

# Provider Insider

Alabama Medicaid Bulletin

April 2011

The Remittance Advice (RA) schedule is as follows:

04/01/11      04/15/11      05/06/11      05/20/11      06/03/11      06/17/11

The release of funds is normally the second Monday after the RA date. Please verify direct deposit status with your bank. Go to [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) to view the payment delay update details. Payment alerts will be posted only if there will be a payment delay. As always, the release of direct deposits and checks depends on the availability of funds.

## National Correct Coding Initiatives (NCCI) Edits Appeal Process

Effective November 9, 2010, Medicaid introduced the NCCI edits into the Medicaid claims processing system. These edits were set as "informational" edits. On March 23, 2011, these edits were set to deny for any services that do not meet the NCCI edit criteria and were furnished on or after October 1, 2010.

The use of applicable modifiers will be critical in successful implementation of the NCCI procedure to procedure edits. Once a claim or line item on the claim has been denied for an NCCI procedure to procedure edit, then the claim cannot be adjusted by the provider. If a claim is denied for an NCCI Medically Unlikely Edit (MUE), the provider can resubmit the claim with the correct units as long as the units are equal to or lesser than the NCCI MUE edit allows. If the units are more than the NCCI MUE edit allows, then an appeal must be requested.

NCCI procedure to procedure edits are coding edits, and are based on coding principles. The Medicaid NCCI Coding is available on the CMS NCCI website at [http://www.cms.gov/MedicaidNCCICoding/01\\_Overview.asp#TopOfPage](http://www.cms.gov/MedicaidNCCICoding/01_Overview.asp#TopOfPage)

If the NCCI edit responsible for an NCCI denial has a modifier indicator of "0", an appeal can **NEVER** overturn the denial. These claims are final and no appeal is applicable except for an administrative law judge who can determine that the denied column two code should be paid. These instances will be rare.

If the NCCI edit responsible for an NCCI denial has a modifier indicator of "1" or is for an MUE, an appeal can be submitted.

All NCCI denials begin with an error code "59nn". To validate a claim denied for an NCCI error code, download the remittance advice from the web-portal which contains the Medicaid specific error codes.

Individual claim denials may be appealed at three levels. The levels, listed in order, are:

1. Redetermination Request
2. Administrative Review
3. Fair Hearing

If all appeals have been exhausted and the claim denies, the provider cannot collect from either the recipient or his/her sponsor or family. This denial is a provider liability.



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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 \_\_\_\_\_

## Rehabilitation Option Fee Schedule Posted

A revised 2009 Rehabilitation Option fee schedule has been posted to Medicaid's website under Providers/Fee Schedules or a copy may be obtained from the following link:

[http://medicaid.alabama.gov/documents/6.0\\_Providers/6.6\\_Fee\\_Schedules/6.6\\_Rehab\\_Option\\_Fee\\_09\\_Schedule\\_2-3-11.pdf](http://medicaid.alabama.gov/documents/6.0_Providers/6.6_Fee_Schedules/6.6_Rehab_Option_Fee_09_Schedule_2-3-11.pdf)

The fee schedule will be updated as changes occur.

### Attention All Providers

The telephone number (205) 834-3330 is no longer a valid telephone number to reach HP Enterprise Services. This number now belongs to a private individual. The telephone number for HP Enterprise Services is 1-800-688-7989 (AL,FL,MS,GA,TN) or (334) 215-0111 (all other areas). Additional contact information can be found on the Medicaid website ([www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)) under contacts. Please update your telephone directory accordingly.

### Clarification for Physicians

Chapter 28 of the Provider Manual states "Office visits are limited to one per day, per recipient, per provider. For purposes of this limitation, physicians within the same group are considered a single provider." Medicaid will allow claim submissions for recipient visits to any physician and a psychologist on the same date even if they are in the same group. For questions regarding this policy, please contact Karen Smith at (334) 353-4945 or [karen.watkins-smith@medicaid.alabama.gov](mailto:karen.watkins-smith@medicaid.alabama.gov).



## Durable Medical Equipment Renew Surety Bonds Each Year

Effective January 1, 2011, Medicaid will accept a copy of the renewal receipt for Medicare and Medicaid Surety Bonds. DME providers must renew their bond each year with the Surety Bond Company.

Durable Medical Equipment providers have the following language in their Medicare and Medicaid Surety Bonds.

"The term of the bond shall be from the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and shall be continuous until cancelled by the Surety."

