

Provider *Insider*

Alabama Medicaid Bulletin

May 2006

The checkwrite schedule is as follows:

05/05/06 05/19/06 06/02/06 06/16/06 07/07/06 07/21/06 08/04/06 08/18/06

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

Medicaid To Sponsor Town Hall Meetings Throughout Alabama



Alabama health care professionals and provider support personnel are invited to join Medicaid Commissioner Carol A. Hermann-Steckel and senior Medicaid staff members for one of 22 Town Hall meetings, to be held in ten Alabama cities between May 9 and June 1, 2006.

Each two-hour session is designed to update Medicaid providers and/or their employees on the Alabama Medicaid program, including presentations on Medicaid's Patient 1st and Pharmacy programs and a preview of Medicaid's updated billing and information system. There is no charge to attend any of the sessions.

Evening sessions are targeted to physicians, pharmacists, nurse practitioners, physician assistants, social workers and other health professionals. Afternoon sessions are especially designed for billing and coding staff, pharmacy technicians and other provider support personnel.

Early registration is encouraged as space is limited. Deadline for registration is one week prior to the event. After the deadline, participants will be registered on a space-available basis. Participants may register online, by fax, by mail, or by calling the Alabama Medicaid Agency's Outreach and Education Unit at (334) 353-5203.

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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 _____

Important DME Information

When requesting a prior approval from Alabama Medicaid for glucose monitors, providers must submit documentation certifying that the recipient or his caregiver has received education and training in the proper usage of the glucose monitor, strips and lancets.

Effective March 1, 2006, the reimbursement for Home Phototherapy has been increased from a global fee of 75.00 per day to a global fee of \$93.00 per day. This reimbursement includes the bilirubin light, registered nurse services to perform home visits and all associated professional services.

Providers billing for diabetic supplies (A4253 & A4259) that require prior authorization as well as diabetic supplies not requiring prior authorization may now be billed on the same date of service. System changes are now in place to prevent the prior authorized units billed for diabetic supplies from denying as duplicates when billed on the same date of service as diabetic supplies that do not require prior authorization.

The Durable Medical Equipment Fee Schedule (DME) is now available on the Alabama Medicaid Agency Website at www.medicaid.state.al.us. The effective date for the DME Fee Schedule is April 1, 2006. You can access the Fee Schedule by going to Billing and then fee schedules.

Effective May 1, 2006, procedure codes B4034, B4035 and B4036 will be approved on a daily basis instead of monthly. (1 unit = 1 day) (31 units or 30 units = 1 month)

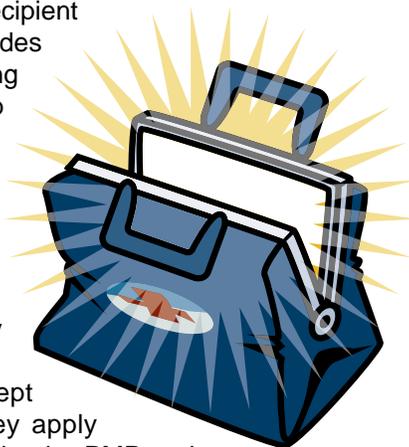
Effective May 1, 2006, procedure code A4627 (spacer, bag or reservoir with or without mask) will no longer be covered through the Durable Medical Equipment Program. This device will be billable through the Pharmacy Program using NDC codes.

The Prior Authorization Unit is now enforcing Medicaid's existing policy requiring that a physician's prescription must be received with all prior authorization requests for supplies, appliances and durable medical equipment before approval is granted.

www.medicaid.state.al.us

Patient 1st Program PMP Responsibilities

The Agency has identified instances of recipients being refused service and/or referrals because the PMP was not aware the recipient was assigned to their panel or had not seen the recipient before. The Patient 1st Program provides two reports, the Initial Assignment listing and the Monthly Enrollee listing, to help PMPs identify and manage patients on their panel. The PMP should use these lists to gauge caseloads and to ensure services can be provided to all enrollees. Outreach should be considered for any recipient on a provider's panel who does not currently have an established relationship.



Additionally, the PMP must accept individuals in the order in which they apply without restriction up to the limits set by the PMP and the Agency. Recipients will continue to be assigned to PMP's panels based on the assignment process if caseload is available and criteria can be met (i.e. county, age, etc.) PMPs who wish to change their caseload status must notify EDS' Provider Enrollment. Any changes made to the PMP's panel should be with the understanding that no individuals eligible to enroll in Patient 1st will be discriminated against on the basis of health status or the need for health care services.

