

Provider Insider

Alabama Medicaid Bulletin

March 2008

Medicaid Claims Payment System's Top Reasons for Claim Rejection

In the efforts to increase the number of claims successfully processed through the new Medicaid Claims Payment System, Medicaid is providing you with the top five reasons for claim rejections. These top five rejections all relate to the use of the provider's NPI number.

Effective February 25, 2008, all claims require the use of the provider's NPI number regardless of the date of service. The top five rejections are:

- Error 1952 Multiple service locations for detail performing provider
- Error 1934 NPI required for performing provider
- Error 1960 NPI required for attending provider
- Error 1010 Performing provider not in billing group
- Error 1927 NPI required for the billing provider

To facilitate timely processing of all claims, providers were encouraged to set up one-to-one relationships between their Alabama Medicaid Provider Number and their National Provider Identifier (NPI) number to assist with the correct identification of a Provider service location.

In situations where a one-to-one relationship between Alabama Medicaid Provider numbers and NPIs does not exist, we recommend the submission of additional secondary identifiers to further assist Alabama Medicaid with the identification of a specific location. These secondary identifiers in most cases are not required, but suggested.

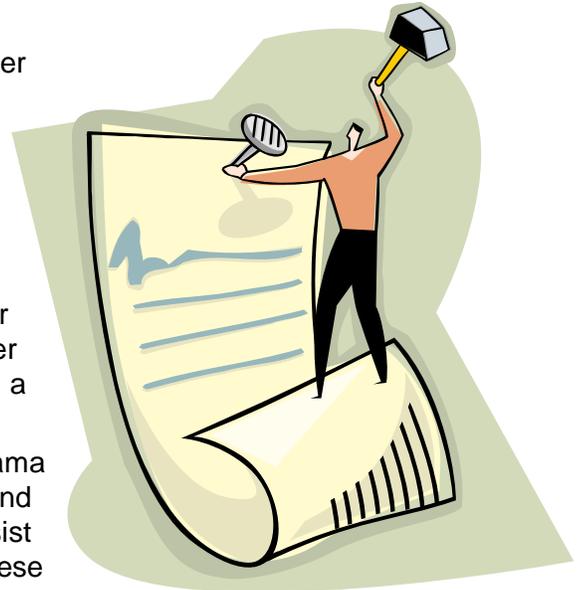
Primary Identification:

- National Provider ID

Secondary Identification:

- Alabama Medicaid Provider Number
- Provider Taxonomy Code
- The entire nine (9) digit postal zip code, excluding punctuation marks such as the dash. Provider Electronic Solutions users may use the Zip + 4 as the secondary identifier.
- State License Number (Attending/Operating)

Providers with questions should contact 800-688-7989. Vendor questions should be directed to 800-456-1242.



In This Issue...

Medicaid Claims Payment System's Top Reasons for Claim Rejection	1
Obtaining Peak Flow Meters	2
Low Profile Gastrostomy Tube (Mic-Key Button) Update	2
Providers Must Have the New NPI Number	2
Dental Electronic Prior Authorizations	2
Revised Coverage Policy for Diabetic Supplies Exceeding Medicaid Limits	3

Revised Coverage Policy Criteria for Procedure Code E1340	3
Revised Criteria for Phototherapy Visits Exceeding Four Days	3
Alabama Medicaid Web Portal Access Issues	4
Trading Partner Number and Access Issues	4
Alabama Medicaid: In The Know Preferred Drug List Update	5
Protect Alabama! Vaccines for Children Program	6

EDS Provider Representative Contact Information	6
Important Information Regarding Compound Drug Billing	7
Recommendation for Pharmacy Providers Experiencing Error 1026	7
State Fiscal Year 2008-2009 Checkwrite Schedule	8

Obtaining Peak Flow Meters

There has been some confusion as to whether peak flow meters are covered by the Alabama Medicaid Agency. These meters are not covered for adults but available as an EPSDT only benefit. A peak flow meter is covered by Medicaid for the pediatric population under the following circumstances:

- The patient has had an EPSDT screening which identifies "Asthma" as one of the diagnoses.
- A copy of the EPSDT screening containing "Asthma" as a diagnosis with a prescription for the peak flow meter is provided to the DME provider.
- The peak flow meter is obtained from an enrolled DME provider, or a Pharmacy that is enrolled as a DME provider.

