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Alaska Medical Assistance Newsletter

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State of Alaska offices will be closed on Oct. 18, Alaska Day, but FHSC will remain open.

Useful Fax numbers:
PA: 644-8131
PI/Enrollment: 644-8127
EPS: 644-8122
Finance: 644-8120
Attachments: 644-8122 or 644-8123

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.

Tamper-Resistant Prescription Form

The federal tamper-resistant prescription form requirement has been delayed until 4/1/08.



Synagis®: Safeguarding the Littlest Lungs



It's October, and cold and flu season will soon be upon us. For providers, that means that Synagis® season will soon be upon us, too. Filing methods have changed a little since last year, so here are the updated procedures.

Respiratory Syncytial Virus (RSV), a common virus that causes mild cold-like symptoms, can also escalate into persistent coughing and respiratory symptoms in susceptible individuals. According to the manufacturer of Synagis®, RSV is the leading cause of infant hospitalization in the United States, resulting in 125,000 admissions and 500 childhood deaths.

Synagis® (palivizumab) is a prescription medication that has been proven to help prevent serious RSV infection in high-risk babies and young children. Synagis® has been used in over 900,000 children in the U.S. since its introduction in 1998. It is given as a shot, usually in the thigh muscle, each month during the RSV season. The first dose should be given before RSV season begins.

For manufacturer information, visit: <http://www.synagis.com>.

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The drug Synagis® requires prior authorization (PA) for approval. A prior authorization form may be downloaded from the department's website at:

<http://hss.state.ak.us/dhcs/pharmacy/medpriorauthoriz.htm> and faxed to First Health Services MAP Desk at (888) 603-7696. Prior authorizations may be initiated before the start of the season.

Synagis® is authorized for patients from birth through two years of age who were 32 weeks or less at birth or have Chronic Lung Disease or Congenital Heart Disease. Treatment with Synagis® should be reserved for infants younger than six months of age and at greatest risk of serious infection.

The recipient may start Synagis® anytime before the second birthday and receive up to eight injections. If the series is begun before age two, treatment may continue past that age until it is completed. It may be authorized for those between 32 and 35 weeks at birth if two or more of the following risk factors are present:

- Child care attendance
- School-aged siblings
- Exposure to environmental air pollutants (tobacco smoke)
- Congenital abnormalities of the airways
- Severe neuromuscular disease
- Household crowding (seven or more household members)
- Multiple births – recipient is part of twins, triplets, etc.
- Birth weight less than 2,500 grams
- Lack of running water

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.



The Appeals Process in a Nutshell



If a reimbursement payment to a provider is denied or reduced either for noncoverage or for recovery of an overpayment, that provider has the right to appeal. Due dates are strictly adhered to; if the appeal is not received on time, it will not be considered.

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Before appealing, the provider is encouraged to try other methods of resolution, such as correcting errors on a paid claim or correcting and resubmitting a denied claim within the timely filing period.

Pre-Appeals

This process is available only for services that providers feel are exceptions to current Medical Assistance policies or editing which would normally be applied and result in denial or reduction of payment. To utilize this process, submit the claim with appropriate documentation that supports the exceptional circumstances to:

First Health Services Corporation
Attention: Pre-Appeal Review
Post Office Box 240808
Anchorage, AK 99524-0649

To prevent confusion with routine correspondence, the claim and supporting documentation are to be submitted by mail with a cover sheet clearly marked "Pre-Appeal Review," or the provider may use the Provider Appeal form. Providers will be notified of the outcome in a future Remittance Advice statement after the claim is processed.

First Level Appeals

A provider may submit a first level appeal of a denied or reduced claim within 180 days of the date from the timely filed claim remittance advice, except for an appeal of recoupment of overpayment, which must be appealed within 60 days of the date of the notice. Appeals filed late will not be considered.

The first level appeal package must include:

- A written first level appeal request specifying the basis for challenging the decision;
- Any supporting documentation;
- A copy of the challenged claim, including any attachments;
- A copy of the remittance advice;
- If applicable, an adjustment or void request completed by the provider correcting the information with the original claim.

