

Provider Insider

Alabama Medicaid Bulletin

July 2006

The checkwrite schedule is as follows:

07/07/06 07/21/06 08/04/06 08/18/06 09/08/06 09/15/06

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

EDS is Implementing a New Claims Processing System!

Effective May 2007, in order to accommodate changes necessary for NPI (National Provider Identifier), EDS is implementing a new claims processing system. The new system, interChange, will have several new advantages for providers. Some of the enhancements will include:

- Fully interactive web portal transactions for all claim types
- “Fuzzy” search for recipient information by name (allows provider to enter partial name and retrieve information)
- Ability to submit and review Prior Authorizations via the web portal
- Detailed Alabama specific EOB codes will return on paper Explanation of Payment Reports (EOPs)
- Ability to check claim status via the web
- Claim correction capabilities for denied claims via the web
- All properly formatted electronic claims will be accepted for processing and will report on the EOP
- Real-time claims processing that allows providers to know if a claim will pay on the next check write
- Provider Electronic Solutions software updates will be available through an upgrade, not a new release
- NPI numbers will be utilized
- PA numbers will no longer be required on claims for adjudication



In the next few weeks, EDS will be sending a Provider Alert to all active providers requesting their NPI. Please take the necessary time to send your information to us. EDS will retain the NPI information for use in the new interChange system. The alert will have additional information about NPI, payment scenario examples, and contact information for the enumerator and EDS. (Continued on Page 4)

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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 _____

Eye Care Provider Information

Prior authorization from Medicaid is required for the following eye care services:

Lens and frame change in same benefit period for recipients 21 and older

Orthoptic training (eye exercises)

Additional comprehensive exams in same benefit period for recipients 21 and older

Photochromic lenses

UV 400 lens coating

Low vision aids

Contact lenses (for anisometropia, keratoconus, aphakia, and high magnification difference between lenses)

Progressive Lenses

All requests for prior authorization should include the following information:

1. Recipient's name
2. Recipient's Medicaid Number (thirteen-digits)
3. If the PA is requested due to a prescription change, past and current prescription data (complete for both eyes), including diagnosis code(s), is required
4. Exception requested (what is being requested)
5. Reason for exception (explain, e.g., cataract surgery date, etc...), with current justification
6. Signature of practitioner
7. Address of practitioner

Refer to Section 15.5.3, Procedure Codes and Modifiers, for the appropriate procedure codes for services requiring prior authorization.

Attention Vaccines for Children Providers

Procedure Code 90721 Diphtheria, Tetanus, Acellular Pertussis and hemophilus influenza type b (DTap-HIB) should only be given for children 1-5 years of age. This a correction from the May 2006 Insider Article which incorrectly stated "0-5 yrs of age."



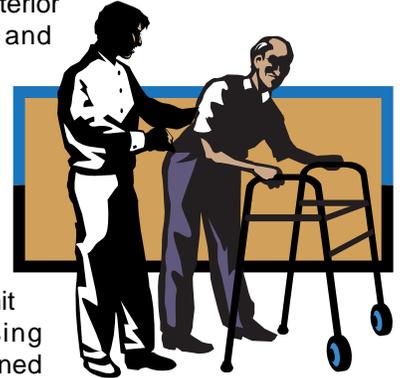
DME Provider Information Updates

Gait Trainers will no longer be covered using procedure code E1399. Gait Trainers will be covered using the following procedure codes:

E8000—Gait trainer, pediatric size, posterior support, includes all accessories and components.

E8001—Gait trainer, pediatric size, upright support, includes all accessories and components.

E8002—Gait trainer, pediatric size, anterior support, includes all accessories and components.



Requests submitted to the PA Unit for approval of Gait Trainers using procedure code E1399 will be returned asking for additional information and can be resubmitted using the appropriate procedure code listed above.

Effective July 1, 2006, Peak Flow Meters will no longer be covered using procedure code E1399. The Peak Flow Meter will be covered using procedure code A4614, will no longer require prior authorization and will be limited to one every three years.

Equipment and Supplies for Enteral Nutrition are a covered service through the EPSDT Program based on medical necessity and require prior authorization. For prior approval to be granted for equipment and supplies for Enteral Nutrition (B9002, B4034, B4035, B4036, B4086, B9002, & B9998 & E1399) the following criteria must be met:

1. Recipient must be Medicaid eligible and under the age of 21; and
2. Recipient must meet the criteria for specialized nutrition. Verification that the recipient has met the criteria for specialized nutrition should accompany the PA request. A copy of the HID approval letter for the nutritional supplement is acceptable verification.

NOTE: For Medicaid recipients 21 years of age and above coverage is only available for supply code A4213 (Syringe, sterile, 20cc or greater - for bolus feeds).

Effective August 1, 2006, Blood Glucose Monitors (E0607) will no longer be limited to one every two years. Blood Glucose Monitors will be limited to one every five years.