Patient 1st Recipient's Provider Choice Forms

There are two forms published by Patient 1st to indicate the recipient's provider choice. These forms consist of the Newborn Assignment Form (Form 354) and "How to Change Your Patient 1st Personal Doctor" Form (Form 349). The Newborn Assignment Form can be completed before the birth of the newborn or after the infant is born while the mother is still in the hospital. The Patient 1st Change Your Personal Doctor Form is to be used for all other PMP change requests. These two forms are not interchangeable and should only be used for the purposes listed above.

Both forms can be obtained by calling Outreach and Education (334) 353-5203 or by accessing them via Medicaid's web page for download purposes. The Change Your Patient 1st Personal Doctor form can also be completed and sent via the web. If you have any questions regarding either form you can contact Paige Clark at (334) 242-5148.



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.

Attention Specialty Providers Billing for EPSDT Referrals

In order to ensure the proper billing of an EPSDT Referral, please refer to Chapter 5, Filing Claims, which outlines the appropriate values to place on the claim form. It is very important to complete the claim form with all the applicable fields in order to capture that the service is a result of an EPSDT Screening or Referral.

EXAMPLE: For a CMS-1500 claim form, the applicable fields to represent an EPSDT Referral are: Block I7-Referring Provider's Name, Block 17a-Referring Provider's Medicaid Provider Number, and Block 24h – list the appropriate indicator listed in Chapter 5. If all fields are not completed properly, the claim may deny and/or will not be counted as an EPSDT referral. These fields vary by claim type and electronic claims submission.

The EPSDT Referral requires a written referral on Form 362, Alabama Medicaid Agency Referral Form, which can be found on the Website and in Appendix E of the Alabama Medicaid Provider Manual. The written EPSDT referral must be maintained in your records and available upon request.

If you have any questions about filing EPSDT Referred claims, please contact your Provider Representative at EDS at 1-800-688-7989.



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/ac/ldppp. For any questions, please call 1-334-206-2966 or 1-800-545-1098. Keep Alabama's kids lead free!

Codes Added For Audiology/ Hearing Providers (Correction)

Effective January 1, 2006 the following CPT codes have been added for coverage:

- 92626 – Evaluation of Auditory Rehabilitation Status; First hour
- 92627 – Evaluation of Auditory Rehabilitation Status; each additional 15 minutes
- 92630 – Auditory Rehabilitation; pre-lingual hearing loss
- 92633 – Auditory Rehabilitation; post-lingual hearing loss

Please note that 92507 should **not** be billed on the same day as 92630 or 92633. Changes will be reflected in your provider manual, Chapter 10.

Medicare and Medicaid Claims

If you are notified through an EOP that a claim has been recouped due to recently awarded Medicare coverage, you should promptly file the claim through the Medicare process. If you then receive a denial from Medicare, you may submit a claim to Medicaid on a crossover form. If the one year time filing limit for Medicaid has been exceeded, you must attach the Medicare EOMB to the crossover form and file within 120 days of the Medicare denial. When Medicare has been awarded retroactively, you have six months from the date of award to file Medicare claims

When the date of service is greater than the one year filing limit and you receive a Medicare denial due to a non-coverage issue, you may submit a claim on a crossover form with a copy of the Medicare EOMB. In the "Remarks" section you must notate "Medicare Denial" with the Medicare EOMB date. Please send the forms to the attention of your EDS Provider Representative. The claim must be filed with EDS/Medicaid within 120 days of the Medicare EOMB date.

Whenever Medicare has been awarded retroactively, you should promptly file the claim through the Medicare process regardless of the date of service. In the case of retroactive Medicare coverage, providers only have six months from the date of award to file a claim to Medicare.

HWT Letters Rescinded

In a joint meeting February 28, 2006, between MASA and the Alabama Medicaid Agency, Commissioner Herrmann-Steckel rescinded the HWT request for repayment in letters dated September 30, 2005 and February 3, 2006. Closure letters will be sent from HWT to all physicians and laboratories no later than April 30, 2006, explaining the process for reconciling any outstanding concerns with overpayments. Any questions should be directed to HWT's toll-free line 1-877-775-6876.

The Agency has joined with MASA to form a coding workgroup to begin review of policies and procedures governing claims payment. This workgroup will also assist the Agency in the implementation of the new claims processing system to accurately reflect correct coding and standards of practice. The first meeting will be April 13th. Information about and progress from the coding workgroup will be posted on the Agency's website.

Attention Anesthesia Providers

Anesthesia providers must submit the UPIN number of the referring surgeon / physician on the claim. If a hard copy is filed, the UPIN number should be populated in block 17a of the CMS 1500 claim form. For providers who file electronically, they should submit the referring surgeon/physician's UPIN number in REF02 of the 837P.

