



**First Health
Services Corporation®**

A Coventry Health Care Company



April 2007

Alaska Medical Assistance Newsletter

Volume 2, Number 4

First Health Services Corp.
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| APRIL | | | | | | |
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April 2 Full Moon

Suggestions for future
newsletter topics may be
emailed to:

katiegreen@firsthealth.com

Useful Fax numbers:

PA: (907) 644-6831

PI/Enrollment: (907) 644-8127

EPS: (907) 644-8122

Finance: (907) 644-8120

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 Important Update

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 was required as of April 1, 2007 with a transition period commencing prior to that date, however, it has recently come to our attention that incorrectly formatted versions of the revised CMS-1500 form (08/05 version) are being sold by print vendors. CMS has decided to extend the acceptance period of the CMS-1500 form (12/90 version) beyond the original April 1, 2007 deadline, while this situation is being resolved. The new deadline is tentatively rescheduled for June 1, 2007. For more information on how to identify whether the versions of the CMS-1500 you may have purchased are based on the correct set of data specifications, please refer to the NUCC website at <http://www.nucc.org>.

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. 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.

Fraud Alert

In February, an audit was conducted by the Office of Inspector General (OIG) to determine whether 100 air ambulance claims for which a provider received payment during calendar year 2002 were allowable in accordance with Medicare reimbursement requirements.



Fraud Alert (Continued)

The Medicare program was improperly billed for air ambulance services for 24 of the 100 sample claims, resulting in Medicare overpayments totaling \$15,183 during calendar year 2002. Specifically, the improper billing was for air transportation that was not documented as medically necessary and appropriate (14 claims), mileage beyond the nearest hospitals with appropriate facilities to treat the patients (6 claims), inaccurate mileage (3 claims), and rotary wing transport when fixed wing transport was provided (1 claim).

The OIG recommended that the provider refund the \$15,183 in overpayments to Medicare. The provider stated that it had a physician perform a medical review of the improperly billed claims and disagreed with two of the four findings: (1) air transportation that was not documented as medically necessary and appropriate and (2) mileage beyond the nearest hospital with appropriate facilities to treat the patient. The provider produced a summary of the physician's review, but did not provide additional medical records to support its position. The OIG continues to believe that the provider owes the entire \$15,183. Note: Having the appropriate documentation to support correct coding in patient health records cannot be stressed enough.



Important Reminders for Adult Enhanced Dental Services:

Effective April 1, 2007

Prior Authorization is Required

\$1,150 Cap per State Fiscal Year

A New Reason to Smile

Enhanced Adult Dental Services:

Effective April 1, 2007, Alaska Medical Assistance will cover preventative and restorative services for eligible Alaska Medicaid adults. Prior Authorization is required to make use of the new Enhanced Adult Dental Services. The recipients are allowed \$1,150 per fiscal year. Because the state fiscal year runs from July 1 to June 30, recipients will need to make swift use of the 2007 amount prior to July 1, 2007. If the \$1,150 for 2007 is not used, it will not carry over to the following year. Beginning July 1, 2007 to June 30, 2008 recipients will be eligible to receive \$1,150 for Enhanced Adult Dental Services for the 2008 fiscal year.

It is hoped that Dental Providers will bill First Health promptly to allow accurate tracking of the recipient's \$1,150 fiscal cap and the planning/scheduling of additional dental services.

Any dental work that is done that exceeds the \$1,150 for Enhanced Adult Services will be the responsibility of the recipient. If the procedure exceeds the \$1,150 cap, the recipient can be billed the balance of the Medicaid reimbursement rate. *However*, if the recipient has utilized the full \$1,150 and has no cap left, any subsequent procedures will be the responsibility of the recipient. They can be billed the full rate; *not* the Medicaid reimbursement rate.