NOTE: A peak flow meter is limited to once every three years.

If a pharmacy would like to become a DME provider, they can obtain an enrollment application and information at www.medicaid.alabama.gov

Low Profile Gastrostomy Tube (Mic-Key Button) Update

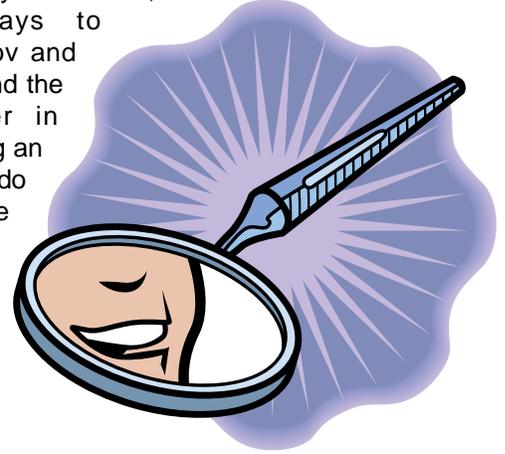
Prior to January 1, 2008, there was no code available for coverage of the Low Profile Gastrostomy tube (Mic-Key Button). It was covered using miscellaneous procedure code E1399. Effective January 1, 2008, the Mic-Key Button (E1399) was covered using procedure code B4088. Effective March 1, 2008, all requests for the Mic-Key Button must be submitted to APS using procedure code B4088. Medicaid's current reimbursement and medical criteria for the Mic-Key Button remains the same. All outstanding prior authorizations for the Mic-Key Button approved under E1399 will be honored.



www.medicaid.alabama.gov

Dental Electronic Prior Authorizations

With the new Medicaid Claims Payment System, providers are now able to file prior authorizations electronically. If you file a Dental prior authorization that requires a x-ray attachment, please send digital x-rays to Dental@medicaid.alabama.gov and include the recipient's name and the prior authorization number in the subject line. If you are filing an electronic prior authorization and do not have digital x-rays, please attach a copy of your electronic prior authorization print out to the x-ray and send the x-ray to:



Alabama Medicaid Agency
Dental Program
P.O. Box 5624
Montgomery, AL 36103-5624

If you have questions, please contact the Dental Program Manager at (334) 242-5472.

Providers Must Have the New NPI Number

Effective February 25, all claims must be submitted using the NPI number, regardless of the date of service.

We have received the majority of NPI numbers from providers, but we are not at 100% complete.

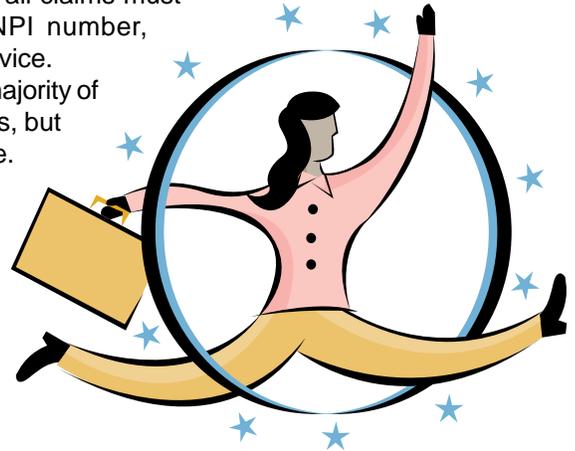
To confirm we have your NPI information on file, you can call the Provider Assistance Center at (800) 688-7989 to verify the information.

EDS has mailed several alerts to providers requesting NPI information.

The last few mailouts were just to providers which had not sent in NPI information. If you received a letter from EDS and it had a specific provider number on the letter, you need to send the NPI information in for the provider number on the letter. Failure to follow-up on this will result in denied claims after February 25, 2008.

