

# Provider Insider

Alabama Medicaid Bulletin

November 2005

The checkwrite schedule is as follows:

11/04/05 11/18/05 12/09/05 12/16/05

As always, the release of direct deposits and checks depends on the availability of funds.

## Solutions to Third Party Pharmacy Billing Problems

Pharmacy billing problems related to a third party rejection often stem from a problem within the pharmacy's billing software. Medicaid's claim processing system requires that the following information be entered on the pharmacy claim (when another insurance has been filed as primary):

- The total submitted charge of the drug
- The coverage type – primary, secondary, tertiary
- The amount received from the other insurance
- An appropriate NCPDP code in the "Other Coverage Code" field.

Currently, the NCPDP codes that Medicaid's system recognizes are:

- 00 – Not specified
- 01 – No other coverage
- 02 – Other coverage exists - payment collected
- 03 – Other coverage exists - claim not covered
- 04 – Other coverage exists - payment not collected
- 05 – Managed Care plan denial
- 06 – Other coverage denied – not a participating provider
- 07 – Other coverage exists – not in effect at time of service
- 08 – Claim is billing for a copay



(Continued on page 3)

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## Pass It On!

Everyone needs to know the latest about Medicaid.

Be sure to route this to:

- Office Manager
- Billing Dept.
- Medical/Clinical Professionals
- Other \_\_\_\_\_

## **Maternity Program Implemented**

The 2005 Maternity Program implemented on August 1, 2005. A list of providers for all districts is listed below. Recipient Notices were mailed for all eligible Medicaid recipients in districts Three, Nine and Seven. The Primary Contractors have changed in these areas. Maternity services should not change for these recipients. If there are any problems encountered during the transition please refer the recipient to the 1-800 number for their district or to Gloria Luster, Associate Director, Medicaid Maternity Care Program 334-353-5539. Please refer to the Medicaid web site for additional information related to the Maternity Care Program.