First level appeals may be requested for a number of reasons, most prominently: late filing, failure to precertify service, recoupment of overpayment, and disenrollment from Medicaid.

If the claim was denied because it was filed late, it will be paid if the department determines that:

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- The department erred on a claim previously submitted by the provider for the same service to the same recipient on the same day;
- The claim was filed but not processed; or
- The provider had good cause for filing late. “Good cause” means a condition beyond the provider’s control, such as fire, flood, earthquake, or weather conditions that caused mail or travel delay. **Please note that a provider’s staffing deficiency does not constitute good cause.**

A provider appealing denial for noncertification must also include the patient’s medical record to support the need for hospital admission or length of stay, along with a copy of the original noncertification notice and attachments. The appeal must be submitted within 180 days of the denial of certification.

A provider may appeal disenrollment from Medicaid unless it is for one of the reasons listed in 7 AAC 43.950. The first level appeal must be filed within 180 days of the decision to disenroll the provider from Medicaid. Submit first level appeals to First Health Services Corporation, Attn: Appeals, P.O. 240808, Anchorage, AK 99524-0808.

Second Level Appeals

Second level appeals must also be in writing and must be postmarked within 60 days of the date of the first level decision or within 60 days of the adverse enrollment or Prior Authorization decision. Second level appeals filed after that date will not be considered. Include a copy of the first level appeal decision, a copy of the claim denial or payment notice, a copy of the submitted claim, and relevant supporting documentation. Providers will be notified in writing of second level appeal decisions. Submit second level appeals to the appropriate office for the provider type, as outlined in *Section III* of the provider billing manual.

Please note that if a first level appeal is denied because it was filed late, a second level appeal will not be considered.

For further information, refer to 7 AAC 43.083 - 7 AAC 43.087 of the Alaska Administrative Code, which can be found online at: <http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac/query=medicaid+appeals/doc/{@34181}>

Please refer to your Alaska Medicaid Provider Billing manual for helpful information about appeals. Also, First Health provides Medicaid training throughout the year that includes all levels of appeals. To view training schedules and register for training classes, please go to First Health’s website <http://alaska.fhsc.com>. Choose “Training” and then choose “Teleconference Materials.”



J-Code Billing Change Effective Jan. 2008



Starting January 1, 2008, all J-code drugs administered in a clinical setting which are billed with a HCPCS value and unit must include the:

- National Drug Code (NDC),
- Units of measurement, and
- Numeric quantity administered (the actual metric decimal quantity) regardless of claim submission format,
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in order to be considered for payment by Alaska Medicaid. This requirement extends to outpatient hospital billers as well as professional claims billers, and it includes crossover claims. The Deficit Reduction Act of 2005 mandates that Medicaid collect rebates for drugs administered in a clinical setting.

A current listing of the manufacturers that have signed rebate agreements can be found on the CMS website:

http://www.cms.hhs.gov/MedicaidDrugRebateProgram/10_DrugComContactInfo.asp.

Drugs administered in a clinical setting are payable by Alaska Medicaid only when NDCs are rebatable. A list of the top twenty multiple source drugs can be found on the CMS website:

<http://www.cms.hhs.gov/DeficitReductionAct/Downloads/Top20PhysiciansAdministered.pdf>.

Claim submission specifics can be found at <http://www.nucc.org/> as well as at <https://alaska.fhsc.com/> → Providers → Updates → New CMS 1500 Claim Form Instructions-Set A, B or C → 24A-G Supplemental Information.

More information will be provided as it becomes available.



Transportation Providers: A Clarification

When an Alaska Medicaid recipient must travel to another location for medical care, Medicaid will pay for taxi service in the city of destination but not in the city of origin.



For instance, if a Bethel patient flies to Anchorage for medical tests, the driver in Anchorage will be reimbursed but the driver in Bethel will not. If an Anchorage patient flies to Seattle for surgery, the Seattle driver will be reimbursed but the Anchorage driver will not.

A high percentage of claims are denied because many transportation providers are unaware of this policy.



