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Alaska Medical Assistance Newsletter

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NOVEMBER						
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State of Alaska offices will be closed on Monday, Nov. 12, in observance of Veteran's Day. First Health Services will remain open.

State of Alaska and FHSC offices will be closed on Nov. 22, Thanksgiving Day.

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.

Why Patients Don't Listen to Their Doctors

A 2007 Harris Poll, conducted for the Wall Street Journal, reveals that a large majority of patients decide that their physicians are either over-treating or under-treating them – and then disregard their orders accordingly.



A total of 73 percent of respondents, in fact, feel that the treatments they receive for an ailment are sometimes too many or too aggressive, while 83 percent feel that their treatments are sometimes too few or less aggressive than appropriate.

Regarding perceived over-treatment, 43 percent express concern about this while 57 percent, although they see their treatments as too many or too aggressive, are not very concerned.

In response to this perceived over-treatment, participants in the study admit to having taken the following actions:

- Not filling a prescription - 27%
- Getting a second opinion - 20%
- Not getting a recommended diagnostic test - 13%
- Not getting a recommended surgical procedure - 7%
- Changing doctors - 7%

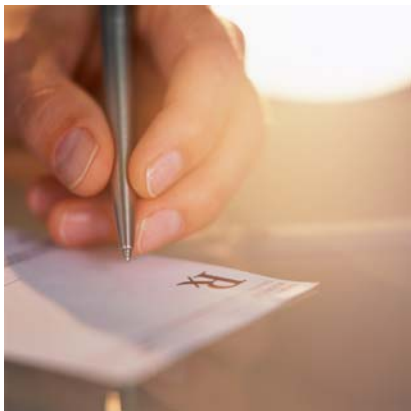
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Of respondents who chose to forego recommended treatment, the most frequent consequence mentioned was lost time from work or school, followed by emergency room visits, hospitalization, and other complications. No negative results, however, were reported by 89 percent of respondents.

Why do patients think their doctors are over-treating them? Over half (52 percent) believe it is to protect themselves from malpractice lawsuits. Almost half (44 percent) say it is to meet patients' demands, while 41 percent think it is to make more money. Over a quarter (27 percent) see doctors as victims of misleading information from drug or medical device companies, and 25 percent blame fast and easy decisions and faulty diagnoses. Just 13 percent say doctors over-treat in an effort to give their patients more reason for hope.

For a closer look at this study, visit:

http://www.harrisinteractive.com/news/newsletters/wsjhealthnews/HSI_WSJ_HealthCarePoll_2007_v06_i05.pdf.



A Pharmacist's Guide to Prescription Fraud

The following article is excerpted from the U.S. Drug Enforcement Agency Office of Diversion Control's brochure of the same name. It was originally published in February 2000. To view other brochures in Diversion Control's very informative series, visit:

<http://www.deadiversion.usdoj.gov/pubs/brochures/index.html>.

Types of Fraudulent Prescriptions

Pharmacists should be aware of the various kinds of fraudulent prescriptions which may be presented for dispensing:

- Legitimate prescription pads are stolen from physicians' offices and prescriptions are written for fictitious patients.
- Some patients, in an effort to obtain additional amounts of legitimately prescribed drugs, alter the physician's prescription.
- Some drug abusers will have prescription pads from a legitimate doctor printed with a different callback number that is answered by an accomplice to verify the prescription.

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- Some drug abusers will call in their own prescriptions and give their own telephone numbers as a call back confirmation.
- Computers are often used to create prescriptions for nonexistent doctors or to copy legitimate doctors' prescriptions.

Tip-Offs

The following criteria **may** indicate that the purported prescription was not issued for a legitimate medical purpose:

- The prescriber writes significantly more prescriptions (or in larger quantities) compared to other practitioners in your area.
- The patient appears to be returning too frequently. A prescription which should have lasted for a month in legitimate use is being refilled on a biweekly, weekly or even a daily basis.
- The prescriber writes prescriptions for antagonistic drugs, such as depressants and stimulants, at the same time. Drug abusers often request prescriptions for "uppers and downers" at the same time.
- Patient appears presenting prescriptions written in the names of other people.
- A number of people appear simultaneously, or within a short time, all bearing similar prescriptions from the same physician.
- Numerous "strangers," people who are not regular patrons or residents of your community, suddenly show up with prescriptions from the same physician.