For providers such as dentists who are not assigned a UPIN number by Medicare, anesthesiologists should use "OTHOOO" as the referring or attending UPIN number. Claims for anesthesia providers not containing this information will deny.

Reminder for Hospital Providers

When adjusting claims that paid for inpatient or outpatient claims, you must completely reverse the claim (any claim type) out of the system and resubmit it. This also applies to any crossover claims that have been adjusted. The PHP does not receive any adjusted claim information. There have been instances where the hospitals have actually had money recouped that was never paid to begin with because of adjustments appearing on the EOPs. To keep claims processing correctly, please remember to REVERSE these claims.

Enrollment for Part B Claims

With the implementation of the Medicare Part D program, it is important to recognize Medicare covers certain prescription drugs under Part B with J codes (HCPC Codes) instead of NDC codes. Medicaid will allow these claims to be billed secondary to Medicare effective January 1, 2006. Examples of these drugs include hemophilia clotting factors, some immunosuppressive drugs for transplant patients (if the transplant was paid for by Medicare), some oral cancer drugs, erythropoietin analogs if the patient has End Stage Renal Disease, some injectable osteoporosis drugs, and some antigens if they are administered under doctor supervision. For more information on this issue, please visit the CMS website at <http://www.medicare.gov/Coverage/SearchResults.asp?State=AL%7CAlabama&Coverage=51%7CPrescription+Drugs&submitState=View+Results+%3E>.

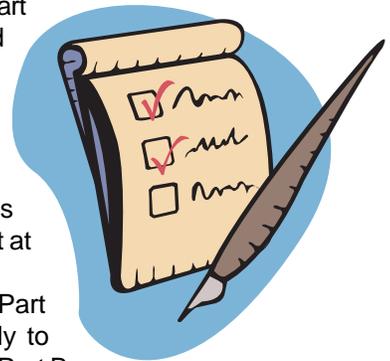
If the Alabama Medicaid pharmacy provider does not already have a provider number for filing Part B crossover claims, then the pharmacy provider will need to complete a separate provider enrollment application in order to be allowed to bill for these services secondary to Medicare. Medicaid allows payment up to our allowed amount. Providers will be issued an additional pharmacy provider number, which will be used for filing secondary claims only.

The Enrollment application can be found on our website at: www.medicaid.state.al.us and click on Billing>Forms-Billing Related>Provider Enrollment Forms, and should be utilized by pharmacy providers that will be billing for Part B claims. Enrollment applications should be mailed to:

EDS
Provider Enrollment
P.O. Box 241685
Montgomery, AL 36124

Any questions concerning the applications should be directed to provider enrollment at 1-800-223-3630 or (334) 215-0111.

Once a provider number is received, Part B claims should crossover automatically to Medicaid from Medicare. However, if the Part B crossover claim did not crossover automatically, then the Part B crossover claim should be filed on a Medicaid/Medicare related claim form, or electronically through Provider Electronic Solutions software. Claim forms and software can be ordered by calling Provider Assistance at 1-800-688-7989.



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

Updated Vaccine For Children (VFC) Codes

The VFC Program has added a new code (90680-Pentavalent Rotavirus Vaccine) effective February 3, 2006. 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 the new codes, please contact the VFC Program at 1-800-469-4599.

CPT-4 Procedure Code Immunization

90633	Hepatitis A, 2-dose pediatric formula (12months – 18 years of age) – Eff. 2/1/06
90636	Hepatitis A & B – 3-dose formulation (18 years of age only), - Eff. 2/1/06
90645	Hemophilus influenza type b (Hibtiter)
90647	Hemophilus influenza type b (Pedvax)
90648	Hemophilus influenza type b (ActHib)
90655	Influenza, preservative-free (6-35 months) – Eff. 1-1-05
90656	Influenza virus vaccine, split virus, preservative free (3 years and older)
90657	Influenza (6-35 months)
90658	Influenza (3 years and older)
90669	Pneumococcal Conjugate vaccine 7 valent (Pnu 7) (0-5 yr of age)
90680	Rotavirus Vaccine, Pentavalent, 3 dose schedule, live, for oral use (6-32 weeks of age) eff. 2/3/06
90700	Diphtheria, Tetanus, Acellular Pertussis (DtaP) (0-6 yr of age)
90702	Diphtheria, Tetanus (DT) (0-7 yr of age)
90707	Measles, Mumps, Rubella (MMR) (age 1-999)
90710	Measles, Mumps, Rubella, and Varicella (MMRV) vaccine, Live, for subcutaneous use (1-12 yrs of age) – Eff. 9/6/05
90713	Poliomyelitis (IPV)
90714	Tetanus, Diphtheria (Td), preservative-free – Eff. 7-1-05
90715	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed (Tdap) – Eff. 5-3-05
90716	Varicella (Chicken pox) vaccine (for selected recipients)
90718	Tetanus and Diphtheria (Td) (for adult use)
90721	Diphtheria, Tetanus, Acellular Pertussis and Hemophilus influenza type b (DTaP-HIB) (0-5 yr of age)
90723	Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B, and Poliovirus Vaccine
90732	Pneumococcal polysaccharide virus 23 valent (Pnu 23)
90733	Meningococcal Polysaccharide (MPSV4), (2-18 yr of age) – Eff. 2-10-05
90734	Meningococcal Conjugate (MCV4) – Eff 3-1-05
90744	Hepatitis B vaccine (Hep B)
90748	Hepatitis B and Hemophilus influenza b (Hep B-Hib) (0-18 yr of age)

