



First Health Services Corporation®

A Coventry Health Care Company



March 2007

Alaska Medical Assistance Newsletter

Volume 2, Number 3

First Health Services Corp.
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PA: 644-6831

PI/Enrollment: 644-8127

EPS: 644-8122

Finance: 644-8120

MARCH						
M	T	W	T	F	S	S
			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	

State of Alaska and First Health offices will be closed:

March 26 - Seward's Day

Seward's Day commemorates the signing of the treaty by which the United States bought Alaska from Russia for US\$7,200,000. The treaty was signed in the wee hours of the morning on March 30, 1867.

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.

NPI

WILL YOU BE READY?

Failure to prepare could result in a disruption in cash flow. Will you be ready to use your National Provider Identifier (NPI)? Time is running out! Providers covered under HIPAA must share their NPI with other providers that they do business with including referring physicians and consulting physicians.



To date, over 1.6 million providers have obtained an NPI. As of February 6, 2007, there have been 3,681 individual and 841 organizational National Provider Identifier numbers issued to providers in the state of Alaska. There are only two months and a few days left to implement the NPI into business practices prior to the compliance date. A recent survey of the health care industry, conducted by the Workgroup for Electronic Data Interchange (WEDI), indicates that providers should have already obtained an NPI and be focusing on implementation and testing with health plans and clearinghouses. If you have not obtained your NPI by now you should do so immediately so that you can begin the implementation and testing process.

Although time is running out, as far as compliance is concerned, according to the Centers for Medicare and Medicaid (CMS) there are enough NPI formatted numbers to enumerate health care providers in the United States for the next 200 years.

A new *Special Edition MLN Matters* article is now posted on the CMS Website with important NPI implementation information for Medicaid providers, as well as information that may be helpful for all health care providers. You can view this article by visiting <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0679.pdf> on the CMS Website.



New trainings are being offered for NPI this month. Please proceed immediately to page 5 of this newsletter to get the schedule.

Andrea Martone is the new Tribal EPS Coordinator at First Health. She comes from PI and has a lot of claims/provider experience.

False Claims Act Notables

In July 2006, a health care company paid the federal government \$900 million for billing violations that included false outlier payments to Medicare, kickbacks, upcoding and bill padding.

In October 2005, a nonprofit chain of hospitals agreed to pay \$265 million to settle a False Claims Act lawsuit dealing primarily with outlier Medicare payments.

Here is the 411 on CPT® Modifier 25

Medicare and Medicaid differ in that Modifier-25 is informational only for Medicaid, therefore, the modifier does not impact payment. Modifier-25 may only be used in conjunction with E/M codes. Do not use Modifier-25 with an E/M service that results in a decision to perform surgery.

The words *significant* and *separately identifiable* are used in the definition of Modifier-25. Synonyms are clear-cut, noticeable, measurable, sizable, substantial, considerable and weighty. One of the other components in using Modifier-25 is that whatever service is performed, it must be done by the same health care provider and on the same day.

Perhaps a good example would be a patient being seen for a *weekend warrior injury* such as a swollen ankle from tripping over a tree root during a hike. During the office visit while the customary history, exam and medical decision making are being conducted the patient is stung by a bee and has a serious reaction (but is manageable in the office). Bingo. This could be an example where Modifier-25 could be used.

Although documentation is not required to be submitted with the claim, it is extremely important that the health record reflect everything that occurred during the office visit.



Modifier 59

Has been referred to as the *Unbundling modifier*

A Code of a Different Color—Modifier 59

Modifier 59 is used to further clarify *distinct procedural services*. Do not attach the use of Modifier 59 to an E/M Code. The CPT® procedure code using Modifier 59 must be distinct or independent from any surgery or procedure encountered by the patient on the same day. Its use does not require a different diagnosis code and using a different diagnosis code is not adequate criteria for using Modifier 59. Do not use Modifier 59 if the second procedure was performed during the same session or on the same anatomical site and/or through the same incision as the primary service.

Now that we have defined what Modifier 59 is not, let's delve into what it is. Modifier 59 is best used when a patient has a service or procedure done and in addition to and on the same day a:

- different procedure/service is performed;
- different anatomical site or organ system is involved;
- separate incision/excision or separate lesion; or
- separate injury (or area of surgery in extensive surgeries) is worked on.

The modifier should be attached to the lesser or secondary service that was provided. When using Modifier 59, appropriate documentation in the health care record is absolutely vital. A very informative and helpful site is:

<http://www.cms.hhs.gov/manuals/downloads/clm104c23.pdf>

National Acronyms →

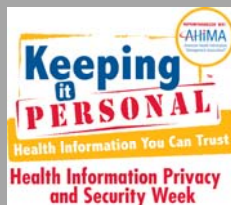
Glossary of Terms

Balanced Budget Act of 1997 (BBA): This act includes the permanent exclusion from participation in federal health benefit programs for those convicted of three health-care related crimes.