Characteristics of Forged Prescriptions

- Prescription looks "too good"; the prescriber's handwriting is too legible;
- Quantities, directions or dosages differ from usual medical usage;
- Prescription does not comply with the acceptable standard abbreviations or appears to be textbook presentation;
- Prescription appears to be photocopied;
- Directions written in full with no abbreviations;
- Prescription written in different color inks or written in different handwriting.

Prevention Techniques

- Know the prescriber and his or her signature;
- Know the prescriber's DEA registration number;
- Know the patient; and
- Check the date on the prescription order. Has it been presented to you in a reasonable length of time since the prescriber wrote it?

When there is a question concerning **any** aspect of the prescription order, call the prescriber for verification or clarification.

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Should there be a discrepancy, the patient must have a plausible reason **before** the prescription medication is dispensed.

Any time you are in doubt, you should request proper identification. Although this procedure isn't foolproof (identification papers can also be stolen or forged), it does increase the drug abuser's risk.

If you believe that you have a forged, altered, or counterfeited prescription – don't dispense it -- call your local police.

If you believe that you have discovered a pattern of prescription abuses, contact your State Board of Pharmacy or your local DEA office. Both DEA and state authorities consider retail-level diversion a priority issue.

Proper Controls

Loose or routine dispensing procedures, without controls and professional cautions, are invitations to the drug abuser. Proper controls against fraudulent prescriptions can best be accomplished by following common sense, sound professional practice, and proper dispensing procedures.

Have your pharmacy staff help protect your practice from becoming a source for prescription drug diversion. Become familiar with which drugs are popular for abuse and resale on the streets in your area. Drug abuse prevention must be an ongoing staff activity.

Encourage local pharmacists and physicians to develop a network, or at least a working relationship, which promotes teamwork and camaraderie. Discuss abuse problems with other pharmacists and physicians in the community. Many drug abusers seek out areas where communication and cooperation between health professionals are minimal because it makes their work so much easier.



NABP/NCPBP No Longer Accepted

Effective Oct. 31, 2007, the NABP/NCPDP number will no longer be accepted in the Service Provider ID field. Alaska Medicaid will transition to the National Provider Identifier (NPI) requirement for identification of the dispensing pharmacy on pharmacy claims. Pharmacy providers are encouraged to take appropriate steps now to ensure a satisfactory transition to the NPI requirement. Please direct any questions to the Pharmacy Technical Call Center at (800) 884-3238.



What You Need to Know Before Attending Training

First Health Services is bringing free billing training to your location, and you're excited. What can you do to prepare, plan ahead, and maximize this learning opportunity?

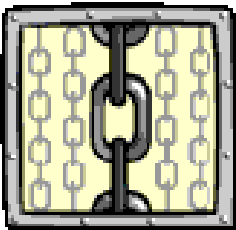
1. Bring your billing manual.
2. Bring a pen and highlighters.
3. For out-of-Anchorage training, bring copies of the presentation and handouts. You can download and print them in advance from <http://alaska.fhsc.com>. (Choose "Training" and then choose "Teleconference Materials.")
4. Coffee and hot water are provided in most locations, but if you want something more substantial, plan on bringing it yourself. Lunch is also "on your own."
5. Please keep your cell phone turned off during the presentation.
6. If you have specific questions that you wish addressed, fax or e-mail the trainers when you sign up so your questions can be incorporated into the training. Fax questions to (907) 644-9845 or e-mail them to anctraining@fhsc.com.



For classes held in Anchorage, providers can call to set up an appointment with Provider Inquiry or Enhanced Provider Support staff to meet with them while in the building for training.



Likeable Links



The following websites are personal favorites of the First Health Services office team because we find them informative, helpful, and easy to use. We're sharing them here because we thought that you might like them, too.

Alaska Administrative Code (AAC)

<http://www.legis.state.ak.us/cgi-bin/folioisa.dll/aac/>

Medicaid Regulations are under Title 7: Health and Social Services, Part 3: Public Assistance and Medical Assistance, Chapter 43: Medical Assistance.

American Medical News

<http://www.ama-assn.org/amednews/>

Online edition of "the newspaper for America's physicians," published in hardcopy by the American Medical Association since 1958. Articles are short, readable and enjoyable for the non-scientific crowd, too. Updated each Monday.