If the Surety Bonds does not include the language above, the Surety Bond renewal receipt will not be allowed.

Providers with questions may contact Linda Stephens at (334) 242-5144. Medicare and Medicaid Surety Bonds renewal receipts may be mailed to the following address:

HP Provider Enrollment  
301 Technacenter Drive  
Montgomery, Alabama 36117  
Or  
Post Office Box 241685  
Montgomery, Al 36124



### Attention – All Providers Who Send in Refund Checks

There is a quicker and better way to refund this money to Medicaid:

- Use Medicaid's Interactive Web Portal. The portal lets you submit recoupments/adjustments in an online, real-time environment. This service is available to providers at no charge!
- Use Provider Electronic Solutions (PES) software – PES allows providers to submit adjustments on-line in batch mode.

Contact HP today to learn more and eliminate your paperwork associated with generating and sending in refund checks!



# **National Correct Coding Initiatives (NCCI) Edits Appeal Process** (Continue from page 1)

## **First Level of Appeal: Redetermination Request**

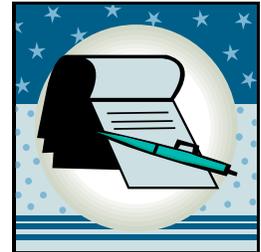
The Alabama Medicaid Agency contracts with a fiscal agent (HP Enterprise Services {HPES}) to process and pay all claims submitted by providers of medical care, services, and equipment authorized under the Alabama Title XIX State Plan. HPES will also be responsible for the redeterminations, which is the first level of appeals and adjudication functions.

A *redetermination* is an examination of a claim and operative notes/medical justification by HPES personnel. The provider has 60 days from the date of receipt of the initial claim determination to request a redetermination. The provider must complete the attached HP Enterprise Services Request for NCCI Redetermination Review form. The request for a redetermination must include:

- Completed NCCI Redetermination Review form
- Corrected Paper Claim for the procedure codes that denied
- Operative Notes/Medical Justification

Send the request for redetermination review along with all supporting documentation to:

HP Enterprise Services / Request for NCCI Redetermination  
PO Box 244032  
Montgomery, AL 36124-4034



HPES will normally issue a decision via the remittance advice within 90 days of receipt of the Redetermination Request. The ICN region for the redetermination request will begin with '91'. For example: 9111082123456.

## **Second Level of Appeal: Administrative Review**

When the Redetermination Request results in a denial by HPES, the provider may request an *Administrative Review* of the claim. A written request for Administrative Review **must be received by the Alabama Medicaid Agency within 60 days of the date of the redetermination denial from HPES.**

To request an Administrative Review, the provider must complete the attached Alabama Medicaid Form 403 - Request for National Correct Coding Initiative (NCCI) Administrative Review. The request should clearly explain why you disagree with the redetermination denial.

The request for an Administrative Review must include:

- Completed Form 403 - Request for National Correct Coding Initiative (NCCI) Administrative Review
- Correct Paper Claim for the procedure codes that denied
- Copy of previous request for redetermination correspondence sent to HPES
- Copies of all relevant remittance advices or HPES' redetermination denial notification
- Copy of any other useful documentation

Send the request for Administrative Review along with all supporting documentation to:

NCCI Administrative Review / Alabama Medicaid Agency  
Attn: System Support Unit  
501 Dexter Avenue  
P. O. Box 5624  
Montgomery, AL 36103-5624

Documentation that is submitted after the Administrative Review request has been filed may result in an extension of the time required to complete the review. Further, any documentation noted in the redetermination as missing and any other evidence relevant to the appeal must be submitted prior to the issuance of the Administrative Review decision. Documentation not submitted at the Administrative Review level may be excluded from consideration at subsequent levels of appeal unless you show good cause for submitting the documentation late.

This information will be reviewed and a written reply will be sent to the provider within 60 days.

## **Third Level of Appeal: Fair Hearing**

When the Administrative Review does not resolve the issue, the provider has the option to request a *Fair Hearing*. A written request must be received within 60 days of the date of the Administrative Review decision. The request must identify any new or supplemental documentation. Send the written request for a Fair Hearing to:

Alabama Medicaid Agency / Attn: Office of General Counsel  
501 Dexter Avenue  
P. O. Box 5624  
Montgomery, AL 36103-5624

If you have further questions, contact the Provider Assistant Center at 1-800-688-7989 or (334) 215-0111.