Corporate Integrity Agreement (CIA): A government mandated program for health care providers who have entered into a settlement agreement because of adverse findings of fraud and abuse upon investigation.

Department of Health and Human Services (HHS): The Medicare program administered by the Centers for Medicare and Medicaid Services (CMS).

Federal False Claims Act (FCA): This act prohibits anyone from *knowingly* presenting a false/fraudulent claim for payment from the government. The act further defines *knowingly* as having actual knowledge of the false information, acting in deliberate ignorance of the truth or falsity of information, or acting in reckless disregard of the truth or falsity of information.



Health Information Privacy & Security Week

The Health Information Privacy and Security Week will be April 8 through 14. This event is sponsored by the American Health Information Management Association (AHIMA) and is designed to raise awareness among health care professionals, their employers, and the public of the importance of protecting the privacy, confidentiality, and security of personal health information.

<http://www.ahima.org/hipsweek/>

On the Health Super Highway

A few Websites that are recommended by the American Association of Retired Persons (AARP) are:¹ <http://www.aarp.org/health>; American Cancer Society <http://www.cancer.org>; American Diabetes Association <http://www.diabetes.org>; American Heart Association <http://www.americanheart.org>; Centers for Disease Control <http://www.cdc.gov>; Clinical Trials <http://www.clinicaltrials.gov>; Family Doctor <http://www.familydoctor.org>; Healthfinder <http://www.healthfinder.org>; KidsHealth <http://www.kidshealth.org>; Mayo Clinic <http://www.mayoclinic.com>; Medem <http://www.medem.com>; National Cancer Institute <http://www.cancer.gov> and WebMD <http://www.webmd.com>. Health care providers may want to visit some of these sites on occasion if for no other reason than to be aware of what the general public (and therefore patients/clients) may be viewing.

Sites that are specifically helpful to providers are:

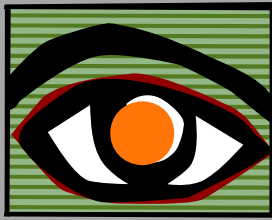
<http://alaska.fhsc.com>
First Health Services Corporation

[http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac/query=\[jump!3A!27title7chap43!27\]/doc/{@33815}](http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac/query=[jump!3A!27title7chap43!27]/doc/{@33815})
State of Alaska Administrative Codes

<http://www.cms.hhs.gov/apps/acronyms/>
Common Medical Acronyms

<http://www.cms.hhs.gov/NationalProvdentStand/>
NPI

1. David Kushner, "Well Connected Finding Trustworthy Info Online," AARP, March/April, 2007.



CPT[®] More Than Meets the Eye

The first CPT[®] was published in 1966 by the AMA. The time had come for the U.S. to have a more efficient system and standardized terms for documenting procedures in health records.

Appendix C in the current 2007 CPT lists a minimum of 16 examples for using E/M codes 99201-99255 and may prove useful and possibly interesting to providers. Of course, you would not assign codes from the clinical examples but this appendix may provide you with a further understanding of E/M codes and their purposes.

Appendix D contains a comprehensive list of the deleted 2006 CPT codes with crosswalks to the corresponding 2007 CPT codes.



Part D—Excluded Drugs

CMS has clarified their Medicaid payment rules relating to Part D excluded drugs that are covered by a Part D plan. Effective immediately, any Part D excluded drug claims for which the Part D Plan has made a payment can be submitted to Alaska Medical Assistance as a Coordination of Benefits (COB) claim. The payment made by the Part D plan for the excluded drug must be reported in the COB segment. Alaska Medical Assistance will deduct the Part D plan payment from the Medicaid-allowed amount to determine correct payment. This process is similar to that used for other types of third-party insurance coverage.

If you have outstanding balances for Part D-excluded drug claims where a payment has been received from a Part D plan, and the client is both Medicare Part D- and Medicaid-eligible, you may submit these claims to Alaska Medical Assistance.

2007 Fee Schedules Are Available

The FHSC Website has been updated with the fee schedules listed below. They can be found at:

<http://alaska.fhsc.com/> → Providers → Lookups → Fee Schedule.

- Advanced Nurse Practitioner/Nurse Midwife
- Chiropractic
- Direct Entry Midwife
- EPSDT
- Family Planning Clinic
- Hearing Services (Audiologist and Hearing Aid Dealers)
- Independent Laboratory Services
- Independent Physical Therapist
- Occupational Therapy
- Outpatient Therapy
- Physician
- Podiatry
- Speech Pathologist
- Vision

The online lookup for Physician Fee Schedules appears at the bottom of the Fee Schedule page on the Website (listed above).