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BASIS (Bill Action & Status Inquiry System)

http://www.legis.state.ak.us/basis/sub_sum.asp?session=25

Alaska's 25th Legislature convenes on January 15. Look up pending State legislation by subject or other indicator.

Billing Manual Library

<https://alaska.fhsc.com/providers/Billing.asp>

Current provider billing manuals online in PDF format.

Centers for Medicare & Medicaid Services

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

Code of Federal Regulations

<http://www.gpoaccess.gov/cfr/index.html>

Countway Digital Library

<http://www.countway.harvard.edu/>

An alliance of the Boston Medical Library and Harvard Medical School. Lots of research material and information about the history of medicine.

Department of Health and Social Services

<http://www.hss.state.ak.us/>

Division of Health Care Services

<http://www.hss.state.ak.us/dhcs/>

Division of Senior & Disabilities Services

<http://www.hss.state.ak.us/dsds/>

First Health Services

<https://alaska.fhsc.com/>

Billing manuals, fee schedules, provider forms, enrollment applications, training schedules & registration, HIPAA agreements and companion guides, Third Party Liability (TPL) carrier codes.

Merriam-Webster Online Dictionary

<http://www.dictionary.com>

Your spellchecker is only as accurate as the person who programmed it, so verify problem words at the source. This site also links to three medical dictionaries, thesaurus.com, reference.com, a style guide, and numerous foreign language resources.

Preferred Drug List Program

<http://www.hss.state.ak.us/dhcs/PDL/>

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Provider Forms

<https://alaska.fhsc.com/providers/forms.asp>

First Health Services offers this convenient download of assorted provider forms in printable PDF format.

State of Alaska Changed Regulations

<http://www.hss.state.ak.us/publicnotice/regulations.cfm>

The first part contains regulations that have been proposed but not implemented; the second part contains those that have been approved and filed.

UB-04

http://www.cms.hhs.gov/MLNProducts/downloads/ub04_fact_sheet_050207.pdf

Everything you need to know about the new institutional claim form, including major changes and a crosswalk to the UB-92.



ARE TELEPHONIC SERVICES REIMBURSABLE?

Telephonic services are not reimbursable. An exemption to this rule is allowed for Case Management and may be made in these circumstances:

- **In family therapy when the recipient is present with the therapist**, if the family can't participate in person as a result of their geographical location or another hardship that makes it impossible. The term "impossible" may include extreme weather, travel time, or other circumstance that renders the recipient or family inaccessible within a reasonable time period (one hour).
- **In an assessment performed as part of Crisis Intervention**, when the assessment portion of Crisis Intervention cannot be performed face-to-face.
- **In an assessment to facilitate discharge for a recipient who is in a Residential Treatment Center (RTC) in another community**, and therefore cannot be performed face-to-face.



Telephonic interventions are a noncovered service if the service could have been rendered face-to-face. The patient record must document which of the above services were rendered and the reason the service could not be provided face-to-face.



Enhanced Dental Services Requirements



- ***All Enhanced Adult Dental Services require a Prior Authorization.***
- ***Prior authorization requests must be submitted on the Medicaid Prior Authorization Request form. Claim forms are not accepted for prior authorization requests.***

- Enter the approved Prior Authorization Number in field #2 on the dental claim form.
- You may access a list of Enhanced Dental Services for Adults from the First Health Services website:

https://alaska.fhsc.com/Downloads/Providers/Update_Enhanced_Dental_Services_Adults_20070401.pdf

- Dental providers are **still** required to place Medicaid Contract ID numbers (MCI) in fields 52a and 58 on claims until further notice.
- If you choose to give your NPI number, place the correct NPI number (i.e. Group or Individual number if not in a group) in field 49 and Rendering NPI number in field 54 on the claim form.
- **Surface codes** and **tooth codes** must be added to procedure codes that require them.
- The **seat date** must be billed as the date of services for bridges, crowns and dentures.
- As of October 1, 2007, First Health Services is accepting only the J400 version of the American Dental Association (ADA) form. Claims received on the older versions of this form are returned to providers without processing.



Open Door Forums

Medicaid providers, do you have a perspective to share? Would you like to ask Medicaid questions or discuss issues with your peers across the country? The Centers for Medicare and Medicaid Services host regularly scheduled Open Door Forums geared to the needs and interests of a wide variety of provider types.

Although the physical location of the forums is normally the centers' office in Washington, D.C., providers from other locations are able to join in by teleconference, even taking part in the question-and-answer sessions at the end of each forum. There is no charge for participation in Open Door Forums.