The Enhanced Adult Services program will cover the following services or procedures up to the limit of \$1,150:

- (1) diagnostic examination or radiographs necessary for routine dental care;
- (2) preventive care, including
 - (A) prophylaxis, including necessary scaling, polishing, and instructions;
 - (B) topical fluoride application; and
 - (C) an anterior removable space maintainer;

Enhanced Adult Dental Services (con't)

Prior Authorization Numbers

Telephone: (800) 994-7934

Telephone: (907) 644-5997

Facsimile: (907) 644-9861

Provider Inquiry:

(800) 770-5650

- (3) restorative care, including amalgams, resins, stainless steel crowns, and full crowns for restoration of decayed or fractured teeth; temporary restorations, cement bases, and local anesthesia are considered components of a complete restorative procedure and may not be billed separately;
- (4) endodontics, with the following limitations:
 - (A) palliative and sedative treatments may not exceed two times per tooth before a definitive treatment;
 - (B) pulp capping must be necessary for a direct pulp cap of an exposed pulp of a permanent tooth;
 - (C) root canal therapy must include tooth preparation, filling of the root canal, and follow-up;
 - (D) a separate claim may be made for pin retention and restoration, not to exceed five surfaces per tooth;
- (5) periodontics, including treatment of pain or acute infection of supporting tissues of the teeth, including gingivitis, periodontitis, and periodontal abscess;
- (6) prosthodontics, including complete or partial dentures and denture repair or relines; the department will pay for replacement of complete or partial dentures only once per five calendar years;
- (7) oral surgery; local anesthesia, materials, and routine post-operative care are considered components of a complete surgical procedure and may not be billed separately;
- (8) professional consultation, if medically necessary or as requested by the department.

For a PDF of the regulations see:

<http://www.hss.state.ak.us/publicnotice/PDF/192.PDF>

Enhanced Dental Services Caveat

7 AAC 43.625
New Section



Under the Enhanced Adult Dental Services program, providers may bill a recipient for the difference between the full reimbursement and the amount remaining in the recipient's annual limit if the annual limit would provide less than the full reimbursement for the service.

If a recipient's annual limit of \$1,150 has already been reached or if the amount due will cause their annual limit to be exceeded, providers need to inform them prior to performing the procedure of the recipient's obligation to pay for the service. Notification that this information was conveyed to the recipient and that the recipient agreed to pay for any balance above the allowed \$1,150 must be documented in the recipient's personal health record.

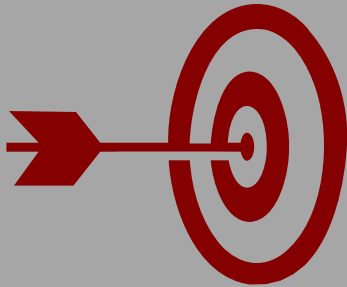
If the provider has a policy to charge recipients for missed appointments, the provider may charge the recipient, however, the recipient is responsible for payment. Missed appointments are not covered by Medicaid.



Emergent Dental Services

Emergent dental services do not count against the \$1,150 cap, however, there are 11 services that were previously covered under emergent care but will now be counted under the cap. They include the following:

- D0240 intraoral - occlusal film
- D2140 amalgam - one surface, primary or permanent
- D2150 amalgam - two surfaces, primary or permanent
- D2330 resin-based composite - one surface, anterior
- D2331 resin-based composite - two surface, anterior
- D2391 resin-based composite - one surface, posterior
- D2392 resin-based composite - two surface, posterior
- D7471 removal of lateral exostosis (maxilla or mandible)
- D7472 removal of torus palatinus
- D7485 surgical reduction of osseous tuberosity
- D7972 surgical reduction of fibrous tuberosity



Get It
Share It
Use It

NPI: Are You On Target?

Attention all covered health care providers! Do you have your NPI(s)?

May 23, 2007, is less than two months away. This is the date by which covered health care providers must begin using their new NPIs and may no longer use existing Medicaid Provider ID number. Providers may, however, begin using their NPIs NOW!

Time is running out! Get your NPI now if you have not done so already. It's easy and it's free!

Have you shared your NPI(s) with Alaska Medicaid?

As a covered health care provider, you must share your NPI(s) with Alaska Medicaid. If your NPI(s) is not received, Alaska Medicaid will be unable to pay your claims.

Covered health care providers need to protect their National Provider ID (NPI) from fraud and abuse, however, providers must share their NPI(s) for referrals, consults, orders, prescriptions as well as hospitals, nursing facilities, offices for which you are the attending, operating, or rendering provider and with any clearinghouses you use. Please use the link below for the Centers for Medicare and Medicaid Services (CMS) updated website and read the guidance document they have provided.

