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J CODE NDC Requirement in Effect as of April 1st, 2008

The CMS billing requirement for drugs administered in outpatient clinical settings is effective April 1, 2008. Your software vendors should already be prepared for this requirement.

- A list of HCPCS codes affected by this requirement can be found at https://alaska.fhsc.com/Downloads/Providers/Update_20080207_NDC_Code_Flyer.pdf.
- Additional information regarding changes to the billing requirements for drugs administered in outpatient clinical settings can be obtained at <https://alaska.fhsc.com/providers/provupdates.asp> (choose **Notice of Changes to Billing Requirements for Drugs Administered in Outpatient Clinical Settings**).
- 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.
- UB-04 claim submission specifics can be found at <https://alaska.fhsc.com/providers/Billing.asp> (choose **New UB-04 Claim Form Instructions**) as well as at <http://www.nubc.org/>
- CMS-1500 claim submission specifics can be found at <https://alaska.fhsc.com/providers/Billing.asp> (choose **New CMS-1500 Claim Form Instructions - Set A, B, or C**) as well as at <http://www.nucc.org/>.

For electronic claims, refer to <https://alaska.fhsc.com>, choose **HIPAA**, then **Companion Guides**.

Tamper-Resistant Prescription Forms Required by April 1st, 2008

As of April 1, 2008, all Medicaid-covered prescriptions that are not submitted electronically (e-prescribing or facsimile) or verbally must be written on tamper-resistant prescription forms.

These tamper-resistant prescription forms must contain a serial number (to help prevent counterfeit prescriptions) and the prescriber's NPI.

These forms must also employ (1) one industry-recognized feature designed to prevent unauthorized copying of a completed prescription, and (2) one industry-recognized feature designed to prevent erasure or modification of information written on the prescription. The tamper-resistant prescription form may also

contain other features to prevent the use of counterfeit prescriptions. Many measures are available to prevent each of these types of prescription fraud (see inset, Page 2). Methods to address the **unauthorized copying of a completed prescription** can include:

- high-security watermarks on the reverse side of blank prescriptions,
- thermochromic ink that changes color or disappears when warmed;
- security patterns;
- void pantographs;
- microprinting
- prismatic printing;
- lenticular patterns;
- encodation schemes.

Methods to address the **erasure or modification of information written on the prescription**, including tamper-resistant background ink that shows erasures or attempts to change written information:

- toner anchorage - "anchoring" toner to paper to deter its removal;
- chemical stains used to reveal chemical eradication attempts against ink or toner;
- laid lines used to reveal cut-paste attempts on an item;
- chemical reactive inks used to reveal washing attacks;
- overcoatings, laminates, and varnishes used to secure written content on the item;
- erasable ink backgrounds used to reveal attempts at ink and toner removal;
- borders and fill characters used to complicate attempts to add-on extra information;
- on-item encodation techniques, bar codes, and patterns used to validate item content.

Prescription Form Security Features



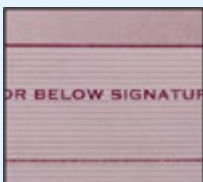
Artificial Watermark - Logo or pattern printed in opaque ink normally on back of document. Visible when viewed at 45 degree angle. Provides immediate verification of authenticity.



Thermochromic Ink - Specially treated ink changes color when heated to a defined temperature range. Rubbing or breathing supplies an ample temperature increase to demonstrate the disappearance, then reappearance, of the ink.



Void Pantograph - Background designs or screens which expose a hidden "VOID" pattern when scanned or copied. "VOID" commonly printed in repeat pattern for purpose of complicating counterfeiting attempts.



Microprinting - Miniature print or text which appears as screened line or border. Type commonly consists of a company name or warning message that is verified with a magnifying glass. Copied or scanned attempts appear plugged and/or unreadable.



Toner Anchorage - a chemical coating on the paper that securely bonds the toner to the paper during the laser printing process. Attempts to lift off type with tape will also remove the check paper, damaging the check and impeding efforts to change the printed information.

Methods that will help prevent **counterfeit prescription forms** include:

- serially numbered blanks;
- duplicate or triplicate blanks;
- thermochromic ink that changes color or disappears when warmed;
- color-shifting ink that changes color when viewed from different angles.

While employing at least one feature from each of the three categories, each prescription form must contain a serial number and the prescriber's National Provider Identifier (NPI) number.

If a written prescription does not comply with these requirements, the Department of Health and Social Services may take measures to recoup the cost of the prescription claim.