# National Correct Coding Initiatives (NCCI) Edits Appeal Process

(Continue from page 3)



Request for NCCI Redetermination Review  
 HP Enterprise Services  
 PO Box 244032  
 Montgomery AL 36124-4032



Complete ALL Fields Below - Print or Type

ICN #	Date of Service
Recipient Name	Recipient Medicaid Number
Provider Name	Provider NPI Number
NCCI Denial Code(s)	
1. <input type="text"/>	2. <input type="text"/> 3. <input type="text"/>
Date of Denial	

Required Attachments (check box to indicate which attachment is being submitted with request):  
 Corrected paper claim submitted with procedure code(s) that denied along with specific reports (see below):

- Anesthesia report for denied procedure codes in the range: 00100 – 01999
- Operative report for denied procedure codes in the range: 10000 – 69999
- Radiology report for denied procedure codes in the range: 70000 – 79999
- Pathology or Laboratory report for denied procedure codes in the range: 80000 – 89999
- Medical report for denied procedure codes in the range: 90000 – 99605

Comments:

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Signature of either the provider or his/her representative

Date
Address
City, State and Zip code
Telephone Number, including area code
Signature

# National Correct Coding Initiatives (NCCI) Edits Appeal Process

(Continue from page 4)

## Alabama Medicaid Agency

### Request For National Correct Coding Initiative (NCCI) Administrative Review

This form is to be completed only when the Redetermination Request results in a denial by the Fiscal Agent.

#### Section A

Print or Type	
Provider's Name	Provider Number
Recipient's Name	Recipient's Medicaid Number
Date of Service	ICN

I do not agree with the Redetermination denial by the Fiscal Agent. Dated: \_\_\_\_\_

#### Section B

My reasons are:

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#### Section C

Signature of either the provider or his/her representative

Provider Signature	Representative Signature
Address	Address
City, State and ZIP Code	City, State and ZIP Code
Telephone Number	Telephone Number
Date	Date

This form may be downloaded from the Alabama Medicaid Agency website: [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)

## Upcoming Changes to Psychologist Chapter of the Provider Manual

During the past year, a workgroup consisting of Alabama Medicaid Agency staff and representatives from the Alabama Psychological Association has collaborated to identify changes that enable the agency to maintain a basic package of services while preserving the health care safety net for our most vulnerable citizens.

As a result of this ongoing effort, the following changes will be implemented effective April 1, 2011:

- A 52 unit annual maximum limit (including any claims with a date of service beginning January 1, 2011) will be imposed for any combination of the following codes:
  - Individual therapy codes 90804, 90806, 90810, 90812, 90816, 90818, 90823 and 90826.
  - Group therapy codes 90846, 90847, 90849 and 90853.
- Individual and group codes listed above are subject to a limit of one (1) unit per week (effective for date of service April 1, 2011 and thereafter). However, providers may bill one individual and one group code within the same week or on the same date of service. Both units will count towards the 52 unit annual maximum limit.
- To request an override to the maximum weekly limit, submit documentation of medical necessity and the exceptional circumstance (e.g. how the recipient is an imminent danger to self or others and/or is at risk for hospitalization or decompensation) along with the original CMS-1500 claim form (with the red drop out ink), related progress note(s) and cover letter to the following address:



Mental Health Program Director  
Institutional Services  
Alabama Medicaid Agency  
P.O. Box 5624  
Montgomery, AL 36103-5624

A sample cover letter titled "Psychologist Override Request Form" can be found at:

[http://medicaid.alabama.gov/documents/4.0\\_Programs/4.4\\_Medical\\_Services/4.4.9\\_Mental\\_Health\\_Services/4.4.9.2\\_Clinical\\_Psychologists/4.4.9.2\\_Psychology\\_Override\\_Request\\_Template.pdf](http://medicaid.alabama.gov/documents/4.0_Programs/4.4_Medical_Services/4.4.9_Mental_Health_Services/4.4.9.2_Clinical_Psychologists/4.4.9.2_Psychology_Override_Request_Template.pdf)

- When billing for testing, please note the following:
  - The date of service billed must be the date the test was given.
  - Providers may bill for testing, scoring, interpretation and report writing in 30-minute increments. However, it is only necessary to document the time spent in face-to-face service delivery.
  - Billing should reflect the total time for face-to-face administration, scoring, interpretation and report writing.
  - The test(s) given on the date of service billed must be documented in the treatment note for post payment review purposes.