District	Primary Contractor	Phone Numbers for Recipients	Program Director	Phone Number for Providers	Fax
One	HealthGroup of Alabama, Best Starts-Buster Petty, CEO, 6767 Old Madison Pike, Building 4, Suite 400, Huntsville, AL 35806 (256) 772-4155	(256) 532-2742 or (888) 500-7343	Laura Thompson- HGA Best Start Program, 699 Gallatin Street, Suite B2, Huntsville, AL 35801	(256) 265-7458 Laura Or (256) 532-2748 Laura	(256) 265-7477 OR (256) 532-2737
Two	HealthGroup of Alabama, Best Starts-Buster Petty, CEO, 6767 Old Madison Pike, Bldg 4, Suite 400, Huntsville, AL 35806 (256) 772-4155	(256) 265-7155 or (888) 500-7343	Laura Thompson- HGA Best Start Program, 699 Gallatin Street, Suite B2, Huntsville, AL 35801	(256) 265-7458 Laura	(256) 265-7477
Three	Viva Health Administration LLC, Alabama Baby Care-Brad Rollow, CEO, 1400 21 <sup>st</sup> Place South, Birmingham, AL 35233 (205) 558-7405	(205) 558-7405 or (877) 997-8377	Nancy Reamsma, Viva Health Administration LLC – 1400 21 <sup>st</sup> Place South, Birmingham, AL 35233	(205) 558-7439 Nancy (205) 558-7406 Libba	(205) 933-1235
Four	Greater Alabama Health Network, First Steps, Becky Henderson, CEO, 921 Professional Plaza, Tuscaloosa, AL 35401 (205) 348-1247	(205) 345-1905 or (877) 553-4485	Becky Henderson, Greater Alabama Health Network 921 Professional Plaza, Tuscaloosa, AL 35401	(205) 345-1905	(205) 345-2909
Five	Alabama Maternity, Inc, Steps Ahead. – Charlie Faulkner, M.D., 1400 21 <sup>st</sup> Place South, Birmingham, AL 35233 (205) 930-3600	(205) 558-7405 or (877) 997-8377	Nancy Reamsma or Libba Yates - 1400 21 <sup>st</sup> Place So., Birmingham, AL 35205	(205) 558-7406 Libba (205) 558-7439 Nancy	(205) 933-1235
Six	Gift of Life Foundation, Martha Jinright, Executive Director, 1348 Carmichael Way, Montgomery, AL 36106	(334) 272-1820 or (877) 826-2229	Rhonda Boswell Flanagan – 1348 Carmichael Way, Montgomery, AL 36106 <b>Claims: P. O. Box 231479, Montgomery, AL 36123-1479</b>	(334) 272-1820	(334) 272-4614
Seven	Tombigbee Healthcare Authority, Healthstart, Mike Marshall, Administrator, P.O. Box 890, Demopolis, AL 36732	(334) 287-2673 or (888) 531-6262	Marcia Lankster, 105 Hwy. 80 East, P. O. Box 890 Demopolis, AL 36732 <b>Mail: P.O. Box 890, Demopolis, AL 36732</b>	(334) 287-2673 Stacey (334) 287-2675 Christina	(334) 287-2437
Eight	Tombigbee Healthcare Authority, Healthstart, Mike Marshall, Administrator, P.O. Box 890, Demopolis, AL 36732	(334) 287-2673 or (888) 531-6262	Marcia Lankster, 105 Hwy. 80 East, P. O. Box 890 Demopolis, AL 36732 <b>Mail: P.O. Box 890, Demopolis, AL 36732</b>	(334) 287-2673 Stacey (334) 287-2675 Christina	(334) 287-2437
Nine	Viva Health Administration LLC, Alabama Baby Care-Brad Rollow, CEO, 1400 21 <sup>st</sup> Place South, Birmingham, AL 35233 (205) 558-7405	(205) 558-7405 or (877) 997-8377	Nancy Reamsma, Viva Health Administration LLC – 1400 21 <sup>st</sup> Place South, Birmingham, AL 35233	(205) 558-7439 Nancy (205) 558-7406 Libba	(205) 933-1325
Ten	Gift of Life Foundation, Diane Weil, 1348 Carmichael Way, Montgomery, AL 36106	(334) 272-1820 or (877) 826-2229	Martha Jinright – 1348 Carmichael Way, Montgomery, AL 36106, <b>Claims: P. O. Box 231479, Montgomery, AL 36123-1479</b>	(334) 272-1820	(334) 272-4614
Eleven	Maternity Services of District 11, Small Wonders – Sam Price, 2000 Pepperell Parkway, Opelika, AL 36802 (334) 705-1313	(334) 291-0180 or (877) 503-2259	Donna Guinn-Taylor, 2336 Lee Road 430, Smiths, AL 36877, <b>Mail: P. O. Box 1087, Smith Station, AL 36803-0627</b>	(334) 291-5324 Donna (334) 291-5300 Joy Brooks	(334) 291-5310
Twelve	Southwest Alabama Maternity Care Administered by Gift of Life Foundation 1348 Carmichael Way Montgomery, AL 36106	(251) 575-7062 or (877) 826-2229	Jeanette Gibson – 159 Whetsone Street, Monroeville, AL 36461 <b>Mail: PO BOX 231479, Montgomery, AL 36123-1479</b>	(251) 575-7062 or (334) 272-1820 or (800) 239-2337 pin 8301	(251) 743-7410
Thirteen	Southeast Alabama Maternity Care Program, LLC, Ron Owen, P. O. Box 6987, Dothan, AL 36302, (334) 793-8701	(334) 712-3784 or (800) 735-4998	Gary Bennett, 545 West Main Street, Suite 11, P. O. Box 6987, Dothan, AL 36302, FAX-(334) 793-8072 <b>Mail: P.O. Box 6987, Dothan, AL 36302</b>	(334) 712-3784	(334) 712-3249
Fourteen	Stanley K. Hammack, CEO, University of South Alabama, Associate VP for Hospital Affairs 2451 Fillingim Street, Mobile, AL, (251) 471-7114	(251) 415-8585	Susan Eschete, MOM CARE, 1714 Center Street, Mobile, AL 36604	(251) 415-8585	(251) 415-8589