To learn more, visit www.cms.hhs.gov/opendoorforums. There you can put your name on e-mail lists for forum types of your choice and download conferences that were previously recorded. You will receive a confirmation e-mail containing further participation information for upcoming events. Automatic e-mail updates are sent to e-mail list subscribers about two weeks prior to each forum. Providers may then decide whether or not they wish to participate in that particular session. If they do, they may register online. Forum capacity is limited, so early registration is recommended.

E-mail list categories to sign up for include:

- Special Open Door Forums
- Ambulance Open Door Forum
- Disability Open Door Forum
- Diversity Open Door Forum
- End-Stage Renal Disease and Clinical Laboratories Open Door Forum
- Health Plans Open Door Forum
- Home Health, Hospice & Durable Medical Equipment Open Door Forum
- Hospitals Open Door Forum
- Low-Income Health Access Open Door Forum
- Medicare Beneficiary Ombudsman Open Door Forum
- New Freedom Initiative Open Door Forum
- Pharmaceutical, Pharmacy, and Device Manufacturers Open Door Forums
- Physicians, Nurses and Allied Health Professionals Open Door Forum
- Rural Health Open Door Forum
- Skilled Nursing Facilities/Long-Term Care Open Door Forum



Public Comment Invited on Alaska School Immunization



The following regulatory changes, which may also affect health care providers, have been proposed by the Alaska Department of Education and Early Development:

- Mumps/hepatitis A/hepatitis B immunization will be added to those immunizations already required for attendance at state public schools.
- Effective July 1, 2009, varicella immunization will also be required.
- A homeless child or youth whose required immunization records are not

immediately available may be provisionally enrolled for 30 days, if a parent or legal guardian signs a witnessed statement that the child has received the required immunizations.

Public comment on [4 AAC06.055 \(a\)\(c\)\(g\)](#) will be accepted through November 9, 2007. To read the complete proposition – or to comment online – follow this link to <http://www.eed.state.ak.us/regs/comment.html>.

A public hearing on the proposal is scheduled for December 7, 2007.



Public Comment Invited on Emergency Waiver Regulations

The Alaska Department of Health and Social Services has adopted two emergency regulation changes in support of a new federal demonstration project.



The project would allow Medicaid payments for special services provided to severely emotionally disturbed (SED) youth requiring residential psychiatric treatment center (RPTC) level of care for fetal alcohol spectrum disorder (FASD). This coverage, which would be treated as a Home and Community-Based Waiver service, would allow these youths to continue living and working in their own communities.

To read the emergency regulations, go to the public notice portion of the Department of Health and Social Services website at: <http://www.hss.state.ak.us/publicnotice/regulations.cfm>.

Individuals and providers who would be affected by these changes are urged to voice their opinions during the public comment period. To comment, e-mail kevin.henderson@alaska.gov or write:

Kevin Henderson
Office of the Commissioner
P.O. Box 110601
Juneau, Alaska, 99811

Comments must be received by 5 p.m., Wednesday, Nov. 21, 2007.

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After the public comment period ends, the Department of Health and Social Services will either adopt these or other provisions dealing with the same subject, without further notice, or decide to take no action on them. The language of the final regulations may be different from that of the emergency regulations.



Denali KidCare (SCHIP) Benefits



The Alaska Department of Health and Social Services reports that children eligible to receive State Children's Health Insurance Program (SCHIP) health care benefits through Denali KidCare will continue to receive services in the event that the current federal legislation fails.

The additional funding passed by Congress was vetoed by President Bush, and Congress is weighing options for an override of that veto or revising the legislation. If there is not a veto override the likely worst case scenario is continued level funding through the current state fiscal year. The department's current budget accounts for this situation and Denali KidCare will continue unchanged this budget year. Provider reimbursement will not be affected.

In Alaska, SCHIP provides insurance through Denali KidCare to about 16,000 children and teens through age 18 living in low-income families, as well as pregnant women with income levels at 175% of the federal poverty level.



Tamper-Resistant Prescription Pad Update

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



Electronic and Laser Claim Forms

PayerPath® software and laser claim forms are the standards in billing Alaska Medicaid.

Primarily, First Health encourages providers to file using PayerPath. Secondly, if this is not possible and the provider requests paper forms, we will send laser forms unless the old forms are specifically requested.