Providers with questions should contact Karen Smith via phone at (334) 353-4945 or by e-mail at: [karen.watkins-smith@medicaid.alabama.gov](mailto:karen.watkins-smith@medicaid.alabama.gov)

## Preferred Drug List Update

Effective April 1, 2011, the Alabama Medicaid Agency will update the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee's recommendations as well as quarterly updates. The updates are listed below:

### PDL Additions

Dulera-Respiratory/Inhaled Corticosteroids

Ritalin SR-Behavioral Health/Cerebral Stimulants/  
Agents for ADD/ADHD-Short and Intermediate Acting

### PDL Deletions\*

Daytrana-Behavioral Health/Cerebral Stimulants for ADD/  
ADHD-Long Acting

Dexedrine-Behavioral Health/Cerebral Stimulants for ADD/  
ADHD-Short and Intermediate Acting

Pataday-EENT Preparations/Antiallergic Agents

Patanase- EENT Preparations/Antiallergic Agents

Patanol- EENT Preparations/Antiallergic Agents

\* 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 (unless otherwise specified) will remain preferred.

For additional PDL and coverage information, visit our drug look-up site at <http://aldrug.rxexplorer.com/>.

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's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. Providers requesting PAs by mail or fax should send requests 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 to HID. 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.

### Prior Authorization Change for DME Providers

DME Providers currently submit requests for custom wheelchairs and custom wheelchair accessories for children age 0-20 using procedure code E1220. The use of procedure code E1220 makes it difficult for the Agency to determine for what items payment is being made, without manually reviewing the prior authorization (PA) request.

Effective for PAs received May 1, 2011, and thereafter, DME providers will no longer submit requests for custom wheelchairs and custom wheelchair accessories for children age 0-20 using procedure code E1220. DME providers will be required to use valid procedure codes, from the DME Fee Schedule, for custom wheelchairs and custom wheelchair accessories for children age 0-20, whenever possible. DME providers must use valid procedure codes listed on the DME Fee Schedule when submitting PA requests for custom wheelchairs and custom wheelchair accessories for children age 0-20. DME providers may use procedure code K0108 (wheelchair component or accessory, not otherwise specified), for wheelchair accessories that have no valid procedure code listed on the DME Fee Schedule.

If you have any questions or need further clarification, please call Ida Gray at (334) 353-4753, or Vivian Bristow at (334) 353-4756.



# Medicare Crossover and Medicaid Changes for Renal Dialysis Facilities

## Medicare Crossover

Effective February 1, 2011, renal dialysis crossover claims will be received from Medicare and will be processed by Medicaid for all renal dialysis providers.

\*Note: Crossover claims with Dates of Service prior to January 1, 2011 that crossover from Medicare will not pay correctly. These crossover claims must be electronically submitted through the previous claim submission process to Medicaid.

Medicare claims billed by renal dialysis providers will cross over directly from Medicare and will be processed by Medicaid. Providers are limited to the following codes on Medicare crossover claims. Future Medicare revisions may require code updates to this table:

Revenue Codes	Condition Codes	Procedure Code	Description
821, 881	71, 72, 73, 74, 76	90999	Hemodialysis, home hemodialysis, self care training, home hemo training and ultrafiltration.
831, 841, 851	74	90945	Dialysis procedure other than hemodialysis
831, 841, 851	73	90993	Dialysis training, patient, including helper.
634, <10,000		Q4081	Injection epogen
635, >or = 10,000			
636		J0882	Darbopoetin alfa, injection
636		Appropriate Injectable Codes	Injectable Drugs
250		Appropriate NDC (No HCPCS) Codes	PO Drugs
31X, 921		Appropriate Lab Codes	Labs
270		A4697, A4913 (IV)	Supply/Admin
771		Appropriate vaccine HCPCS	Vaccine



## Medicaid

All Medicaid services beginning with dates of service January 1, 2011, and thereafter, must be billed according to the following policy. Medicaid's new requirements mirror Medicare's as closely as possible.

Revenue Codes	Condition Codes	Procedure Code	Description
821	71	90999	Hemodialysis, limited to 156 units per year.
831, 841, 851		90945	Dialysis procedure other than hemodialysis.
831, 841, 851	73, 74	90993	Dialysis training, patient, including helper. Limited to 12 per lifetime.
634, <10,000			
635, >or = 10,000		Q4081	Injection epogen
636		J0882	Darbopoetin alfa, injection
636		Injectable Codes	See Alabama Medicaid Injectable Drug Listing in appendix H for covered injectable drugs.