CMS Has Approved Alabama Medicaid's Uncompensated Care Plan

The Centers for Medicare and Medicaid Services (CMS) has approved Alabama Medicaid's plan to reimburse Alabama Medicaid providers who provided services, medications, supplies or equipment to hurricane evacuees not covered by insurance or other programs at the time of service.

All claims for uncompensated care must be received no later than June 30, 2006. To assist providers in filing claims, a request form and spreadsheet to document uncompensated care provided is on Medicaid's website.

For the purposes of this pool, uncompensated care shall mean medically necessary services provided to an individual without private insurance, Medicaid in any state other than Louisiana or Mississippi, Medicare, health care vouchers from any state, federal or charity organization, or any other method of health care coverage who was displaced as a result of Hurricane Katrina.

Reimbursement of uncompensated care is limited to reimbursement for services covered through the Alabama Medicaid Program and in accordance with the terms of the Alabama Uncompensated Care Program.

Additional information is available on Medicaid's website at:

http://www.medicaid.state.al.us/news/hurricane_update.aspx?tab=2

Visit Alabama Medicaid
ONLINE



www.medicaid.state.al.us

Medicaid Adds Updates to the Preferred Drug List

Effective April 3, 2006, the Alabama Medicaid Agency updated the Preferred Drug List (PDL) to reflect recent Pharmacy and Therapeutics (P&T) recommendations as well as quarterly updates:

PDL Additions

Advicor
Alprazolam (generic formulations only)
Ambien CR
Cedax
Niacor
Niaspan
Pegasys
Xopenex HFA

PDL Deletions

Altoprev
Dispermox
Mexitil
Omnicef
Peg-Intron
Principen
Pronestyl
Proventil
Quinidex
Rocephin

In addition to drug changes, the Agency updated criteria for the following classes: Antidepressants, Alzheimer's Agents, Antihyperlipidemics, Cerebral Stimulants/ADD/ADHD Agents, Anxiolytics/Sedatives/Hypnotics, Cardiac Agents, Narcotic Analgesics, Platelet Aggregation Inhibitors, and Skeletal Muscle Relaxants.

NOTE:

- Diagnosis will be required on all Prior Authorization (PA) requests submitted.
- Prior therapies must include prescribed and PDL preferred agents.

For any drug classes where stable therapy applies, supporting documentation is required when reporting the source of the medication that meets the stable therapy requirements. Examples of acceptable documentation include pharmacy profile printouts, prescription copies, copies of the medical record medication list or progress notes documenting strength and quantity consistent with consecutive therapy timeframes. Stable therapy does not include medication samples or manufacturer vouchers.

The PA request form and criteria booklet, as well as a link for a new PA request form that can be completed and submitted electronically online, can be found on the Agency website at www.medicaid.state.al.us and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. Hard copy PA requests may be faxed or mailed to:

Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210
Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

Policy questions should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

EDS Provider Representatives

G R O U P 1



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334-215-4142



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@alix.slg.eds.com
334-215-4132



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334-215-4159



tameka.dixon
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334-215-4155

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



misti.nichols
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334-215-4113

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



laquita.thrasher
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334-215-4199

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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334-215-4158

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 2005-2006 Checkwrite Schedule

10/07/05	01/06/06	04/07/06	07/07/06
10/21/05	01/20/06	04/21/06	07/21/06
11/04/05	02/03/06	05/05/06	08/04/06
11/18/05	02/17/06	05/19/06	08/18/06
12/09/05	03/03/06	06/02/06	09/08/06
12/16/05	03/17/06	06/16/06	09/15/06

Alabama Medicaid Bulletin
Post Office Box 244032
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