An Internet claims manual, which includes detailed instructions for using PayerPath® claim processing system release 2.3, may be downloaded free from our website at:

<https://alaska.fhsc.com/providers/Claims.asp>.

Acrobat Reader, which is necessary to view the manual, may also be downloaded from the same location.

FHSC offers free in-person PayerPath® training on request. To learn more, phone our Training and Publications office at 644-9845.



Federal Deficit Reduction Act in a Nutshell

Notice of Changes to Billing Requirements for Drugs Administered in Outpatient

Clinical Settings:

Effective January 1, 2008, Alaska Medical Assistance claims must include NDC (National Drug Code) information for drugs administered by health care providers in outpatient clinical settings. These services are currently represented on professional claims by use of HCPCS codes, and on institutional claims by use of revenue codes 025x and 063x. Billing instructions to incorporate this requirement are included herein.



Background:

All Medicaid State Agencies (MSAs) are required to participate in a drug rebate program with drug manufacturers. MSAs are authorized to claim Medicaid federal match dollars for drugs administered in outpatient clinical settings only when those drugs are part of the drug rebate program. In the past, this has been a transparent process to the provider community but additional rule changes made in the federal Deficit Reduction Act of 2005 require this action by the State of Alaska. **The new law mandates there will be no federal matching dollars for physician-administered drugs for which a State has not required the submission of claims using codes that identify the drugs sufficiently for the State to bill a manufacturer for rebates. The law identifies those codes as NDC numbers.**

Claims submitted for drugs from manufacturers that are not part of the drug rebate program on the claim date of service will be denied.

Instructions for Billing NDC code:

Both the HCPCS code and quantity and the NDC code, unit of measure and quantity, are required for professional and outpatient claims for all physician-administered drugs.

Professional Claims (submitted on behalf of physicians, physician groups, podiatrists, podiatry groups, nurse practitioners, nurse midwives, I.H.S./Tribal clinics, federally qualified health centers, rural health clinics, family planning clinics, and portable radiology providers):

CMS-1500 paper claim form

NDC information will be entered in the shaded portion of line 24 as follows:

- In the area above 24a – Enter qualifier ‘N4’.
- Immediately following the N4 qualifier, enter the 11-digit National Drug Code number. Do not enter hyphens or spaces within the NDC number.
- In the area above 24d – Enter the NDC unit of measure (2 positions) immediately followed by the numeric quantity administered to the patient. Enter the actual metric decimal quantity (units) administered. The quantity field is limited to 9 bytes in the format 99999.999. Enter the quantity from left to right. Enter the decimal point. Leave spaces at the end of the field. The valid unit of measurement codes are:

F2=International Unit

GR=Gram

ML=Milliliter

UN=Unit

- In the area above 24f – Leave blank
- In the area above 24g – Enter LTC if the recipient is in a long term care facility.

The HCPCS code will continue to be entered in 24 D with the charges in 24 F and the units in 24G.

837P professional EDI format

Loop 2410:

Field CTP04 – Enter quantity

Field CTP05 – Enter unit of measure

Example: CTP*****2*UN~

Field LIN02 – Enter qualifier ‘N4’

Field LIN03 – Enter NDC without hyphens

Example: LIN*N4*1234567891~

HCPCS information will continue to be entered in loop 2400 in field SV1.

Institutional Claims (submitted on behalf of outpatient hospitals and end-stage renal dialysis centers):

HCPCS code and NDC will be required for drugs billed using revenue code 025x or 063x.

UB-04 claim form -

Using the Revenue Description field (Form Locator 43) on the UB-04:

- Enter the NDC qualifier ‘N4’ in the first two (2) positions.
- Immediately following the N4 qualifier, enter the 11-digit National Drug Code number (no hyphens).
- Immediately following the last digit of the NDC (no delimiter), enter the Unit of

Measurement Qualifier. The Unit of Measurement Qualifier codes are as follows:

F2 =International Unit

GR=Gram

ML=Milliliter

UN= Unit

- Immediately following the Unit of Measurement Qualifier, enter the unit quantity with a floating decimal for fractional units limited to three (3) digits to the right of the decimal. Enter the quantity from left to right; leave spaces to the end of the field.
- The Revenue Description field on the UB-04 is 24 characters in length.
- Example: **N 4 1 2 3 4 5 6 7 8 9 0 1 U N 1 2 3 4 . 5 6 7**

Using the HCPCS Code field (Form Locator 44) on the UB-04:

- Enter the 5 character HCPCS code

Using the Service Units field (Form Locator 46) on the UB-04:

- Enter the corresponding service units for the HCPCS reported.