Effective April 1, 2006, the following diabetic supplies are available for recipients who are eligible for the Home Blood Glucose Monitor:

A4233 – replacement battery, alkaline, other than J cell	2 units/yr
A4234 – replacement battery, alkaline, J cell	2 units/yr
A4235 – replacement battery, lithium	2 units /yr
A4236 – replacement battery, silver oxide	2 units/yr
A4256 – normal, low and high calibrator solution/chips	1 unit/yr

Effective August 1, 2006, for insulin dependent recipients diabetic test strips (A4253) are limited to three boxes (50 per box) each month. Lancets (A4259) are limited to two boxes (100 per box) each month.

Effective August 1, 2006, for non insulin dependent recipients diabetic test strips (A4253) are limited to two boxes (50 per box) each month. Lancets (A4259) are limited to one box (100 per box) each month.

Effective August 1, 2006, for recipients receiving Total Parenteral Nutrition (TPN) diabetic test strips are limited to two boxes (50 per box) each month. Lancets (A4259) are limited to one box (100 per box) each month.

Electronic PA Requests Requiring Attachments

If attachments are required for PA review, the attachments must be sent to EDS to be scanned into the system. Do not fax attachments to the Alabama Medicaid Agency unless a request is made for specific information by the Agency reviewer. Attachments that are scanned can be located in the system and are linked by the PA number on the Prior authorization response returned by the system. This response should be placed on the front of all attachments sent. The need to link the attachments sent hard copy with a PA request submitted electronically has resulted in delays in PA processing. In an effort to expedite this process follow the instructions below taken from Chapter 15, Submitting 278 Prior Authorization Requests, Provider Electronic Solutions Manual:

Note: Please print a copy of the Prior Authorization response, which is received after your submission, and attach the response to your attachments. Fax them to 334-215-4140, Attn: PA Unit, or mail the attachments to:

**Attn: PA Unit
301 Technacenter Dr.
Montgomery, AL 36117**

If you have any additional questions or need further clarification, please contact Wanda Davis, at (334) 242-5018 or Ida Gray at 334-353-4753.

Online Updates Available to Providers via Agency Listserv

Providers, recipients, advocates and others with an interest in the Alabama Medicaid Agency can sign up on the Agency's listserv to receive "Medicaid Matters," the Agency's online newsletter, and other updates via email.

The listserv was launched earlier this year as a free public service to provide information to those who "subscribe" to the list. In providing this information, the Agency hopes to more fully inform those who are affiliated with or impacted by the Agency. The listserv is open to the public and may be subscribed to (or unsubscribed) at any time. All subscriber information is confidential and is not released to any other organization.

To subscribe to this list, send an email to medicaid.info@list.alabama.gov with the word SUBSCRIBE in the subject line and follow the directions. As a security measure, you will receive an email in order to confirm your request. To unsubscribe, send an email to medicaid.info@list.alabama.gov with the word UNSUBSCRIBE in the subject line.

Providers with questions should contact Robin Rawls, Associate Director, Research and Development, at robin.rawls@medicaid.alabama.gov or by calling (334) 353-9363.



REMINDER



Remember, it is essential to screen all children at ages 12 and 24 months for lead poisoning. Report ALL levels > 10ug/dL to the Health Department using the ADPH-FHS-135 form. Forms and educational materials are available at the Health Department's website www.adph.org/acldppp. For any questions, please call 1-334-206-2966 or 1-800-545-1098. Keep Alabama's kids lead free!

PA Policies

The Prior Authorization Unit has received extensive training to ensure that current policies are being followed. Please refer to the Alabama Medicaid Provider Manual for policy requirements that are now being followed.

Hospice Satellite Offices to Receive Unique Provider Number

Effective June 1, 2006, the Alabama Medicaid Agency will issue a unique provider number to each Hospice satellite office location. The unique provider number will distinguish the satellite offices from the parent offices. Each satellite location is required to bill Medicaid for Hospice services based upon their assigned Metropolitan Statistical Area (MSA).

All Hospice Providers with satellite offices were mailed enrollment applications and were instructed to complete one application for each satellite office and to return this information to EDS. After this information is received by EDS, a unique provider number will be assigned for each satellite location. Hospice satellite locations that currently have a provider number will receive a new number.

If you did not receive the information mentioned above or would like additional information about this process please contact Robin Arrington of the LTC Provider/Recipient Services Unit at (334) 353-4754.



www.medicaid.alabama.gov

Clarification: TPL Policy On EPSDT/Preventive Services

Medicaid is a secondary payer to all available third party resources. If the patient is enrolled in a HMO or Medicaid pays the provider on an encounter or capitation basis, the patient's other insurance must be filed first when billing for any type of EPSDT screening.