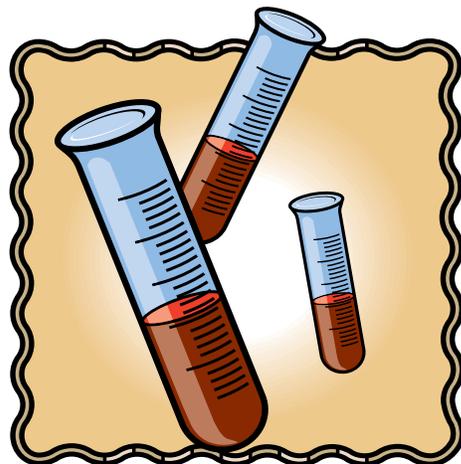
Providers may contact Jerri Jackson, RN, BSN, at (334) 242-5630 or e-mail at [jerri.jackson@medicaid.alabama.gov](mailto:jerri.jackson@medicaid.alabama.gov) if you have any questions.

## **EPO and Aranasp Monitoring Policy**

Medicaid is requiring providers include the GS modifier, the ED modifier, or the EE modifiers in mirroring Medicare's policy, refer to Chapter 8 of the Medicare Claims Processing Manual for further definition. These modifiers will be considered 'informational only' when billed to Medicaid and no reductions in payment will be made for straight Medicaid claims. Medicaid expects the provider to adhere to the strict definitions defined below:

- GS Dosage of EPO or Darbopoetin Alfa has been reduced and maintained in response to hematocrit or hemoglobin level.
- ED The hematocrit level has exceeded 39.0% (or hemoglobin level has exceeded 13.0g/dL) 3 or more consecutive billing cycles immediately prior to and including the current billing cycle
- EE The hematocrit level has exceeded 39.0% (or hemoglobin level has exceeded 13.0g/dL) less than 3 consecutive billing cycles immediately prior to and including the current billing cycle.

Providers may contact Jerri Jackson, RN, BSN, at (334) 242-5630 or e-mail at [jerri.jackson@medicaid.alabama.gov](mailto:jerri.jackson@medicaid.alabama.gov) if you have any questions.



## **Clarification of Routine Post-Surgical Care**

Routine post-surgical care in the hospital or office visits for conditions directly related to major surgical procedures are covered by the surgical fee. Post-surgical visits cannot be billed separately the day of, or up to 90 days after surgery. In 2006, Medicaid adopted Medicare's zero (0) day, or ten (10) day, or ninety (90) day global surgical package designation to define post surgical periods.

For conditions unrelated to the surgical procedure, bill the appropriate (E&M) procedure code with a 24 modifier appended. The diagnosis and medical record must support use of the modifier 24. The claims are subject to post payment review.

## **Multiple NDCs for a Single HCPCS Drug Code**

At times it may be necessary for providers to report multiple NDCs for a single procedure code. If two or more NDCs are to be submitted for a procedure code, the procedure code must be repeated on separate lines for each unique NDC. On the first line, the procedure code, NDC and procedure quantity are reported with a KP modifier (first drug of a multi drug). On the second line, the procedure code, NDC and procedure quantity are reported with a KQ modifier (second/subsequent drug of a multi drug). When reporting more than two NDCs per procedure code, the KQ modifier is also used on the subsequent lines.

## **Hospice Drug Policy for Reimbursement**

Reimbursement for disease specific drugs related to the recipient's terminal illness as well as drugs found on the Hospice Palliative Drug List (HPDL) are included in the per diem rates for hospice covered services and will not be reimbursed through the Medicaid Pharmacy Program. The HPDL is on the agency website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

Please refer to the NOTE box in Chapter 18 – Hospice, Section 18.2.9 Reimbursement for Levels of Care, of the Alabama Medicaid Provider Manual and Chapter 51 – Hospice Care, Rule No. 560-X-51-.10 in the Alabama Medicaid Agency Administrative Code. Hospice Providers with questions may contact Felicha Fisher, Program Manager, LTC Provider/Recipient Services at (334) 353-5153 or email [felicha.fisher@medicaid.alabama.gov](mailto:felicha.fisher@medicaid.alabama.gov).



## **Medicaid Policy Change for Native American Indians**

Effective immediately, Native American Indians that present an “active user letter” issued by Indian Health Services (IHS) will be exempt from the Medicaid required copayment.