If you are a provider which currently has both a payee and a performing provider number in the current system, you must do one of two things:

- Enumerate yourself through the NPI with both an individual and organizational NPI. Send the information to EDS to add to your file.
- If you choose not to enumerate yourself as you currently are, you must complete an updated provider enrollment form. In some cases (change of tax ID information), you will have to re-enroll.



Revised Coverage Policy for Diabetic Supplies Exceeding Medicaid Limits

Currently the Medicaid established limit for diabetic supplies allows for up to three boxes of strips and up to 2 boxes of lancets for insulin dependent diabetics and up to 2 boxes of strips and 1 box of lancets for non insulin dependent diabetics.

Effective April 1, 2008 a prior authorization request will no longer be required for recipients needing diabetic supplies in excess of the Medicaid established limits. Requests for diabetic supplies that exceed Medicaid established limits must be submitted to the LTC Medical and Quality Review Unit with medical documentation justifying the need. This unit will monitor all prior authorization requests received that exceed Medicaid's established limits. Providers will receive written notification of denied requests by the Medical and Quality Review Unit. If approval is granted, the provider and the LTC Provider/Recipient Services Unit will be notified and the providers will be notified. The notification to the providers will instruct them to submit a claim for the approved units on a CMS-1500 claim form with a copy of the approval to the LTC Provider/Recipient Services Unit.

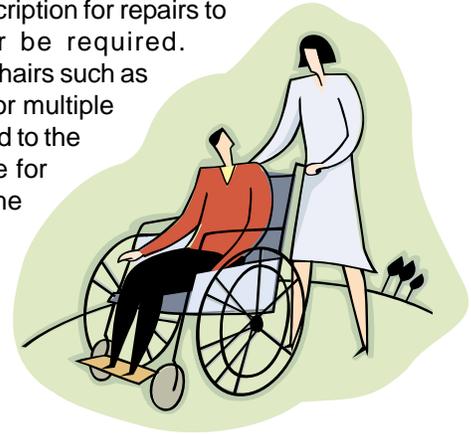
Diabetic supplies and equipment may only be billed by Alabama Medicaid Durable Medicaid Equipment (DME) providers. Pharmacy providers can not bill for diabetic supplies using their Pharmacy provider numbers and NDC codes. DME providers must bill using their DME provider numbers and HCPC codes. Some Pharmacy providers are dually enrolled and have a DME provider number and a Pharmacy provider number. The dually enrolled Pharmacy provider must bill for pharmacy claims using his pharmacy provider number and NDC codes and bill for DME items such as diabetic supplies using his DME provider number and HCPC codes.



Revised Coverage Policy Criteria for Procedure Code E1340

Effective April 1, 2008 procedure code E1340 (repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes) will **no longer** require prior authorization. Because the recipient's primary care physician has already prescribed the equipment as medically necessary, a prescription for repairs to durable medical equipment (i.e. wheelchairs, beds, etc) will no longer be required. Procedure code **E1340 will be limited to 4 units (1 hour)** for minor repairs to wheelchairs such as tires, armrest, footrest, etc. Requests for major repairs such as replacing a motor or multiple repairs to a chair which may require a time frame greater than 1 hour must be submitted to the LTC Medical and Quality Review Unit with documentation justifying additional time for repairs. The LTC Medical and Quality Review Unit will monitor the time required for the needed repairs to enable Medicaid to establish time frames needed for each repair. Providers will receive written notification of denied requests by the Medical and Quality Review Unit. If approval is granted, the provider and the LTC Provider/Recipient Services Unit will be notified.

The notification to the providers will instruct them to submit a claim for the approved units on a CMS-1500 claim form with a copy of the approval to the LTC Provider/Recipient Services Unit.