Anti-fraud efforts not only protect the bottom line but more importantly, they protect people from harm. Therefore, please do your part in helping prevent fraud, waste and abuse; recognize and report suspect behavior when you encounter it.

For more details and exceptions to the tamper-resistant prescription requirements refer to the state regulations; a copy of the regulations is available at:

<http://www.hss.state.ak.us/publicnotice/allhss.htm>

Select **next page**, and click on **Tamper Resistant Prescriptions for Medicaid Outpatient Drugs**.

NPI Required Effective February 13, 2008

Since February 13, 2008, Alaska Medicaid has required the National Provider Identifier (NPI) number on all claims submitted electronically by covered entities (this includes 837I, 837D and 837P transactions).

Alaska Medicaid requires the National Provider Identifier (NPI) number for the **billing provider** on all of these claims. In addition, Alaska Medicaid requires the NPI number of the **rendering/servicing provider** on any claim for which current billing standards require identification of the rendering provider. If you are unsure whether the rendering provider information is required on a specific type of claim, please refer to the billing instructions in your provider billing manuals.

Billers need to continue to send Medicaid provider identification numbers (also called legacy identifiers) in addition to the required NPI number(s). Alaska Medicaid will notify you when these legacy identifiers are no longer needed or permitted on electronic transactions. Refer to the companion guides at <https://alaska.fhsc.com/providers/hipaa/guide.asp> for instructions on where these identifiers are keyed on electronic transactions.

Please note that electronic claims submitted on and after February 13, 2008 without the NPI will be denied. Providers should confirm with their electronic transaction vendors that NPI information is included on their file transmissions to Alaska Medicaid.

The 837I, 837D and 837P claims must contain the NPI in the Billing Provider Loop 2010AA. In addition, for claims requiring identification of the rendering/servicing provider, see Rendering Provider Loop 2310B. Required fields and values are as follows:

<i>EDI 837 Field Name</i>	<i>EDI 837 Field Number</i>	<i>Values on Feb. 13, 2008</i>
Identification Code Qualifier	NM108	XX (Enter XX for NPI Qualifier)
Identification Code	NM109	10 digit NPI

Please direct any questions to the Provider Inquiry (PI) Unit at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).

Changes for Submitting Paper Medicare Crossover Claims Effective March 19, 2008

When submitting Medicare crossover claims, all professional and institutional **paper** crossover claims must be submitted on the CMS-1500 or UB-04 claim form; this provides both the NPI and NDC information. This requirement became effective March 19th, 2008.

All Crossover Claims require the same information that is normally required by CMS-1500 and UB-04 claims. Complete the claim form as you would when billing Medicare. The total line charges will then represent the total billed to Medicare.

Using the CMS-1500 for Professional Medicare Crossover Claims

- Field 1: check both the Medicare and Medicaid box.
- Field 10D: (reserved for local use) enter the Medicare pay date.
- Field 11: enter the word "Medicare".
- Field 19: enter the deductible and coinsurance amounts using qualifiers A1 and A2 with a space between the qualifiers and the amounts (e.g.: A1 100.00 A2 50.00).
- Field 24: *Only one line per form is accepted*; use Field 24, line 1.
- Field 24A, *shaded area*: enter the qualifier N4 and the 11 digits of the NDC code (no hyphens or spaces).
- Field 24D, *shaded area*: enter the NDC unit of measure (2 characters) and a total numeric quantity (9 digits) (99999.999). Be sure to enter the decimal point. Valid NDC unit of measurement codes are:
 - F2: International Unit
 - GR: Gram
 - ML: Milliliter
 - UN: Unit

- Field 24F, *shaded area*: enter the Medicare allowed amount.
- Field 24G, *shaded area*: enter "LTC" if the recipient is in a Long Term Care Facility (to exempt them from co-pay).
- Field 28, (total charge): enter the Medicare Billed Amount.
- Field 29, (amount paid): enter the Medicare Paid Amount.
- A copy of the Medicare EOMB must be attached to the claim