837I Institutional – EDI format

Loop 2400:

Field SV201 – Enter the revenue code

Field SV202-1 – Enter qualifier ‘HC’

Field SV202-2 – Enter the HCPCS code

Field SV204 – Enter qualifier ‘UN’

Field SV205 – Enter the quantity

Example: SV2*250*HC*JXXXX**UN*1~

Loop 2410:

Field LIN02 – Enter qualifier ‘N4’

Field LIN03 – Enter NDC without hyphens

Example: LIN*N4*12345678912~

Field CTP04 – Enter quantity

Field CTP05 – Enter unit of measure

Example: CTP****2*ML~

General Information/FAQs:

What happens to providers who do not comply?

The noncompliant provider will not be reimbursed because the State of Alaska will otherwise lose the matching federal funds for these services.

How do I know if a drug is eligible for rebate?

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. Remember to check the website periodically for changes.

What information do I need to include on claims?

Include the:

- NDC number
- NDC units of measurement
- Numeric quantity (actual metric decimal quantity) administered, and
- Corresponding HCPCS values and units. (HCPCS are typically J-codes but may also include some S-codes or Q-codes.)

See “Instructions for Billing NDC Code” in this document.

Do these reporting requirements apply to claims for patients who have more than one payer?

Yes. This applies to all claims paid under Medicaid. It includes claims for which Medicare is primary to Medicaid, as well as other insurance which is primary to Medicaid.

Do I need to include units for both the NDC and the HCPCS code?

Yes.

Are the NDC units different from the HCPCS code units?

Yes. NDC units are based on the numeric quantity administered to the patient and the unit of measurement. The actual metric decimal quantity administered and the unit of measurement are required for billing. If reporting a fraction, use a decimal point. As listed earlier in this document, the unit of measurement codes are:

- F2 = International Unit
- GR = Gram
- ML = Milliliter
- UN = Unit (each)

Continue to use the HCPCS code and service units as you do now.

If the physician administered a vial of medication to a patient, do I bill the NDC units in grams, milliliters, or units?

It depends on how the manufacturer and CMS have determined the rebate unit amount. The rule of thumb is:

- If a drug comes in a vial in powder form and has to be reconstituted before administration, then bill each vial (unit/each) used.
- If a drug comes in a vial in a liquid form, bill in milliliters.
- Grams are usually used when an ointment, cream, inhaler, or a bulk powder in a jar are dispensed. This unit of measure will primarily be used in the retail pharmacy setting and not for physician-administered drug billing.

Which NDC should be reported?

The NDC number being submitted to Medicaid must be the actual NDC number on the container from which the medication was administered. For example, a package with more than one vial may have a package NDC which is different from the NDC on each of the vials. Use the NDC number on the vial for your claims reporting.

If the NDC is not part of the rebate program or I am not sure which NDC was used, may I pick another NDC under the J-Code and bill with it?

No. The NDC submitted to Medicaid must be the actual NDC number on the container from which the medication was administered. It is considered a fraudulent billing practice to bill using an NDC other than the one administered.

Do radiopharmaceuticals or contrast media require an NDC?

No, not at this time.

Do vaccines/immunizations require an NDC?

No. Vaccines are reported by CPT codes.

Are dentists impacted?

No.

Do anesthesia drugs require NDCs?

No. Drugs used for local anesthesia, general anesthesia, or conscious sedation are bundled together under other codes.

Do I bill the HCPCS code and NDC of a drug I administer but did not purchase?

No. For example, if the patient has a prescription filled and brings the drug into the facility to have the physician administer it, the drug may not be billed by the physician. The physician should bill only for the administration of the drug. The retail pharmacy would have billed for the drug already.

Sample drugs are not payable by Alaska Medicaid.

How will drug pricing be determined?

Pricing will be based on the NDC Drug Formulary File Estimated Acquisition Cost (average wholesale price) less 5 percent.

Our facility uses 340b drugs. Are we exempt from reporting NDC?

No. Providers must bill with an NDC number. The facility must register their Medicaid Provider ID with the Pharmacy Services Support Center at <http://pssc.aphanet.org/>.