## Solutions to Third Party Pharmacy Billing Problems *(Continued from Page 1)*

- An NCPDP code of 00, 05 or 01 translates in Medicaid's claim processing system to no other insurance coverage exists. Medicaid will deny the claim for other insurance if Medicaid shows drug coverage on the TPL file and no insurance payment is shown.
- An NCPDP code of 06 indicates the patient did not comply with his/her primary health plan's requirement. Claims with this code will be denied by Medicaid if Medicaid shows active other drug coverage. Medicaid recipients must follow their primary health plan's rules in order for Medicaid to pay their claims.
- An NCPDP code of 03 or 07 translates to a rejection from the primary insurance and will allow the system to process the claim without an amount displayed in the "other insurance amount" field.
- An NCPDP code of 02 or 04 translates into other insurance coverage exists and the system will deny the claim unless there is an amount displayed in the "other insurance amount" field.
- Because Medicaid does not process claims to pay just the other payer's copay, providers should not submit claims with NCPDP code 08. Using this code will cause claims to deny unless there is an other payer amount displayed in the "other insurance amount" field.



Based on the above system criteria, claims that receive no payment from the primary insurance due to the charges being applied to a deductible or the claim is not covered, the secondary claim to Medicaid should be submitted with an NCPDP code 03. Pharmacy providers should check with their software vendors to insure that an NCPDP code 04 is not being "autoplugged" by their software when no payment is received due to the charges being applied to a deductible.

**Reminder:** Providers must submit valid NCPDP codes and third party payment amounts. Entering an invalid code or minimal third party payment to bypass Medicaid's edits is considered abuse of the Medicaid program.

If the provider feels that they have submitted a pharmacy claim correctly (and in accordance with the above criteria) and still receives a TPL rejection or the provider is unable to enter the above information because there is no such field(s) listed on their claim, then the problem is most likely within their billing software. The provider may need to contact their software vendor for assistance. In addition, the provider may want to contact the EDS Electronic Claims Submission (ECS) help desk at 1-800-456-1242 for technical assistance. EDS representatives are available to assist the provider or the software vendor with pharmacy billing problems.

## Attention All Patient 1<sup>st</sup> and EPSDT Providers

Remember to complete the necessary referral forms when sending patients to other providers for care. Chapter 39 of the Provider Manual outlines which services require a Patient 1<sup>st</sup> referral.

Services that are covered only with an EPSDT referral are:

- Psychologists
- Occupational therapists
- Speech therapists
- Chiropractors
- Podiatrists
- Private duty nurses
- Air transportation
- Environmental lead investigators
- Physical therapists (chronic conditions, i.e., a condition where the diagnosis is made more than three months before the beginning date of physical therapy treatments).

Please ensure an EPSDT referral form is completed when referring your patients for the above services. Share this information with your office personnel to ensure the following is documented on the appropriate type of referral.

- Correct type of referral (EPSDT, Patient 1<sup>st</sup> and/or both)
- Date of most recent EPSDT screening date referral diagnosis
- Length of valid referral (please make appointment prior to filling this block to ensure the recipient may be seen before the referral expires)
- Specific reason for referral
- Please place the recipient's current phone number and address on the form to contact the recipient for appointment information.

When billing for Patient 1<sup>st</sup>/EPSDT referred services, the PMP name/nine digit Medicaid provider number, and indicator "4" must be reflected on either the CMS-1500 (blocks 17, 17a, and 24h) by the specialty physician or on the UB-92 (block 2 and the indicator "A1" in block 24) if a hospital or outpatient clinic is providing the specialty services. If all fields are not properly coded, Medicaid will reject the claim.

If a service performed by the billing provider does not require a Patient 1<sup>st</sup> referral, do not enter the name of a referring physician and/or the nine digit PMP number on the CMS-1500 (blocks 17 and 17a) or on the UB-92 Claim Form (block 2).

Providers may refer to Chapters 5, Filing Claims, and 39, Patient 1<sup>st</sup>, of the Provider Manual for claim instructions. If you file electronic claims, please contact EDS at 1-800-688-7989 for assistance.

## Billing Codes for Prolonged Services

Codes 99354-99357 are used when a physician provides prolonged service involving direct (face-to-face) patient contact that is beyond the usual service. This service must be reported in addition to other physician services, including evaluation and management services at any level.

Codes 99354-99357 are used to report the total duration of face-to-face time spent by a physician on a given date providing prolonged service, even if the time spent by the physician on that date is not continuous.