If the patient is not enrolled in a HMO or Medicaid does not pay the provider on an encounter or capitation basis, EPSDT screenings (99381EP-99385EP and 99391EP-99395EP) and immunizations may be billed to Medicaid first.

Interperiodic screenings (procedure codes 99391-99395-without an EP modifier) must always be filed with the patient's other insurance first.

ONLINE

Visit Alabama Medicaid



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

www.medicaid.alabama.gov

EDS is Implementing a New Claims Processing System! (Continued From Page 1)

EDS will have training classes in Spring 2007 to educate providers on specific changes, key dates and other important information. These classes are highly recommended for all Medicaid billing staff.

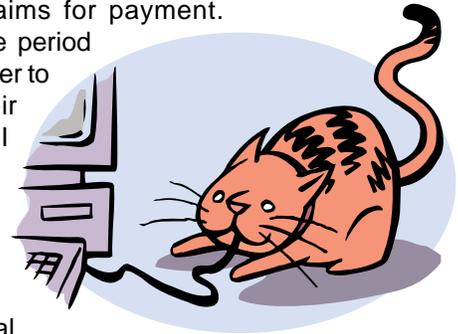
What else do you need to know? When interChange is implemented, Claim Submission Responses (CSR/audit trails) will no longer be available for download through PES or your vendor software. To determine claim status, providers will utilize the new Web Portal and conduct a "fuzzy" search using the Julian date to locate and download batches submitted on that date. EDS will not begin accepting the new CMS-1450 or UB-04 until May 23, 2007. If claims are received on these forms prior to May 23rd, they will be returned to the provider without being processed. Claims without NPI numbers will not be processed after May 23, 2007.

Providers will be required to obtain a new log-on ID for electronic claims submission. More information on this will be forthcoming.

Outpatient Hospitals Must Use CCI Software

Effective October 1, 2006, the Alabama Medicaid Agency will require all outpatient hospital providers to use the Correct Coding Initiative (CCI) software prior to submitting claims for payment.

Hospitals will be allowed a grace period through December 31, 2006 in order to implement CCI edits within their systems. The purpose of the CCI edits is to ensure the most comprehensive groups of codes are billed rather than component parts. CCI edits also check for mutually exclusive code pairs. Medicaid uses CCI edits as one of several audit tools during post-payment reviews. If you have any questions please contact Jerri Jackson, RN, BSN at (334) 242-5630 or via e-mail at jerri.jackson@medicaid.alabama.gov.



Important Mailing Addresses

All Claim forms, Consent forms, and other mail	EDS Post Office Box 244032 Montgomery, AL 36124-4032
Inquiries, Provider Enrollment Information, and Provider Relations	EDS Post Office Box 241685 Montgomery, AL 36124-1685
Adjustments	EDS Post Office Box 241684 Montgomery, AL 36124-1684

ALABAMA MEDICAID

In The Know

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

Modifier 76 (Repeat Procedure)

The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding the modifier 76 to the repeated procedure/service. From a coding perspective, modifier 76 is intended to describe the same procedure or service repeated, rather than the same procedure being performed at multiple sites.

Prior to January 1, 2004, providers were advised to file multiple services with modifiers Y2-Y9 and Z2-Z3 to avoid services being denied as duplicates. Since these modifiers have been eliminated, we are revising instructions for filing multiple services that are performed on the same day. The appropriate use of CPT and HCPCS codes is required when filing claims. In addition, diagnosis codes and modifiers should assist with accurately describing services billed. It is necessary to append the appropriate anatomical modifiers to procedure codes to differentiate between multiple sites. If a claim drops for manual review, the appropriate use of diagnosis codes and modifiers may assist claim reviewers in determining the intent of billing **without having to request documentation**. As always, providers can continue to file modifiers RT and LT when two of the same procedure is performed and one is on the right side and one is on the left side of the body. However, if more than one service is performed on the right or left side, services could be denied as duplicates if more than one RT or LT modifier is filed on the same procedure code. Modifier 76 is defined by the CPT as "Repeat Procedure by Same Physician". Therefore, we are providing the following instructions with examples to educate providers on how to submit those services.

- 1) If multiple services are performed on the same day, anatomical modifiers must be filed in addition to modifier 76 on the second line item.

Date of Service	Place	Procedure	Number of Services
2/4/03-2/4/03	11	73580-RT	1
2/4/03-2/4/03	11	73580-RT76	1

- 2) If multiple services are performed on different sides and anatomical modifiers are descriptive, the use of modifier 76 is optional.

Date of Service	Place	Procedure	Number of Services
2/4/04-2/4/03	11	28820-T8	1
2/4/03-2/4/03	11	28820-TA	1

- 3) Modifier 76 is defined as "repeat procedures by the same physician". The Agency requires claims for repeat procedures to be submitted as shown below.