Billing Reminders for Dental Providers



- ***Enhanced adult dental services require Prior Authorization (PA). The PA number must be placed in the appropriate Prior Authorization field on your claims.***

- PAs must be submitted on the Medicaid Prior Authorization Request form. Do not use claim forms for Prior Authorization requests.
- Dental providers are still required to place Medicaid Contract ID (MCI) numbers in the appropriate field on claims until further notice.
- Surface codes and tooth codes must be added to procedure codes that require them.
- The seat date must be billed as the date of service for bridges, crowns and dentures.



Provider Billing Training Schedule

For training locations other than Anchorage, providers should *print their training materials in advance of the class* and bring them along. Training materials are available to download from the First Health website <http://alaska.fhsc.com>. (Choose “Training” and then choose “Teleconference Materials.”)

Valdez

Introductory/In-Depth Classes in Valdez October 9-12

Day 1 **October 9, Tuesday**

8:30 a.m.	Introduction to Alaska Medical Assistance
1:30 p.m.	Eligibility
2:45 p.m.	Guidelines to Record Keeping and Potential Audits
4:00 p.m.	Care Management

Day 2 **October 10, Wednesday**

8:30 a.m.	Adjustments and Voids
9:45 a.m.	Remittance Advice
11:00 a.m.	Resubmission Turnaround Documents
1:30 p.m.	CMS-1500 Claim Form Completion
2:45 p.m.	UB-04 Claim Form Completion
4:00 p.m.	Edit Resolution

Day 3 **October 11, Thursday**

8:30 a.m.	Electronic Transactions
9:45 a.m.	Prior Authorization
11:00 a.m.	Appeals
1:30 p.m.	Transportation and Accommodations
2:45 p.m.	Dental Services
4:00 p.m.	TPL Avoidance

Day 4 **October 12, Friday**

8:30 a.m.	Physician Services
1:00 p.m.	Waiver Services
3:15 p.m.	Mental Health Services

The Valdez training will be held at the Civic Center Conference Room, 110 Clifton Drive.

Fairbanks

In-Depth Classes in Fairbanks October 17-19

Day 1 October 17, Wednesday

- 8:30 a.m. Physician Services
- 1:00 p.m. Hearing Services
- 3:45 p.m. Durable Medical Equipment

Day 2 October 18, Thursday

- 8:30 a.m. Long Term Care
- 11:15 a.m. Outpatient Therapies
- 3:00 p.m. Personal Care Assistant Services

Day 3 October 19, Friday

- 8:30 a.m. UB-04 Claim Form Completion
- 9:45 a.m. Inpatient/Outpatient Hospital Services

The Fairbanks training will be held at the Spring Hill Suites, 575 1st Avenue

Anchorage

In-Depth Classes in Anchorage October 24

- 9:00 a.m. Dental Services
- 3:00 p.m. Dental Services

The Anchorage training will be held at First Health Services, 1835 S Bragaw, 3rd floor training room.

Anchorage

In-Depth Classes in Anchorage October 29

- 9:00 a.m. Dental Services
- 11:00 a.m. CMS-1500 Claim Form Completion
- 2:00 p.m. UB-04 Claim Form Completion

The Anchorage training will be held at First Health Services, 1835 S Bragaw, 3rd floor training room.

Anchorage

Introductory/In-Depth Classes in Anchorage October 30-November 1

Day 1 **October 30, Tuesday**

8:30 a.m. Introduction to Alaska Medical Assistance
2:00 p.m. Eligibility
3:15 p.m. Guidelines for Recordkeeping and Potential Audits
4:30 p.m. Care Management Program

Day 2 **October 31, Wednesday**

8:30 a.m. Adjustments and Voids
9:45 a.m. Remittance Advice
11:00 a.m. Resubmission Turnaround Document (RTD)
2:00 p.m. CMS-1500 Form Completion
3:15 p.m. UB-04 Form Completion
4:30 p.m. Edit Resolution

Day 3 **November 1, Thursday**

8:30 a.m. Electronic Transactions
9:45 a.m. Prior Authorization (PA)
11:00 a.m. Appeals
2:00 p.m. Transportation and Accommodations
3:15 p.m. Dental Services

The Anchorage training will be held at First Health Services, 1835 S Bragaw, 3rd floor training room.