2007 March Training Schedule

NPI Training

Anchorage

First Health Services
1835 Bragaw Street, Third Floor

Monday 3/12/07
Thursday 3/15/07

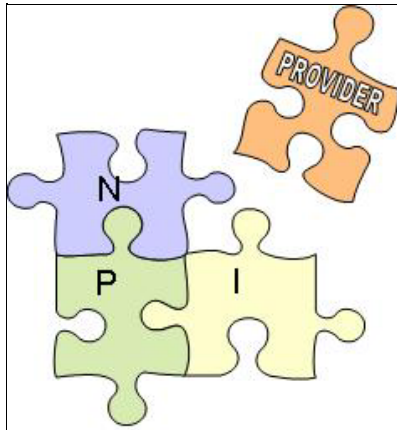
1:30 p.m.-4:30 p.m.
1 p.m.-4 p.m.

Juneau

State Office Bldg., 9th Floor, Rm. A

Wednesday 3/14/07

9:45 a.m.-12:45 p.m.



Class Locations:

March 20-23

First Health
1835 S. Bragaw, 3rd Floor
Anchorage, AK

Introductory Classes/In-Depth

Anchorage [Four-Day Classes]

Day 1 March 20

Introduction to Alaska Medical Assistance

8:30 a.m. – 12 p.m.

Eligibility

2 p.m. – 3 p.m.

Guidelines for Recordkeeping and Potential Audits

3:15 p.m. – 4:15 p.m.



Care Management Program

4:30 p.m. – 5:30 p.m.

Day 2 March 21

Adjustments and Voids

8:30 a.m. – 9:30 a.m.

Remittance Advice

9:45 a.m. – 10:45 a.m.

Resubmission Turnaround Documents (RTDs)

11 a.m. – 12 p.m.

Completing Claim Forms: CMS-1500

2 p.m. – 3 p.m.

Completing Claim Forms: UB-04

3:15 p.m. – 4:15 p.m.

Edit Resolution

4:30 p.m. – 5:30 p.m.

2007 March Training Schedule (con't)

Anchorage

Day 3 March 22

Electronic Transactions 

8:30 a.m. – 9:30 a.m.

Prior Authorization (PA)

9:45 a.m. – 10:45 a.m.

Appeals

11 a.m. – 12 p.m.

Transportation and Accommodation

2 p.m. – 3 p.m.

Dental

3:15 p.m. – 5:30 p.m.

Day 4 March 23

Mental Health/Substance Abuse

8:30 a.m. – 11 a.m.

Waiver Services

11:15 a.m. – 3:15 p.m.

Inpatient/Outpatient Hospitals

3:30 p.m. – 5:30 p.m.

Fairbanks [Four-Day Classes]

Day 1 March 20

Introduction to Alaska Medical Assistance

8:30 a.m. – 12 p.m.

Eligibility

1:30 p.m. – 2:30 p.m.

Guidelines for Recordkeeping and Potential Audits 

2:45 p.m. – 3:45 p.m.

Care Management Program

4 p.m. – 5:30 p.m.

Day 2 March 21

Adjustments and Voids

8:30 a.m. – 9:30 a.m.

Remittance Advice

9:45 a.m. – 10:45 a.m.

Resubmission Turnaround Documents (RTDs)

11 a.m. – 12 p.m.

Completing Claim Forms: CMS-1500

1:30 p.m. – 2:30 p.m.

March 20-23

Pike's Waterfront Lodge
1850 Hoselton Drive
Fairbanks, AK

2007 March Training Schedule (con't)

Fairbanks [Four-Day Classes]

Day 2 March 21 (continued)

Completing Claim Forms: UB-04

2:45 p.m. – 3:45 p.m.

Edit Resolution

4 p.m. – 5:30 p.m.

Day 3 March 22

Electronic Transactions

8:30 a.m. – 9:30 a.m.



Prior Authorization (PA)

9:45 a.m. – 10:45 a.m.

Appeals

11 a.m. – 12 p.m.

Transportation and Accommodation

1:30 p.m. – 2:30 p.m.

Dental

2:45 p.m. – 4:45 p.m.

TPL Avoidance

5 p.m. – 5:30 p.m.

Day 4 March 23

Mental Health/Substance Abuse

8:30 a.m. – 11 a.m.

Waiver Services

11:15 a.m. – 2:45 p.m.

Inpatient/Outpatient Hospitals

3 p.m. – 5:30 p.m.

Teleconferences

March 28 **Electronic Transactions**

10 a.m. – 11 a.m.

March 30 **Dental**

1 p.m. – 3 p.m.