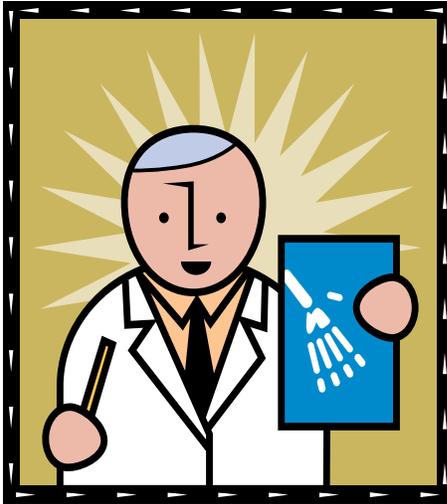
Prolonged service of less than 30 minutes total duration on a given date is not separately reported because the work involved is included in the total work of the evaluation and management codes.

Medical record documentation should support the direct face-to-face time patient contact. These services are subject to post-payment review.

## EPSDT Well Child Check Schedule

**P**atient 1<sup>st</sup> providers and EPSDT screening providers are reminded to perform well child check-ups according to the following periodicity schedule: 1 month, 2 month, 4 month, 6 month, 9 month, 12 month, 15 month, 18 month, 24 month, and every year beginning on or after the child's third birthday.

An interperiodic screening may be performed before, between, or after a periodic screening if medically necessary. Interperiodic screenings are performed for undiagnosed medically necessary chronic conditions outside the established periodicity schedule. Interperiodic EPSDT screenings are problem-focused and abnormal.



## Medicaid Provides Multiple Educational Opportunities

Medicaid is committed to educating providers about new initiatives and desired outcomes. Educational representatives may call and visit your office periodically to share important information with you. Following is a description of the educational activities in place.

### Medicaid Pharmacy Specialists

Through contract with Health Information Designs, Inc., seven Medicaid Pharmacy Specialists (MPSs) are available to schedule onsite visits. A MPS will discuss:

- The top drugs you prescribe
- The top most costly drugs you prescribe
- Top denial classes you prescribe, and
- The top denial reasons for you.

The MPS will review with you Medicaid's Preferred Drug Program and Pharmacy limits and provide tools to assist you in your prescribing practices.

Call 334-321-0280 or 334-321-0281 to schedule a pharmacy in-service.

### Medicaid Outreach Representatives

Medicaid employs Outreach representatives who are trained in-depth regarding program policies. These representatives will educate providers about:

- Patient 1<sup>st</sup>
- EPSDT
- Family Planning and Plan 1<sup>st</sup>
- PT + 3 and,
- New programs or problem areas.

The Outreach & Education Unit representatives perform several types of visits. Scheduled visits may include an educational in-service or a scheduled brief visit to answer questions or clarify program policies. In addition, Outreach representatives perform "drop in visits" or "cold-call" visits while in your area just to see if you're doing well or have any questions. Providers are encouraged to call 334-353-5203 anytime an educational in-service is needed. A telephone conference can also be arranged.

### Electronic Data Systems Provider Representatives

Through contract with Electronic Data Systems (EDS), ten field representatives are available to educate providers about:

- Appropriate billing practices
- Filing of claims
- Securing prompt and accurate payment for covered Medicaid services and,
- Electronic claims submission procedures.

Provider Representatives travel throughout the state to assist providers with issues related to their specific programs. Provider Representatives make scheduled visits. In addition, Provider Representatives assist providers with billing questions telephonically. Provider Reps work as liaisons between the Medicaid Agency and the provider community. Call 888-223-3630 to schedule a billing in-service.



## REMINDER

### Patient 1<sup>st</sup> Referrals for Outpatient Hospital Services

**To clarify:** Referrals are needed for Outpatient Hospital Services for procedure codes: 99281 – 99285, outpatient surgical procedures and therapies (PT, ST and OT), observation beds and non-certified emergencies.

Even though a provider has a referral to perform patient services, a referral is still needed for the hospital to be reimbursed for outpatient services.

# ALABAMA MEDICAID

## ***In The Know***

### General Information Providers Need to Know When Billing to the Alabama Medicaid Agency

#### ***Updated Vaccine For Children (VFC) Codes***

The VFC Program has added a new code (90710-MMRV) effective September 6, 2005. The current list of available VFC codes with effective dates is listed below for your information and convenience. Please share this information with your billing staff. For more information concerning MMRV, please contact the VFC Program at 1-800-469-4599.

