement if the service(s) required prior authorization and you did obtain the authorization. Services that require prior authorization are indicated in your billing manual or fee schedule.

#### Waiting on an Adjustment?

Be sure to write the correct CCN number on your claim form. Incorrect CCN numbers will hold up any adjustments you are expecting.

## Provider Records Requirements and Retention

A provider shall maintain records necessary to support the care and services for which payment is requested, and must retain those records for **at least seven years** from the date services were provided.

Be aware that some professional standards require record retention for longer periods of time. Records shall include:

- Patient information for each service provided, including the recipient receiving treatment; specific services provided; extent of service; date of each service; and individual who provided each service;
- Financial information for each service provided, including date of each service and charge; each payment source pursued; date and amount of all debit and credit billing actions; and amounts billed and paid;
- Clinical information pertinent to each service provided (according to applicable professional standards, applicable state and federal laws, applicable Alaska Medical Assistance provider billing manuals, and any pertinent contracts) to a patient for which services have been billed to Medical Assistance, identify the recipient's diagnosis; the medical need; each service, prescription, supply, or plan of care prescribed by the provider - including therapeutic services; and annotated case notes, dated and be signed or initialed by the individual who provided each service.

## Request for Records

At the request of a Department of Health and Social Services representative, an authorized federal representative, or another authorized representative, including an employee of the Department of Law, **a provider shall provide records free of charge**, including financial, clinical, and other records, which relate to the provision of goods or services on behalf of a recipient. A provider who maintains records in an electronic format shall ensure that the data is readily accessible.

## Adjustments and Voids

Only *paid* claims may be adjusted or voided; denied claims may be corrected and resubmitted. Allow up to three weeks for an adjustment or void to process before submitting a corrected claim.

There are two ways to refund an overpayment to Medical Assistance:

1. Send a completed adjustment/void form(s) *without* a refund check. The funds will be collected from future payments and will appear on future remittance advice statements.
2. Send a completed adjustment/void form(s) *with* a refund check attached for the refund to be applied to the corresponding claim(s) only.

#### **Important Reminder: Send adjustment/void form(s) and refund check together**

- If Medical Assistance receives the adjustment/void form(s) and refund check separately, the funds will be collected from future payments **and** the refund check will be deposited and reported as a refund only **without** being applied to the corresponding claims, therefore processing the refund amount twice.

### NEW DRUG CHANTIX

The new drug Chantix® (Varenicline) is now available for Medicaid reimbursement through pharmacies for tobacco cessation. It is available for a ninety day course of treatment when a recipient wants to quit, is receiving counseling and is not receiving a Nicotine Replacement Therapy. Chantix requires prior-authorization (PA) by prescribers from the First Health Map Desk by calling 1-800-331-4475. The PA form is available on First Health Services' Website at <http://alaska.fhsc.com/providers/updates/provupdates.asp> and selecting Tobacco Cessation Prior Authorization Request.

## Vaccine Update

The Alaska Division of Public Health's Vaccines for Children (VFC) Program provides most vaccine products, free of charge, to Alaska's healthcare providers for administration to Alaska residents. This program does not, however, currently offer the two newly licensed vaccines that have recently become available:

- Human Papillomavirus (PPV) vaccine
- Rotavirus vaccine

**IHS Clinics, Family Planning Clinics, Advanced Nurse Practitioners, Physicians**  
Medicaid/DKC will reimburse IHS clinics, family planning clinics, advanced nurse practitioners and physicians for these two vaccines when they are given to Medicaid/DKC-eligible recipients until such time that they are made available through Public Health's Vaccines for Children (VFC) Program.

Medicaid will reimburse up to \$142.50 per dose plus an administration fee for Gardasil(r), the Merck HPV vaccine. Reimbursement coverage is limited to eligible female recipients 9 through 20 years of age. The CPT code is 90649.

Medicaid also will reimburse up to \$79.69 plus an administration fee for RotaTeq(r), Merck's oral rotavirus vaccine. RotaTeq(r) is licensed only for infants 6-32 weeks of age. The CPT code is 90680.

### Rural Health Clinics (RHC), Federally Qualified Health Centers (FQHC)

In the case of RHC/FQHC providers, the department realizes that providing these new vaccines will result in increased cost, however, additional reimbursement for these new program costs can be considered only if a request for rate adjustment is made by the provider in accordance with 7 AAC 43.860 (j). The department's Office of Rate Review will consider requests that meet these regulatory requirements which state, in part, that the adjustment request must be made in writing and must include an analysis demonstrating that providing these vaccines will result in increased per visit cost of more than two and one-half percent.

Providers are encouraged to thoroughly review 7 AAC 43.860 (j) prior to requesting an adjustment.

## Hearing Services Providers

When billing for hearing devices using HCPC codes for binaural hearing aids, submit on the claim using one line indicating (1) in the unit field. Binaural relates to both ears. Claims billed for binaural HCPC codes using one line indicating (2) in the unit field are incorrect. Claims billed for binaural HCPC codes using two lines indicating a RT modifier for the right ear and a LT modifier for the left ear with a (1) in the unit field per line are incorrect.

When billing for postage cost reimbursement, use HCPC code V5299 which requires prior authorization. See regulation 7 AAC 43.927(i) for delivery and dispensing expenses reimbursement requirements. The claim must be submitted with the approved prior authorization number and postage invoice corresponding with the billed charge.

When billing for labor and repair cost reimbursement, use HCPC code V5014 for the repair cost attaching the manufacturer's invoice corresponding with the charge amount and HCPC code L7520 for the labor cost including the time spent in 15 minute increments. See regulation 7 AAC 43.927 (j) for labor and repair reimbursement requirements. Please remember to itemize billed charges when necessary and attach supporting documentation when required.

If you have questions, call the Provider Inquiry Unit at (907) 644-6800 locally or (800) 770-5650 selecting option 1 for Providers and option 1 again for Inquiry.

## Synagis Coverage For 06-07 Season

Synagis is covered for the 2006/2007 season when a prior authorization (PA) is obtained. The effective coverage dates include October 1, 2006 through May 31, 2007.

The prior authorization criteria for Alaska Medicaid and the First Health Pharmacy Help Desk at (800) 884-7387 for Synagis NDC's 60574411101, 60574411201, 60574411301, and 60574411401 indicates a first date of use for **October 1, 2006** and end date of **May 31, 2007**. A recipient may start Synagis between the ages of 0-2. During this time period a recipient may receive a total of *eight* injections and the recipient may receive these after two years of age until the treatment is completed.

Dosing for Synagis is calculated on the basis of weight at 15 mg/kg. Synagis is authorized to be used for patients from *0-2 years old* who were born premature less than or equal to 32 weeks or have Chronic Lung Disease or Congenital Heart Disease. Prophylaxis with Synagis for those infants born between 32 and 35 weeks should be reserved for those who are at the greatest risk of severe infection and who are younger than 6 months. In the premature patient, Synagis may be authorized for patients born between 32 and 35 weeks if two or more of the following risk factors are present:

- Child care attendance
- School-aged siblings
- Exposure to environmental air pollutants
- Congenital abnormalities of the airways
- Severe neuromuscular disease

**If patients do not meet the listed criteria, the provider may fax a paper PA with medical justification to First Health Services at (907) 644-8131, for further review.**