The first line must be submitted with only one unit of service with no modifier and lines two through six with modifier 76 with one unit on each line. Any units greater than six must be submitted to Medicaid for administrative review.

Date of Service	Place	Procedure	Number of Services
2/1/06-2/1/06	22	25260	1
2/1/06-2/1/06	22	25260-76	1
2/1/06-2/1/06	22	25260-76	1

Some services may be billed with multiple units of service, depending on the maximum number of units allowed by Medicaid.

Date of Service	Place	Procedure	Number of Services
3/1/06-3/1/06	11	88305	6

Family Planning Program Extended Through September 2008

Plan First, the Alabama Medicaid Agency's nationally-recognized family planning program, has been approved by the Centers for Medicare and Medicaid Services through September 30, 2008. The program began in October 2000 to provide family planning coverage to uninsured women ages 19-44 who would not qualify for Medicaid unless pregnant.

To qualify for the program, an applicant's family income must be at or below 133 percent of the Federal Poverty Level. Approximately 99,000 Alabama women are currently enrolled in the program which is jointly operated by Medicaid and the Alabama Department of Public Health.

Agency Unveils Searchable Online Fee Schedules

Physicians and other health care providers can now search for information on specific reimbursement codes using a new search feature on the Agency's website. The new look-up screen enables providers to look up a single code or a range of codes on five different fee schedules, including physicians, physician drug (injectibles), lab and x-ray, DME/supplies and outpatient schedules.

PDF and Excel versions of the fee schedules will continue to be offered on the website as well.

Providers can view and use the new fee schedule search feature at <http://www.medicaid.alabama.gov/feeschedule/searchv2.aspx>



www.medicaid.alabama.gov

Improved Health Outcomes Goal of In-Home Monitoring Effort

Combining new technology with a personal touch, Alabama Medicaid's In-Home Monitoring program is helping Patient 1st physicians improve health outcomes for their patients with chronic diseases or conditions while potentially reducing emergency room visits, inpatient hospital utilization, prescription drug costs or high cost procedures.

A joint effort of the Alabama Medicaid Agency, the Alabama Department of Public Health and the University of South Alabama's Center for



Strategic Health Innovation, the In-Home Monitoring program is designed to provide consistent patient information to physicians on an ongoing basis. Patients on the program use specially-designed equipment to measure their blood sugar, blood pressure and/or weight from the privacy and convenience of their home and automatically transmit the data via a toll-free telephone line to the monitoring center. There is no charge to the patient or physician to participate in the statewide program.

"The system allows a physician to get specific, real-time information on the patient between office visits," said RN Susan Malone, Clinical Coordinator for USA's Center for Strategic Health Innovation. She noted that this is particularly important when physicians are trying to stabilize a patient's condition, such as a diabetic whose blood sugar is not well controlled.

If any of the submitted data is outside the limits set for a patient by his or her physician, the system triggers a follow-up phone call or visit to the patient. In some cases, the patient may have forgotten to take their medicine that morning while other changes may be more gradual and warrant a different response, Malone said. Patients who fail to submit data are also targeted for follow-up.

Program participants are referred to the program by their Patient 1st physician. ADPH nurses help patients set up, test and learn to use the equipment in the home, and make follow-up visits as needed. As program coordinator, USA furnishes the equipment, monitors the data submitted by the patient and provides referring physicians with printed monthly reports for patients' charts.

For more information on the In-Home Monitoring program, contact Kim Davis-Allen at 334-242-5011 or Susan Malone at 251-461-1810.

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G R O U P 1



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Nurse Practitioners
Podiatrists
Chiropractors
Independent Labs
Free Standing Radiology
CRNA
EPSDT (Physicians)
Dental
Physicians
Optometric
(Optometrists and Opticians)

G R O U P 2

Rehabilitation Services
Home Bound Waiver
Therapy Services (OT, PT, ST)
Children's Specialty Clinics
Prenatal Clinics
Maternity Care
Hearing Services
Mental Health/Mental Retardation
MR/DD Waiver
Ambulance
FQHC



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Public Health
Elderly and Disabled Waiver
Home and Community Based Services
EPSDT
Family Planning
Prenatal
Preventive Education
Rural Health Clinic
Commission on Aging
DME
Nurse Midwives



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G R O U P 3

Ambulatory Surgical Centers
ESWL
Home Health
Hospice
Hospital
Nursing Home



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Personal Care Services
PEC
Private Duty Nursing
Renal Dialysis Facilities
Swing Bed

State Fiscal Year 2006-2007 Checkwrite Schedule

10/06/06	01/05/07	04/06/07	07/06/07
10/20/06	01/19/07	04/20/07	07/20/07
11/03/06	02/09/07	05/11/07	08/10/07
11/17/06	02/23/07	05/25/07	08/24/07
12/08/06	03/09/07	06/08/07	09/07/07
12/15/06	03/23/07	06/22/07	09/14/07

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