<b><i>CPT-4 Procedure Code</i></b>	<b><i>Immunization</i></b>
90645	<i>Haemophilus influenzae type b (Hib) titer</i>
90647	<i>Haemophilus influenzae type b (Pedvax)</i>
90648	<i>Haemophilus influenzae type b (ActHib)</i>
90655	<i>Influenza, preservative-free (6-35 months) – Eff. 1-1-05</i>
90656	<i>Haemophilus influenzae, split virus, preservative free (3 years and older)</i>
90657	<i>Influenza (6-35 months)</i>
90658	<i>Influenza (3 years and older)</i>
90669	<i>Pneumococcal Conjugate vaccine 7 valent (Pnu 7)</i>
90700	<i>Diphtheria, Tetanus, Acellular Pertussis (DtaP)</i>
90702	<i>Diphtheria, Tetanus (DT)</i>
90707	<i>Measles, Mumps, Rubella (MMR)</i>
90710	<i>Measles, Mumps, Rubella, and Varicella (MMRV) vaccine, Live, for subcutaneous use (1-12 yrs of age) – Eff. 9/6/05</i>
90713	<i>Poliomyelitis (IPV)</i>
90714	<i>Tetanus, Diphtheria (Td), preservative-free – Eff. 7-1-05</i>
90715	<i>Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed (Tdap) – Eff. 5-3-05</i>
90716	<i>Varicella (Chicken pox) vaccine (for selected recipients)</i>
90718	<i>Tetanus and Diphtheria (Td) (for adult use)</i>
90721	<i>Diphtheria, Tetanus, Acellular Pertussis and Hemophilus influenzae b (DTaP-HIB)</i>
90723	<i>Pediarix (DtaP-Hep B-IPV)</i>
90732	<i>Pneumococcal polysaccharide virus 23 valent (Pnu 23)</i>
90733	<i>Meningococcal Polysaccharide (MPSV4), (2-18 yr of age) – Eff. 2-10-05</i>
90734	<i>Meningococcal Conjugate (MCV4), (11-18 yr of age) – Eff 3-1-05</i>
90744	<i>Hepatitis B vaccine (Hep B)</i>
90748	<i>Hepatitis B and Hemophilus influenzae b (Hep B-Hib)</i>

## **Dental Tidbits**

### **Extractions:**

Extractions to facilitate orthodontics are **NOT** covered unless the orthodontics is covered meeting Medicaid criteria.

### **Coding Sheets:**

Dental providers are required to complete and sign a procedure coding sheet (often referred to as a "Super Bill") listing all procedure codes/descriptions performed on each date of service for each Medicaid recipient. For audit purposes, these coding sheets are required to be maintained on file for a period of three (3) years from the date of service.

## **Youth Passports Available in Spanish for EPSDT Screening Providers**

A limited number of Youth Passports in Spanish are now available. Please fax the number requested on letterhead stationary to 334-353-4193. The Agency no longer has Youth Passports available in English. We look forward to receiving your order!

## **Visit Alabama Medicaid ONLINE**



**[www.medicaid.state.al.us](http://www.medicaid.state.al.us)**

### **Providers can :**

- ◆ **Print Forms and Enrollment Applications**
- ◆ **Download Helpful Software**
- ◆ **Obtain Current Medicaid Press Releases and Bulletins**
- ◆ **Obtain Billing and Provider Manuals and Other General Information about Medicaid**

## **Billing Information for DME Providers**

### **Medical Criteria for the Percussor**

Effective October 1, 2005 the Medical Criteria for the Percussor has been revised. Revisions to this criteria will be published in updates to Chapter 14 of the January 2006 Provider Manual.

Minor revisions have also been made to the Medical criteria for Home Phototherapy. The prior authorization requirement for Home Photo Therapy has been removed effective November 1, 2005 and Medicaid's reimbursement will be reduced from \$90.00 per day to \$75.00 per day. Coverage is allowed for up to a maximum of four (4) consecutive days and is limited to the first 30 days of life and if additional days are needed, a prior authorization request must be submitted will be based on the medical documentation submitted by the physician. A skilled nursing visit may not be billed in the Home Health program for this service.