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

If you still have questions, don't be shy. We are here to help! Please visit us at: <https://alaska.fhsc.com/providers/menuNPI.asp>. Additional information is also available from CMS at: <http://questions.cms.hhs.gov/>

Hysterectomy Consent Forms

PART I

This hysterectomy (is not being) (was not) performed solely for the purpose of rendering _____ permanently incapable of reproducing, and
 (patient's name)
 this hysterectomy (would be) (would have been) performed even without the purpose of rendering _____ permanently incapable of reproducing
 (patient's name)
 because of: _____

Physician's Signature

Date

A hysterectomy consent form was not obtained because:

1. The patient _____ was sterile before this procedure because of:
 (patient's name) _____
2. It was a life-threatening emergency and prior acknowledgement could not be obtained.
 The emergency was: _____

Physician's Signature

Date

PART II

I told _____ and her representative _____ both
 (patient's name) (if one is present)
 orally and in writing, that a hysterectomy will render her permanently incapable of reproducing.

Signature: _____

Person Obtaining Surgical Consent

Date

PART III

I have received and understood both oral and written information explaining that a woman undergoing a hysterectomy will be permanently incapable of having children after the operation. I was informed of this before my surgery was performed.

Signature: _____

Patient

Date

If You Complete This Section

Do Not Complete These Sections

The second paragraph of this form, (in Part 1) is mutually exclusive of Part II and Part III and it is incorrect to complete both parts of this consent form.

2007 April Training Schedule

Class Location:

April 3-6, 2007

First Health Services
1835 S. Bragaw, 3rd Floor
Training Room

Introductory Classes/In-Depth

Anchorage [Four-Day Classes]

Day 1 April 3, 2007

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 April 4, 2007

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.

Day 3 April 5, 2007

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 April 6, 2007

Audiology

8:30 a.m. – 11 a.m.

Anchorage [Day 4 April 6 Continued]

Durable Medical Equipment

1 p.m. – 2:30 p.m.

Physicians/Osteopaths/ANPs

2:45 p.m. – 5:30 p.m.

April 17-20, 2007

LOCATION:

Samuel Simmonds
Memorial Hospital
1296 Aqvik Street

Barrow [Four-Day Classes]

Day 1 April 17, 2007

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 April 18, 2007

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.

Completing Claim Forms: UB-04

2:45 p.m. – 3:45 p.m.

Edit Resolution

4 p.m. – 5:30 p.m.

Day 3 April 19, 2007

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.

Barrow [Day 3 April 19, 2007 Continued]

Dental
2:45 p.m. – 4:45 p.m.

TPL Avoidance
5 p.m. – 5:30 p.m.

Day 4 April 20, 2007

IHS Manual Overview/Website Demonstration
8 a.m. – 10 a.m.

Mental Health/Substance Abuse
10:15 a.m. – 2:15 p.m. (will break for lunch)

Workplace Visitation/Issue Resolution per site
2:30 p.m. – 5 p.m.

April 24-27, 2007

LOCATION:

Mat-Su Regional
Medical Center
Talkeetna Room

Wasilla [Four-Day Classes]

Day 1 April 24, 2007

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



Care Management Program
4 p.m. – 5:30 p.m.

Day 2 April 25, 2007

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.

Completing Claim Forms: UB-04
2:45 p.m. – 3:45 p.m.

Edit Resolution
4 p.m. – 5:30 p.m.

Day 3 April 26, 2007

Electronic Transactions



Prior Authorization (PA)
9:45 a.m. – 10:45 a.m.

Appeals
11 a.m. – 12 p.m.

Wasilla [Day 3 April 26, 2007 Continued]

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 April 27, 2007

Audiology

8:30 a.m. – 11 a.m.

Durable Medical Equipment

12:30 p.m. – 2 p.m.

Physicians/Osteopaths/ANPs

2:15 p.m. – 5:30 p.m.



Teleconference

April 13, 2007

Direct Entry Midwife

10 a.m. – 12 p.m.

Class Location:

April 11 and 13, 2007

First Health Services
1835 S. Bragaw, 3rd Floor
Training Room

Anchorage

April 11, 2007

Direct Entry Midwife

10 a. m. – 12 p.m.

Electronic Transactions

10 a. m. – 11 a.m.

April 13, 2007

Dental

1 p. m. – 3 p.m.