Revised Criteria for Phototherapy Visits Exceeding Four Days

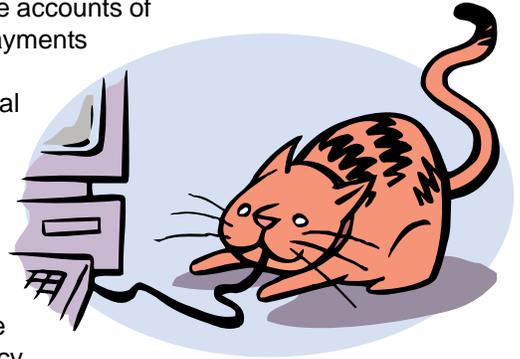
If more than **four (4) consecutive days** of therapy are needed, requests for additional days no longer require prior authorization. Requests for additional days must be submitted with medical documentation justifying the need for additional days to the LTC Medical and Quality Review Unit for review and approval. Providers will receive written notification of denied requests by the Medical and Quality Review Unit. If approval is granted the LTC Provider/Recipient Services Unit will be notified and the providers will be notified. The notification to the providers will instruct them to submit a claim for the approved units on a CMS-1500 claim form with a copy of the approval to the LTC Provider/Recipient Services Unit.

Alabama Medicaid Web Portal Access Issues

Call volumes remain very high in our call centers. Following these instructions will expedite the resolution of these issues. In early February, a green letter was sent to the provider's **pay to** address. This letter contains a one-time use PIN number that allows the provider's Web Portal Administrator to set up their account and the accounts of their clerks. Providers should contact their office where Alabama Medicaid payments are sent to obtain their Provider Web Access PIN Letter.

If for any reason, the letter is not available and the provider's web portal access has never been established, the provider should email their NPI number, the provider's **pay to** address, and a request to reset their account to AlabamaSystemsEMC@eds.com.

If the address on file is a match to the **pay to** address on file, the PIN number will be reset and a new PIN letter will be mailed to the **pay to** address of the provider. If the address on file does not match, the request will be forwarded to the Provider Enrollment department. The address must be corrected through the procedures required by the Alabama Medicaid Agency. After it is corrected, the Provider Enrollment department will instruct the EMC department to reset the PIN number.



Trading Partner Number and Access Issues

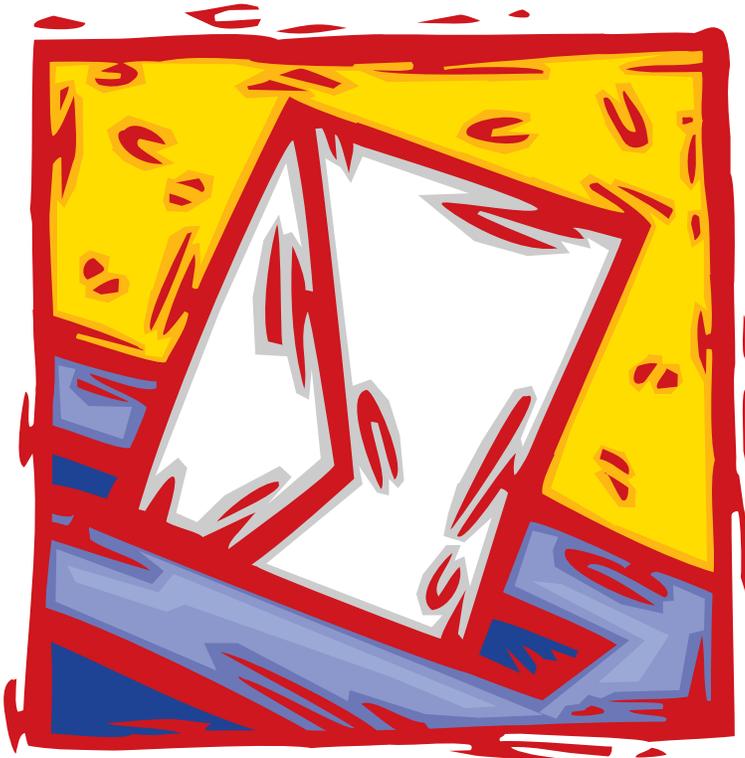
A blue letter was sent to submitters requesting a Trading Partner ID. This is frequently called a submitter ID. The Trading Partner ID PIN letter was mailed to the address on the request. This letter contains a one-time use PIN number to allow the submitter to activate their account on the web portal.