System changes are in place for immediate filing of the medical, institutional, and pharmacy claims when submitted via the 837P, 837I, and NCPDP transactions. To exempt the claim from the required copayment, the provider must:

- 837P – in loop 2400, SV115 field, enter a value of “0” indicating co-pay exemption for a native American Indian with an active user letter.
- 837I – in loop 2300, segment, condition information, enter condition code “AJ” indicating co-pay exemption for a Native American Indian with an active user letter.
- NCPDP – in the claim segment field 461-EU, prior authorization type code, enter a value of “4”, indicating co-pay exemption for a native American Indian with an active user letter.

Also, system changes are in place for immediate filing of the institutional UB-04 paper, PES, and web claims submissions. To exempt the claim from the required copayment, the provider must:

- UB-04 – in form locators 18- 28, enter a condition code “AJ” indicating co-pay exemption for a Native American Indian with an active user letter.
- PES – in condition code field, enter a value of “AJ”
- Web – in condition code field, enter a value of “AJ”

System changes are not in place for medical and pharmacy claims submitted via paper, PES, or web at this time. System changes are in work and are expected to be completed no later than May 1, 2011.



## **NET Program Ready to Serve Recipients**

The Non-Emergency Transportation (NET) Program provides necessary non-ambulance transportation services to Medicaid recipients. Medicaid pays for rides to a doctor, dentist office (recipients are eligible for dental services up to their 21<sup>st</sup> birthday) or clinic for medical care or treatment that is covered by Medicaid. Additional information regarding the NET Program can be found in Appendix G of Medicaid’s Provider Manual. If you have additional questions regarding this information, please call the NET Program at 1-800-362-1504.

## **All Providers Billing Laboratory Procedures**

There are several new 2011 HCPCS codes that have been approved for coverage, but are not loaded to the system at this time since Medicare has not posted any CLIA information to the CLIA website regarding these new lab codes. If providers bill these codes their claims will suspend for 60 days. If after 60 days a price and CLIA information has not been loaded to the system, Medicaid will deny the claim. As soon as this information is made available, Medicaid will post this information to the system and the providers can resubmit previously denied claims. These codes are listed as follows: 80104, 85598, 87501, 87502, 87503, 88120, 88121, and 88177.



[www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)

# HP Provider Representatives



**Debbie Smith**  
debbie.smith2@hp.com  
334-215-4142

## G R O U P 1



**Michelle Patterson**  
katherine.patterson@hp.com  
334-215-4155



**Gayle Simpson-Jones**  
gayle.simpson-jones@hp.com  
334-215-4113



**Misty Nelson**  
misty.nelson@hp.com  
334-215-4159

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



**Roxana Alexander**  
roxana.alexander@hp.com  
334-215-4132



**Nawanya Stroud**  
nawanya.stroud@hp.com  
334-215-4161

## G R O U P 2



**Ashley Webb**  
ashley.webb@hp.com  
334-215-4199

Rehabilitation Services  
Home Bound Waiver  
Therapy Services (OT, PT, ST)  
Children's Specialty Clinics  
Prenatal Clinics  
Maternity Care  
Rural Health Clinic  
Nurse Midwives

Hearing Services  
MR/DD Waiver  
Ambulance  
FQHC  
Mental Health/Mental Retardation  
Commission on Aging  
DME



**Hayley Lavender**  
hayley.lavender@hp.com  
334-215-4158

Public Health  
Including:  
Elderly and Disabled Waiver  
Home and Community Based Services  
EPSDT  
Family Planning  
Prenatal  
Preventive Education



**Aleetra Adair**  
aleetra.adair@hp.com  
334-215-4130

Personal Care Services  
Private Duty Nursing  
Renal Dialysis Facilities  
Swing Bed

## G R O U P 3



**Ann Miller**  
ann.miller2@hp.com  
334-215-4156

PEC  
ESWL  
Nursing Home



**Shermeria Hardy-Harvest**  
shermeria.harvest@hp.com  
334-215-4160

Ambulatory Surgical Centers  
Home Health  
Hospice  
Hospital

## State Fiscal Year 2010-2011 Checkwrite Schedule

10/08/10	01/07/11	04/01/11	07/08/11
10/22/10	01/21/11	04/15/11	07/22/11
11/05/10	02/04/11	05/06/11	08/05/11
11/19/10	02/18/11	05/20/11	08/19/11
12/03/10	03/04/11	06/03/11	09/09/11
12/17/10	03/18/11	06/17/11	09/16/11

Post Office Box 244032  
Montgomery, AL 36124-4032

**Alabama  
Medicaid  
Bulletin**



PRSR1 STD  
U.S. POSTAGE  
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PERMIT # 77  
MONTGOMERY AL