

Provider Insider

Alabama Medicaid Bulletin

January 2012

The Remittance Advice (RA) schedule is as follows:

01/06/12 01/20/12 02/03/12 02/17/12 03/02/12 03/16/12

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 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.

Electronic Provider Enrollment Web Portal

The Alabama Medicaid Agency will be implementing an electronic provider enrollment web portal application effective January 1, 2012.

Medicaid will continue to process any paper applications received through January 23, 2012. Any paper application received on January 24, 2012 and thereafter will be returned to the provider instructing them to use the Alabama Medicaid Provider Enrollment Web Portal.

The Alabama Medicaid Provider Enrollment Web Portal will allow new providers to enroll with Alabama Medicaid. This site will be available 24-hours a day, seven days a week, excluding time for scheduled maintenance. The address to access the portal is www.medicaid.alabama.gov.

A user ID or password is not required to access and submit a Provider Enrollment application, however, when selecting the "finish later" function a tracking number, tax ID and password will be required. The password must be 8 to 20 characters in length, not the same as the user ID and contain a minimum of 1 numeric digit, 1 uppercase letter and 1 lowercase letter. Be aware that HP staff cannot retrieve the passwords and passwords cannot be reset.

To check the status of a submitted enrollment application, a tracking number and tax ID will be required. Once the application is submitted and confirmed, a tracking number will be assigned and a bar-coded cover sheet must be printed for submission with all materials to HPES Provider Enrollment. The applicant will be required to use the bar coded cover sheet with both faxed and mailed information. Please consult the website to learn what forms are required.

A training guide is available with step by step instructions on navigating through the web portal. The address to access the training guide is www.medicaid.alabama.gov.

Training will be available to providers requesting assistance with completing the electronic enrollment application. Providers requiring training on the web portal should contact their provider representative at 855-523-9170 (see page 7 of the Insider for representative extensions).

Go Live Date:
January 9, 2012

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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 _____

The information contained within is subject to change. Please review your Provider Manual and all Provider Alerts for the most up to date information.

ALABAMA MEDICAID

In The Know

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

Locum Tenens and Substitute Physician Under Reciprocal Billing Arrangements

It is common practice for physicians to retain substitute physicians to take over their professional practices when the regular physicians are absent for reasons such as illness, pregnancy, vacation, or continuing medical education, and for the regular physician to bill and receive payment for the substitute physician's services as though he/she performed them. The substitute physician generally has no practice of his/her own and moves from area to area as needed. The regular physician generally pays the substitute physician a fixed amount per diem, with the substitute physician having the status of an independent contractor rather than of an employee. The substitute physicians are generally called "locum tenens" physicians.

Reimbursement may be made to a physician submitting a claim for services furnished by another physician in the event there is a reciprocal arrangement. The regular physician shall identify the services as substitute physician services by entering HCPCS modifier Q5 (Service Furnished by a Substitute Physician under a Reciprocal Arrangement) or HCPCS modifier Q6 (Service Furnished by a Locum Tenens Physician) after the procedure code. The reciprocal arrangement may not exceed 14 days in the case of an informal arrangement or 90 continuous days in the case of an arrangement involving per diem or other fee-for-time compensation. Providers participating in a reciprocal arrangement should be enrolled with the Alabama Medicaid Agency. The regular physician should keep a record on file of each service provided by the substitute physician and make this record available to Medicaid upon request. Claims will be subject to post-payment review. Please refer to Chapter 28, Physician, section 28.5.3, Procedure Codes and Modifiers for information regarding modifiers Q5 and Q6.

Preferred Drug List (PDL) Update

Effective January 3, 2012, 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

None

PDL Deletions*

Azasite	EENT Preparations/Antibacterials
Nasacort AQ	EENT Preparations/Intranasal Corticosteroids
Neosporin	EENT Preparations/Antibacterials
Poly-pred	EENT Preparations/Antibacterials

* 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 <https://www.medicaid.alabamaservices.org/ALPortal/NDC%20Look%20Up/tabId/39/Default.aspx>.

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 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.

Prolonged Services Direct Contact in Office or Other Outpatient Setting (Procedure Codes 99354 & 99355)

Procedure code 99354 prolonged physician services in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour and Procedure code 99355 prolonged physician services in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; each additional 30 minutes will be limited to one per recipient per provider per year. For purposes of this limitation, a physician or physicians of the same specialty from the same group practice are considered a single provider. Time must be documented clearly in the medical record to indicate the beginning of service time and the end of service time to justify these codes being billed in addition to the office visit. These services will be subject to post-payment review.

REMINDER

Office Visits

Office visits are limited to one per day, per recipient, per provider. For purposes of this limitation, a physician or physician of the same specialty from the same group practice are considered a single provider. Annual office visit benefit limits are 14 office visits per calendar year.