Provider never requested trading partner number for use in Provider Electronic Solutions or Vendor software:

Complete the request form found at <https://www.medicaid.alabamaservices.org>. The form and instructions are found under the Information, AL Links menu.

Requested Trading Partner ID but not received:

Send an email requesting a PIN letter to AlabamaSystemsEMC@eds.com. Include the Provider Name used on the request form. The EMC Help Desk will email the PIN Letter only to the email address on file for the Trading Partner ID. It will be sent by a secure email method called Zixmail.



Trading Partner ID setup performed, but Lost Password:

Access the Web Portal. Click Account. Click Reset Password. Enter User Name, click Security Questions and answer secret question(s). Click Password Reset button to perform password reset. If the User Name is unknown, send an email request to:

AlabamaSystemsEMC@eds.com

Make sure that the Trading Partner ID is included. The user name will be emailed only to the email address on file for the trading partner number. If this fails, the EMC helpdesk can delete the account and issue a new PIN number.

If you have additional questions, please call the EMC Help desk at:

1-800-456-1242

(334) 215-0111 for out-of-state callers

Or via e-mail at: AlabamaSystemsEMC@eds.com

ALABAMA MEDICAID

In The Know

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

Updated Preferred Drug List

Effective April 1, 2008, the Alabama Medicaid Agency will update the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) recommendations as well as quarterly updates. The updates are listed below:

PDL Additions

Lantus - Diabetic Agents-Insulin
Qvar - Respiratory-Inhaled
Corticosteroids/Single Entity

PDL Deletions*

Ambien CR - Behavioral Health-Misc Anxiolytics/Sedatives/Hypnotics
Lunesta - Behavioral Health-Misc Anxiolytics/Sedatives/Hypnotics
Methylin - Behavioral Health-Cerebral Stimulants/Agents for ADD/ADHD
Elestat - EENT Preparations-Antiallergic Agents
Optivar - EENT Preparations-Antiallergic Agents
Lotensin HCT - Cardiovascular Health-Ace Inhibitors/Combos
Univasc - Cardiovascular Health-Ace Inhibitors/Single Entity
Uniretic - Cardiovascular Health-Ace Inhibitors/Combos

** denotes that these brands will no longer be preferred but are still covered by Alabama Medicaid and will require Prior Authorization (PA). Available covered generic equivalents will remain preferred.*

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency website at www.medicaid.alabama.gov 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 concerning this provider notice 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.

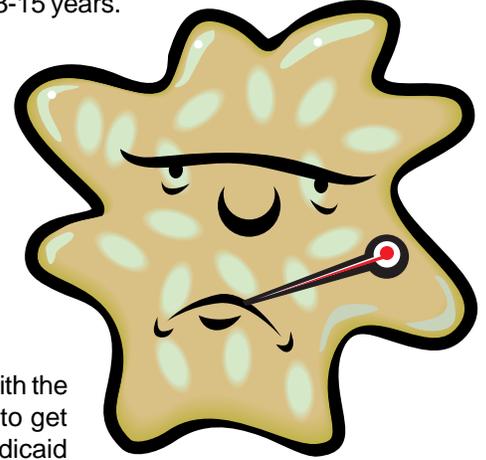
Protect Alabama!: Vaccines for Children Program

Because of your leadership in immunizing children, vaccine-preventable disease levels are at or near record lows. In order to target under-immunized adolescents who miss opportunities to protect themselves against diseases such as Hepatitis B, Human Papillomavirus, Influenza, Meningitis, and Pertussis, you can help vaccinate Alabamians to become the first state to reach = 90% of vaccination coverage for adolescents aged 13-15 years.