Using the UB-04 for Submitting Institutional Medicare Crossover Claims

- Field 31: enter the occurrence code "50" and the Medicare paid date.
- Field 39: enter the recipient's deductible on line a: use Value Code "A1" and the deductible amount.
- Field 40: enter the recipient's coinsurance on line a: use Value Code "A2", "09" or "11", and the recipient's coinsurance. Allow a space between the qualifiers and the amounts (e.g.: A1 100.00 A2 50.00).
- Field 50: enter the word "Medicare". If Medicare is the primary payer, all information pertaining to Medicare will be on line A.
- Field 54: enter the Medicare Paid Amount.
 - If there is no secondary payer, line B will contain the Medicaid information.
 - If there is a secondary payer, this information will be on line B.
 - If there is more than 1 secondary payer, line B will be the sum of all the secondary payers.
 - Line C will contain the Medicaid information.
- If Medicare is not the primary payer; the primary payer information will be on line A, the Medicare information on line B, and the Medicaid information on line C.
- A copy of the Medicare EOMB must be attached to the claim

For more information on completing the CMS-1500 and UB-04 forms, download the appropriate claim form instructions at: <https://alaska.fhsc.com/providers/Billing.asp>.

Medicaid is Exempt from Bed Tax

Alaskan Accommodation Providers cannot bill Medicaid for a levied bed tax. Providers who have billed Medicaid for the bed tax need to contact their local governing authority. In most cases the bed tax can be refunded from the city or borough. If an adjustment needs to be made to Medicaid, providers can utilize the AK05 to void and adjust their claims. The adjustments to Medicaid should be made as soon as the provider becomes aware of the erroneous billing and not wait until the refund is received for the taxing authority.

Below are some of the municipal and city code websites regarding the bed tax exemptions, this is not an all inclusive list, please contact your local city or municipal office to obtain further information.

Fairbanks borough Code 3.58.030

http://nt5.scbbs.com/cgi-bin/om_isapi.dll?clientID=43001902&infobase=fbnsb.nfo&jump=3.58.030&softpage=PL_frame#JUMPDEST_3.58.030

Fairbanks City Code Section 79 – 113

<http://www.ci.fairbanks.ak.us/departments/clerks/clerks.php> (Go to *Municipal Code* to Section 79 – 113)

Kodiak City Code

http://www.city.kodiak.ak.us/citycode/code_03.htm#3.08.060%20Certificate%20of%20exemption

http://www.law.cornell.edu/uscode/html/uscode26/usc_sup_01_26_10_C_20_21_30_B.html

April 2008 Training for Providers

First Health Services provides Alaska Medical Assistance billing training.

These free training classes are sponsored by the State of Alaska. We encourage billers, direct practitioners, health care providers, office managers, admissions or front-desk staff, utilization review staff, case management staff, or other official personnel to attend. April 2008 classes are listed by date below:

Class Name	Length	Date	Start	End
Teleconferences				
PCA	2 hrs	04/15/2008	8:30 a.m.	10:30 a.m.
TPL Avoidance	1 hr	04/15/2008	11:30 a.m.	12:00 p.m.
Direct Entry Midwife	2 hrs	04/15/2008	3:00 p.m.	5:00 p.m.
Pharmacy	2 hrs	04/16/2008	9:00 a.m.	11:00 a.m.
Physicians/Osteopaths/ANPs	3 ¼ hrs	04/16/2008	1:30 p.m.	4:45 p.m.
Glennallen				
Introduction to Alaska Medical Assistance	3 ½ hrs	04/22/2008	8:30 a.m.	12:00 p.m.
Guidelines for Recordkeeping and Potential Audits	1 hr	04/22/2008	1:30 p.m.	2:30 p.m.
Eligibility	1 hr	04/22/2008	2:45 p.m.	3:45 p.m.
Prior Authorization (PA)	1 hr	04/22/2008	4:00 p.m.	5:00 p.m.
Electronic Transactions	1 hr	04/23/2008	8:30 a.m.	9:30 a.m.
Completing Claim Forms: CMS-1500	1 hr	04/23/2008	9:45 a.m.	10:45 a.m.
Completing Claim Forms: UB-04	1 hr	04/23/2008	11:00 a.m.	12:00 p.m.
Remittance Advice (RA)	1 hr	04/23/2008	1:30 p.m.	2:30 p.m.
Resubmission Turnaround Documents (RTD)	1 hr	04/23/2008	2:45 p.m.	3:45 p.m.
Adjustments & Voids	1 hr	04/24/2008	8:30 a.m.	9:30 a.m.
Appeals	1 hr	04/24/2008	9:45 a.m.	10:45 a.m.
Edit Resolution	1 hr	04/24/2008	11:00 a.m.	12:00 p.m.
Transportation & Accommodation	1 hr	04/24/2008	1:30 p.m.	2:30 p.m.
Care Management	1 hr	04/24/2008	2:45 p.m.	3:45 p.m.
Long Term Care	1 hr	04/25/2008	8:30 a.m.	9:30 a.m.
Anchorage				
Introduction to Alaska Medical Assistance	3 ½ hrs	04/29/2008	8:30 a.m.	12:00 p.m.
Guidelines for Recordkeeping and Potential Audits	1 hr	04/29/2008	1:30 p.m.	2:30 p.m.
Eligibility	1 hr	04/29/2008	2:45 p.m.	3:45 p.m.
Prior Authorization	1 hr	04/29/2008	4:00 p.m.	5:00 p.m.
Electronic Transactions	1 hr	04/30/2008	8:30 a.m.	9:30 a.m.
Completing Claim Forms: CMS-1500	1 hr	04/30/2008	9:45 a.m.	10:45 a.m.
Completing Claim Forms: UB-04	1 hr	04/30/2008	11:00 a.m.	12:00 p.m.
Remittance Advice (RA)	1 hr	04/30/2008	1:30 p.m.	2:30 p.m.
Resubmission Turnaround Documents (RTD)	1 hr	04/30/2008	2:45 p.m.	3:45 p.m.