Appropriate Use of Modifiers

Modifiers use has changed because of NCCI edits. Refer to this CMS link for more information regarding NCCI edits:
http://www.cms.gov/MedicaidNCCICoding/01_Overview.asp#TopOfPage

Evaluation and Management Billed with Drug Administration Codes

When an Evaluation and Management service is provided and a Drug Administration code (96372, 96373, 96374, 96375, and 96376), is provided at the same time, the E&M code, Drug Administration Code, and the HCPCs Code for the drug may be billed. A **Significant Separately Identifiable Service** must be performed in conjunction with the Drug Administration code for consideration of payment for the E&M Code. A **Modifier 25** must be appended to the E&M service for recognition as a **“Significant Separately Identifiable Service.”** Medical Record documentation must support the medical necessity of the visit as well as the level of care provided.

When an Evaluation and Management service is provided and a Hydration, Therapeutic, Prophylactic, Diagnostic and Chemotherapy Administration code is provided at the same time, the E&M code, Drug Administration Code, and the HCPCs Code for the drug may be billed. A **Significant Separately Identifiable Service** must be performed in conjunction with these administration codes for consideration of payment for the E&M Code. A **Modifier 25** must be appended to the E&M service for recognition as a **“Significant Separately Identifiable Service.”** Procedure Code 99211 will not be allowed with a modifier 25 or when billed in conjunction with the above administration codes. Medical record documentation must support the medical necessity and level of care of the visit.

However, when no **Significant Separately Identifiable** E&M service is actually provided at the time of a Drug Administration, an E&M code should not be billed. In this instance, the Drug Administration Code and the HCPCs Code for the drug may be billed. An example of this is routine monthly injections like B-12, iron, or Depo-Provera given on a regular basis without a **Significant Separately Identifiable** E&M service being provided. These services will be subject to post payment review.



Policy Changes for Residency Training Program

Alabama Medicaid Agency is changing its policy for a physician enrolled in and providing services through a residency training program. Medicaid will no longer require these physicians be assigned a pseudo Medicaid license number to be used on prescriptions written for Medicaid recipients.

On January 1, 2012, interns and non-licensed residents must use the NPI or license number of the teaching, admitting, or supervising physician on the claim for reimbursement. If the resident has a medical license, then the resident must be enrolled with Medicaid to qualify for reimbursement.

Pharmacy Providers Enrolled for DME

Pharmacy providers that are enrolled with Alabama Medicaid as Durable Medical Equipment (DME) providers must follow DME billing procedures to receive reimbursement for services provided to Alabama Medicaid recipients. When billing for DME items and supplies, you must bill with the correct HCPC code, not NDC codes.

If you are having difficulty submitting your claims for diabetic strips (A4253) and lancets (A4259) or any other DME items or supplies, please contact your HPES provider representative for assistance.

Your HPES provider representatives are:

- Hayley Lavender (855) 523-9170 Ext 2334584 Email: hayley.lavender@hp.com
- Shamekia Pena (855) 523-9170 Ext 2334588 Email: shamekia.pena@hp.com

Your HPES provider representatives can assist you with any DME billing problems you may have. HPES provider representatives also make onsite visits for purposes of training to any DME company enrolled as an Alabama Medicaid provider located in the state of Alabama, or within a thirty-mile radius of the Alabama state line.

If you have any questions regarding DME policies or DME coverage issues, please contact the Pharmacy DME Unit at (334) 353-4753 or (334) 353-4756.

5010 and NCPDP Transactions

The following 5010 X12 and NCPDP D.0 transactions have been added for the CMS mandated implementation on January 1, 2012:

- 270/271 - Health Care Eligibility Benefit Inquiry and Response
- 276/277 - Health Care Claim Status Request and Response
- 278 - Health Care Services Review – Request for Review and Response
- 835 - Health Care Claim Payment/Advice
- 837 - Health Care Claim (dental, institutional, and professional)
- NCPDP Batch 1.2
- NCPDP D.0
 - Claim Billing – B1
 - Claim Reversal – B2
 - Eligibility Verification – E1
 - Prior Authorization Request Only – P4
- 999 - Implementation Acknowledgement for Health Care Insurance.

5010
Is Here!
January 1, 2012
Are you ready?

Prior Authorization Change Request Form Clarification

Per Chapter 4, Obtaining Prior Authorization, of the Billing Manual, the prior authorization (PA) change request form (Form 471) is **NOT** to be used for reconsiderations of denied PAs or for procedure code changes. Providers must submit reconsideration for a denied PA following the usual process of faxing or mailing the PA denial letter to HP, along with the supporting documentation for reconsideration. Providers may submit a new PA for procedure code changes.

Form 471 is for revisions to a prior authorization in evaluation status, or for simple changes to an approved PA, such as revising dates of service. Please ensure that the PA documents support any requested change.