As children move into adolescence, they are at a great risk of catching certain vaccine preventable diseases. Since immunity from some childhood vaccines can decrease over time, adolescents need to get another dose of certain vaccines during their pre-teen years. As stated in the August 31, 2007 weekly MMWR, "In 2006, for the first time, the National Immunization Survey (NIS) collected provider-reported vaccination information for adolescents aged 13-17 years (NIS-Teen)...overall coverage for Td or Tdap was 60.1%, MCV4 was 11.7%, and HPV coverage is not included because the survey was performed prior to HPV vaccine recommendations." Thus, vaccinating adolescents presents various challenges including the lack of healthcare coverage, visiting multiple health-care providers, and failure to seek preventive health-care services.

In order to increase adolescent immunization coverage levels to be competitive with the childhood immunization rates, adolescents aged 18 and younger may be eligible to get vaccines for free through the Vaccines for Children (VFC) Program if they are: Medicaid eligible, underinsured, without insurance, or American Indian or Alaskan Native. Vaccines are furnished at no cost to providers, and administration fees are billable through Medicaid. The VFC staff is available to provide continuing education units for nursing staff regarding storage and handling and administration techniques. Additionally, the VFC staff provides on-site quality assurance feedback, up-to-date vaccine information, and is readily available to provide resources, support and tools for office personnel. To discover the latest information regarding vaccines and immunization practices, please look for our upcoming series on VPD.

To learn more about the VFC program, visit our website at www.adph.org or contact the ADPH Immunization Division at (800) 469-4599. Remember, with your leadership, all Alabamians can be a winner!



EDS Provider Representative Contact Information

To speak to a provider representative, providers can call the toll-free number and request the appropriate group category for the provider. The toll-free number is 1-800-688-7989 and the group categories are listed below:

Group 1

- Ambulatory Surgical Centers
- ESWL
- Home Health
- Hospice
- Hospital
- Nursing Home
- Personal Care Services
- PEC
- Private Duty Nursing
- Renal Dialysis Facilities
- Swing Bed

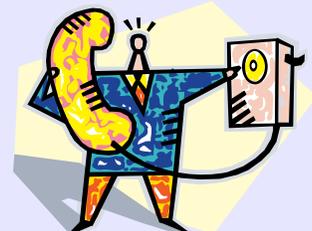


Group 2

- 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
- 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

Group 3

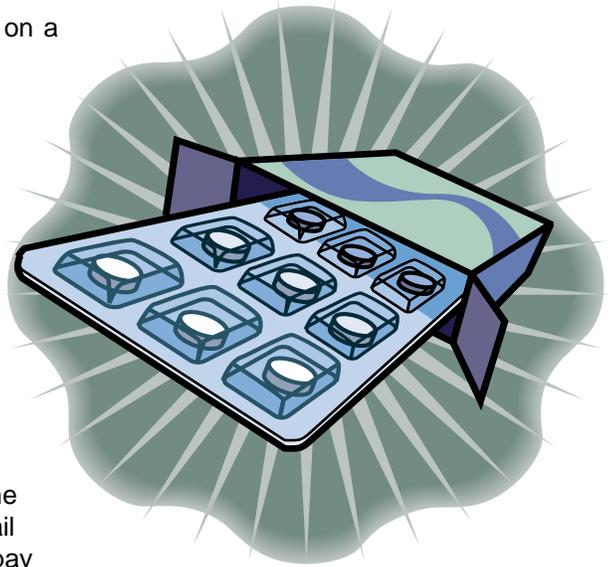
- Nurse Practitioners
- Podiatrists
- Chiropractors
- Independent Labs
- Free Standing Radiology
- CRNA
- EPSDT (Physicians)
- Dental
- Physicians
- Optometric
- (Optometrists and Opticians)



Important Information Regarding Compound Drug Billing

Effective February 25, 2008, EDS began accepting compound drugs on one claim for processing. The following is a list of helpful information to assist you in filing your claims.