Is there someone I can call if I have questions about billing with an NDC?

Call Provider Inquiry at (907) 644-6800 or (800) 770-5650 in-state toll free.



Provider Billing Training Schedule

Juneau

Introductory/In-Depth Classes in Juneau, November 6-9

<u>Day 1</u>	<u>November 6, Tuesday</u>	<u>Day 3</u>	<u>November 8, Thursday</u>
8:30 a.m.	Introduction to Alaska Medical Assistance	8:30 a.m.	Electronic Transactions
1:30 p.m.	Eligibility	9:45 a.m.	Prior Authorization
2:45 p.m.	Guidelines for Recordkeeping and Potential Audits	11:00 a.m.	Appeals
4:00 p.m.	Care Management Program	1:30 p.m.	Transportation and Accommodations
		2:45 p.m.	Dental Services
		5:00 p.m.	TPL Avoidance
<u>Day 2</u>	<u>November 7, Wednesday</u>	<u>Day 4</u>	<u>November 9, Friday</u>
8:30 a.m.	Adjustments and Voids	8:30 a.m.	Mental Health Services
9:45 a.m.	Remittance Advice	11:00 a.m.	Inpatient/Outpatient Hospital Services
11:00 a.m.	Resubmission Turnaround Documents	2:45 p.m.	Waiver Services
1:30 p.m.	CMS-1500 Claim Form Completion		
2:45 p.m.	UB-04 Claim Form Completion		
4:00 p.m.	Edit Resolution		

The Juneau training location is Bartlett Hospital, 3260 Hospital Drive.

Anchorage

In-Depth Classes in Anchorage November 14, 20, and 26

November 14, Wednesday

9:30 a.m. Long Term Care Services

November 20, Tuesday

10:00 a.m. Pharmacy Services

2:00 p.m. Outpatient Therapy Services

November 26, Monday

9:00 a.m. Payerpath Tutorial

The Anchorage training location is First Health Services, 1835 S Bragaw, 3rd floor training room.

Introductory/In-Depth Classes in Anchorage November 27-30

Day 1

November 27, 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 3

November 29, 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

Day 2

November 28, Wednesday

8:30 a.m. Adjustments and Voids

9:45 a.m. Remittance Advice

11:00 a.m. Resubmission Turnaround Documents (RTD)

2:00 p.m. CMS-1500 Form Completion

3:15 p.m. UB-04 Form Completion

4:30 p.m. Edit Resolution

Day 4

November 30, Friday

8:30 a.m. Durable Medical Equipment Services

10:45 a.m. Audiology Services

3:30 p.m. Vision Services

The Anchorage training location is First Health Services, 1835 S Bragaw, 3rd floor training room.

In-Depth Classes in Anchorage December 4-6**December 4, Tuesday**

8:30 a.m. Mental Health Services

1:00 p.m. Edit Resolution

December 6, Thursday

8:30 a.m. Inpatient/Outpatient Hospital Services

December 5, Wednesday

8:30 a.m. Physician Services

*The Anchorage training location is First Health Services, 1835 S Bragaw, 3rd floor training room.***Introductory/In-Depth Classes in Anchorage December 11-13****Day 1****December 11, Tuesday****Day 3****December 13, Thursday**

8:30 a.m. Introduction to Alaska Medical Assistance

8:30 a.m. Electronic Transactions

2:00 p.m. Eligibility

9:45 a.m. Prior Authorization

3:15 p.m. Guidelines for Recordkeeping and Potential Audits

11:00 a.m. Appeals

4:30 Care Management

2:00 p.m. Transportation and Accommodations

3:15 p.m. Dental Services

Day 2**December 12, Wednesday**

8:30 a.m. Adjustments and Voids

9:45 a.m. Remittance Advice

11:00 a.m. Resubmission Turnaround Document

2:00 p.m. CMS-1500 Claim Form Completion

3:15 p.m. UB-04 Claim Form Completion

4:30 p.m. Edit Resolution

The Anchorage training location is First Health Services, 1835 S Bragaw, 3rd floor training room.

For training locations out of Anchorage, please download the appropriate training materials from the website <http://alaska.fhsc.com>; choose Training; then Teleconference Materials. A limited supply of training materials will be available at out-of-town locations.

We reserve the right to cancel or alter the training schedule. We will make every effort to notify all registrants of any change or cancellation.