Complete the appropriate sections on the form and fax to the Alabama Medicaid Agency at (334) 353-9352 or (334) 353-4909. The form may now be completed on-line and then faxed to one of the aforementioned numbers. Please allow three business days for processing. The form may be accessed at:

http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.1_Billing/5.4.1_Form%20471_PA_Change_Request_fillable_12-8-11.pdf

IUDs and Implants: Changes to Contraceptive Coverage

The Alabama Medicaid Agency is making important changes regarding the coverage of intrauterine devices (IUDs) and implantable contraceptive devices. Effective January 1, 2012, these devices will be reimbursed only when billed on a medical claim. Pharmacies will no longer be able to bill for these devices for a specific patient and ship to the provider for insertion/implantation. Example devices include Mirena®, Paragard®, Implanon®, etc.

Questions regarding this change can be sent to Nancy.Headley@medicaid.alabama.gov or by calling (334) 242-5684.

Attention!

The compliance date for 5010 transactions is January 1, 2012. The Centers for Medicare and Medicaid Services (CMS) announced that Covered Entities that are not compliant with 5010 will be subject to penalties on March 31, 2012.

NCPDP D.0 Version Changes

The NCPDP D.0 version offers new functionality related to the reporting of other payer patient responsibility data. With the implementation of D.0, Alabama Medicaid will begin capturing values sent in fields:



- 353-NR (other payer patient responsibility count)
- 351-NP (other payer patient responsibility qualifier)
- 352-NQ (other payer patient responsibility amount)

When a payment has been received from another payer, the amount reported in the patient pay amount (505-F5) must be entered in the 352-NQ field, along with an "06" qualifier code in field 351-NP. Alabama Medicaid will consider this amount submitted in determining the final amount that Medicaid will pay.

In addition, if the value in the other coverage code field (308-C8) indicates other coverage exists (values 02, 03, 04, or 08), then the 352-NQ field must be greater than zero or the claim will reject.

Claim Submission Changes Regarding Third Party Insurance Payments

Pursuant to 5010 changes, the Alabama Medicaid Agency is modifying the requirement for claims with Third Party payments. The Alabama Medicaid will require that Third Party payment information be submitted at the detail line item level for Dental, Professional and Outpatient claims. Inpatient and Long Term Care claims will continue to have the third party payment information submitted at the header level.

The Alabama Medicaid Agency will also require that a Patient Responsibility Amount be submitted as part of Third Party payment information. The Patient Responsibility Amount is the amount processed by the other insurance payer as the patient's responsibility and represents the amount remaining for Medicaid payment consideration.

Attention!

Procedure Codes 80100, 80101, and 80104

Effective January 1, 2012, procedure codes 80100, 80101, and 80104 will be limited to one per day, per recipient, per provider for each procedure code. Providers within the same group practice are considered a single provider.

New Medicaid Enrollment Requirements for Prescribing, Ordering or Referring Providers

The implementation date for the enrollment of prescribing, ordering, or referring providers referenced in the October 2011 Provider Insider has been delayed. Providers will be notified when the enrollment process begins.

Perinatal Care Town Hall Meetings

The Alabama Medicaid Maternity Care Program invites delivering OB physicians and midwives to participate in Physician-Led Town Hall Meetings to discuss quality in perinatal care. These open forum meetings are designed to further our efforts to lower Alabama's infant mortality rate and improve maternal and infant health. The sessions are free and pre-registration is not required.

Montgomery

6:00pm, January 12 or March 8
AUM School of Nursing
Moore Hall, Room 106
7461 East Drive, AUM Campus

Huntsville

6:00pm, January 17
Corporate University Center at
109 Governor's Drive

6:00pm, March 13
Children's Rehab Services at
3000 Johnson Road

Birmingham

6:00pm, Jan 26 or March 6
Vestavia Hills Library
1112 Montgomery Highway

Mobile

6:00pm, January 24 or March 27
Saad Healthcare
1515 University Boulevard South

Webinar

The March 8, 2012 meeting will also be available by webinar. Visit the Maternity Care Program page under Medical Services at www.medicaid.alabama.gov for more information.



HP Provider Representatives



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Provide Assistance for:

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

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
Public Health Including:

- Elderly and Disabled Waiver
- Home and Community Based Services
- EPSDT
- Family Planning
- Prenatal
- Preventive Education

Provide Assistance for:



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

State Fiscal Year 2011-2012 Checkwrite Schedule

10/07/11	01/06/12	04/06/12	07/06/12
10/21/11	01/20/12	04/20/12	07/20/12
11/04/11	02/03/12	05/04/12	08/03/12
11/18/11	02/17/12	05/18/12	08/17/12
12/02/11	03/02/12	06/08/12	09/07/12
12/16/11	03/16/12	06/22/12	09/14/12

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**Alabama
Medicaid
Bulletin**