### **High Frequency Chest Wall Oscillation Air Pulse Generator System**

Effective October 1, 2005 Alabama Medicaid will begin reimbursement for procedure code E0483 (High Frequency Chest Wall Oscillation Air Pulse Generator System (includes hoses and vest). Coverage is available for children under age 21 who meet established medical criteria. The established Medical Criteria will be published in the updates to Chapter 14 of the January 2006 Provider Manual.

### **Alabama Medicaid's Augmentative Communication Device**

Effective September 1, 2005 Alabama Medicaid's Augmentative Communication Device (ACD) policy has been updated to include rental policy criteria. The ACD device must be tailored to meet each individual recipient's needs. Therefore, a recipient may need to try more than one device until one suitable to meet their needs is identified. The Medicaid Agency will allow rental of the device, on a week to week basis for \$135.00 per week, for one month with a maximum rental cap of \$540.00. The amount paid for this rental will be deducted from the total purchase price of the ACD device. The procedure code for one month rental of this device is E2510 (R).

If you have additional questions or need further clarification on New or updated medical criteria, please contact LTC Provider/Recipient Services at 1-800-362-1504.

## **Medical Home-Health Literacy CME/CEU Activity Now Online**

Physicians, nurses and other allied health professionals can now access the Alabama Medicaid Agency's Medical Home-Health Literacy CME/CEU activity online at [www.medicalhome.alabama.gov](http://www.medicalhome.alabama.gov).

The online educational program offers up to 9.0 CME/CEU hours at no cost to the participant and is designed to improve health outcomes and to prevent or ameliorate negative aspects of chronic illnesses in the Medicaid population. Patient 1<sup>st</sup> physicians who complete the activity are eligible for an enhanced case management fee.

Similar to the Agency's Medical Home-Health Literacy CD released earlier this year, the new online program also offers a Patient 1<sup>st</sup> program tutorial and updated resources in the library. Physicians and others interested in learning more specifics about the Patient 1<sup>st</sup> program may access this portion of the program directly through [www.medicalhome.alabama.gov](http://www.medicalhome.alabama.gov) or by going to the Patient 1<sup>st</sup> page of the Agency's website at [www.medicaid.state.al.us](http://www.medicaid.state.al.us)

For more information about the program, contact Robin Rawls, Associate Director, Research & Development, at 334-353-9363 or by email at [cme@medicaid.state.al.us](mailto:cme@medicaid.state.al.us)

## **What's Next for Those who Have Medicare and Medicaid The New Medicare Prescription Drug Benefit (Medicare Part D)**

**S**tarting January 1, 2006, Medicare prescription drug coverage will be available to everyone with Medicare. Individuals with full Medicaid and Medicare (full-duals) will have their drugs covered by Medicare (not Medicaid) after December 31, 2005 unless the drugs are on the excluded list below. Medicaid will continue to pay for other health care costs as before. Those eligible for QMB, SLMB, or Q1 (duals) will have access to prescription drug coverage under this new Medicare drug benefit. **Please refer to section 3.3 of the Medicaid Provider Manual for a full description of Medicaid recipient aid categories.**

**Medicare Part D has a two step process:**

**Step 1:** Applying for Low-Income Subsidy/extra help. Extra help is available for many people with limited incomes and resources. The extra help pays the premium, deductible and co-insurance. Medicare recipients who currently have full Medicaid, QMB, SLMB, Q1, or get SSI benefits will be deemed eligible for the Low-Income Subsidy/extra help. They do not need to apply for the extra help. These individuals will pay no premiums or deductible and Medicare will pay 95% of drug costs with no gap in coverage. While in some cases these individuals will pay a small co-payment (nursing home residents exempted) there will be no cost sharing/co-payments above the catastrophic limit (\$5100.00). Other individuals with Medicare who have limited income and resources will need to apply for the extra help.