Adjustments & Voids	1 hr	05/01/2008	8:30 a.m.	9:30 a.m.
Appeals	1 hr	05/01/2008	9:45 a.m.	10:45 a.m.
Edit Resolution	1 hr	05/01/2008	11:00 a.m.	12:00 p.m.
Transportation & Accommodation	1 hr	05/01/2008	1:30 p.m.	2:30 p.m.
Care Management	1 hr	05/01/2008	2:45 p.m.	3:45 p.m.

You may register for classes on the FHSC Website at <http://alaska.fhsc.com/>; choose **Training**, then **Online Registration**. You will receive a confirmation notice that you are registered for the class. You may also complete the registration form located on <https://alaska.fhsc.com/providers/Training/providerTraining.asp> and return it to FHSC via fax, email, or mail:

- The fax number is (907) 644-9845.
- The email address is anctraining@fhsc.com.
- The mailing address is:

First Health Services Corporation
 Attention: Training Unit
 P.O. Box 240808
 Anchorage, Alaska 99524-0808

April training sessions will be held at the following locations:

Anchorage

First Health Services Corporation
 1835 South Bragaw Street, 3rd floor training room

Glennallen

Tazlina Hall
 Milepost 110.5, Richardson Highway

Due to limited seating, we cannot guarantee a seat if you are not registered. If you are unable to access the FHSC Website to obtain the registration information, please contact the provider trainers at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).

Tips on Enhanced Dental Services for Adults

All Enhanced Adult Dental Services require a Prior Authorization (PA). PA requests must be submitted on the Medicaid Prior Authorization Request form. Claim forms are not accepted for prior authorization requests. Failure to provide the PA number on the claim will cause a delay in payment, and could cause the claim to be denied. Some other tips:

- Enter the approved Prior Authorization Number in field #2 of the dental claim form.
- Enter the Alaska Medicaid Recipient ID Number in field #15 of the dental claim form.
- If you are treating a recipient and need a prior authorization for an enhanced adult service, you can indicate that the patient is in the office on the fax cover sheet and your response will be immediate.
- If you need to amend the PA, you can accomplish this by fax with the word "remove" next to the procedure that is no longer needed or the word "add" next to the procedures that you wish added.
- Faxed PA requests arriving before 8 a.m. will be credited for the previous day. For example, if you request a PA after hours on May 3 and it arrives before 8 a.m. on May 4, the effective date on the PA will be May 3.

Dentists may request a prior authorization by contacting First Health Services at (907) 644-5997 or (800) 994-7934. Prior authorization requests can also be faxed into First Health Services at (907) 644-9861.

Fax in your Prior Authorization requests for enhanced dental services for adults for faster and more efficient service. The fax number to use is (907) 644-9861. You will receive a faxed response of what was approved, the effective dates of service, the provider ID number for which you requested the PA, and the Prior Authorization number so that you can enter all the correct information on your claims.

It is recommended that you also fax in your requests for retroactive PAs for enhanced adult services. Reserve the use of the telephone to inquire about units and dollars remaining on a PA prior to faxing in your PA request. You can also use the telephone to inquire about recipient eligibility; call FHSC's Eligibility Verification System (EVS) at (800) 884-3223 (toll-free in Alaska).