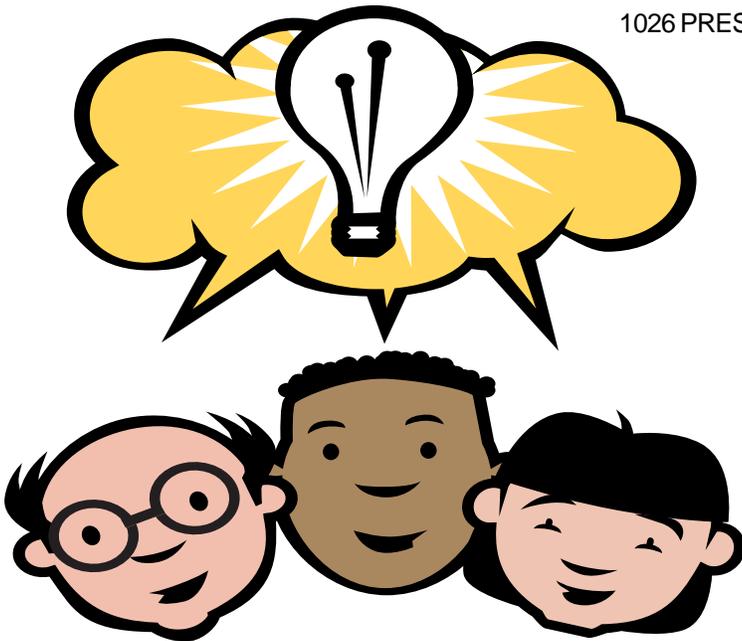
- Compound drug billing with up to 25 ingredients will be allowed on a single claim.
- Claim will be priced based on the total of each covered NDC multiplied by the quantity dispensed plus the dispensing fee with copay and TPL amount subtracted.
- One dispensing fee will be paid per compound claim.
- Pharmacy providers will continue to be paid 25 cents per minute for preparing the compound drug. This will require PA, and should be billed with an NDC code of 99999-9999-99. The compounding time NDC must be billed on the same claim as the compound drugs.
- If some ingredients in the compound drug are non-covered they may still be included on the compound claim. In order for the covered drugs to pay, an '8' must be indicated in the Submission Clarification Code field (NCPDP field #420-DK). This will allow the covered ingredients to pay. If other ingredients are non-covered or fail another edit, they will zero pay; the other lines without an error will pay according to the outlined methodology. If the "8" is not indicated, the entire claim will deny.



Recommendation for Pharmacy Providers Experiencing Error 1026

When pharmacies experience the following error:

1026 PRESCRIBING PHYSICIAN LICENSE NUMBER NOT ON FILE



It has been determined submitted claims usually do not contain the prescriber's physician license number but rather the prescriber's NPI number. Error 1026 occurs because prescribers who do not participate with Alabama Medicaid do not have their NPI on file. License numbers for many prescribers are on the license file. In the event the prescriber participates with Alabama Medicaid, the claim should process without issue. However, it is recommended that all pharmacy claims be submitted using the license number to avoid this error.

NCPDP version 5.1 specifications call for the field 466-EZ to contain a "01" (zero one) for NPI number or a "08" (zero eight) for the license number. We recommend that this field always be "08." The 411-DB field should then always contain the license number.

We are finding that pharmacies are unable to make this change alone. In some cases, omitting the

NPI number from the vendor software will produce a different error as the vendor software views the omission as an error. It is generally requiring software vendor assistance to make the change.

All pharmacies are strongly encouraged to contact the software support of their interactive submission software to determine what updates are required to submit NCPDP claims with the prescribing physician's license.

The NCPDP version 5.1 specification document for Alabama is available for download at this address:

http://www.medicaid.state.al.us/billing/npi_companion_guides.aspx?tab=6

Revised State Fiscal Year 2008-2009 Checkwrite Schedule

10/05/07	01/04/08	04/04/08	07/11/08
10/19/07	01/18/08	04/18/08	07/25/08
11/02/07	02/08/08	05/02/08	08/08/08
11/16/07	02/22/08	05/16/08	08/22/08
12/07/07	03/07/08	06/06/08	09/05/08
12/14/07	03/21/08	06/20/08	09/12/08

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