**Step 2:** Individuals who would like to take advantage of this new prescription drug benefit will need to enroll in a prescription drug plan. Individuals can enroll in a prescription drug plan between November 15, 2005 and May 15, 2006. Individuals with full Medicaid and Medicare may choose a plan. However, if they have not chosen a plan by December 31, 2005, they will be randomly assigned to a plan in their area to make sure they do not miss a day of coverage. Those eligible for QMB, SLMB, or Q1 who have not chosen a plan by May 15, 2006 will be automatically enrolled in a plan effective June 1, 2006. Those deemed eligible for the Low-Income Subsidy can change to another plan at any time. Medicare will mail the "Medicare & You 2006" handbook which will tell the Medicare beneficiary how Medicare will pay for their drug costs, the plans available in their area and what to do to choose a plan. Individuals with Medicare and full Medicaid will also receive a letter from Medicare which will tell them about the plan that Medicare will automatically enroll them in if they do not enroll by December 31, 2005.

Although Medicare beneficiaries will be provided with prescription drug coverage under Medicare Part D, Medicare has excluded certain drugs from their coverage (see list below). Alabama Medicaid will continue to cover only the drugs in the Medicare excluded classes for those who have full Medicaid and Medicare. Please note any Medicaid coverage restrictions, edits or overrides on these drugs will apply.

### **Medicare Part D Excluded Drugs that Medicaid will continue to cover for our full dual eligibles:**

Medicaid coverage of these optional classes is subject to change.

<b>Part D Excluded Drug Class</b>	<b>Example Drug* Alabama Medicaid Will Continue to Cover</b>
	Medicaid coverage of these optional classes is subject to change.
Drugs for anorexia, weight loss, weight gain	Currently Medicaid covers orlistat under PA (specific additional co-morbidity must be medically confirmed)
Fertility Drugs	nafarelin (Medicaid <i>does not cover</i> drugs with a fertility-only FDA approved indication)
Cosmetic use or hair growth	Medicaid <i>does not cover</i> drugs with cosmetic-only FDA approved indications
Symptomatic use of cough and colds	dextromethorphan, pseudoephedrine, hydrocodone combination cough syrups
Prescription vitamin and mineral products (excluding prenatal vitamins and fluoride preparations)	multivitamins for TPN, cyanocobalamin
Over the Counter (OTC) products	acetaminophen, aspirin, hydrocortisone 1%, ibuprofen
Barbiturates	phenobarbital, amobarbital
Benzodiazepines	clonazepam, temazepam, diazepam

\*Example drugs are listed for reference purposes only. As these are optional coverage classes for Medicaid, not all drugs in these classes may be covered.

For more information about the New Medicare Prescription Drug Benefit, you can call Medicare at 1-800-633-4227 or your Area Agency on Aging at 1-800-243-5463.

## Sign Up For A Dental Workshop Coming To Your Area

Dental Registration Form

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PROVIDER NUMBER: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

NAME OF ATTENDEE(S): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CONTACT TELE PHONE NUMBER: (     ) \_\_\_\_\_

FAX NUMBER FOR CONFIRMATION: (     ) \_\_\_\_\_

The Medicaid Agency will be conducting Dental Workshops to assist you with questions or issues which you may be experiencing. During the workshops, we will discuss the new dental Prior Authorization form, the standardization of one dental paper claim form, clarify policy and discuss billing issues. If you have claims with which you are experiencing problems receiving payment, we encourage you to bring examples with you so we may return to the office and conduct the necessary research.

All dental office staff members should attend. The meeting will be very detailed and will allow time for question and answer sessions.

To enroll, please complete the form below and fax it to (334) 215-4140 - Attention Nan Hornady or Lynn Engram. The information may also be e-mailed to either of the following addresses: [Nan.hornady@alxix.slg.eda.com](mailto:Nan.hornady@alxix.slg.eda.com) or [Lynn.egram@alxix.slg.eda.com](mailto:Lynn.egram@alxix.slg.eda.com)

Confirmation will be sent to you once your registration is complete. There is no fee for attending the workshops. If you have additional questions about the workshops, you may contact Nan or Lynn at 1-800-688-7989.

The dates, locations and times of the workshop are listed to the left.

Date	City	Location	Time
December 5	Huntsville	Huntsville Public Library	12:30 pm to 2:30 pm
December 6	Birmingham	Homewood Public Library	9:00 am to 11:00 am
December 9	Montgomery	Montgomery County Health Department Classroom 2	10:00 am to 12:00 pm
December 12	Mobile	Mobile Department of Transportation	12:00 pm to 2:00 pm

Montgomery, AL 36124-4032  
 Post Office Box 244032

**Alabama  
 Medicaid  
 Bulletin**

