ALABAMA MEDICAID

January 2012 Provider Manual

Provider Alerts

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RETURN TO MAIN MENU

ALERT

To: All Providers and Vendors

RE: System Maintenance on Wednesday, October 1, 2008

Total System Outage:

This maintenance action is being taken to continue improvements in system resources availability for the operation of the Alabama Medicaid System. There will be no claims and eligibility processing or system access by any method during the system maintenance period tonight.

When:

Wednesday, October 1, 2008 beginning at 10:00 PM Central

To

Thursday, October 2, 2008 at 2:00 AM Central

October 1, 2008

ALERT

To: All Hospital Providers

RE: Notice To Hospitals Filing Inpatient Claims

All **hospitals** should hold all inpatient claims with dates of service beginning October 1, 2008, until new per diem rates are implemented.

The Agency will host a meeting to discuss new payment rates at 1:30 p.m. Tuesday, October 7 in the Agency's Boardroom.

For those unable to attend the meeting in person, a web conference option will be available through ilinc.

To access this option, you will need to do two things:

1) **Join the conference, and**

2) **Call 1-800-915-8704** - Meeting number ***1273929***

To join the conference, click on the following link:
https://alabamamedicaid1.ilinc.com/join/rskzcr/fypzhjy

The link will be active beginning at 1:10 pm CT. (Please do not forward to others)

Please prepare your computer ahead of time by clicking the following link:
https://alabamamedicaid1.ilinc.com/systest/rskzcr

If you need assistance to prepare your computer, please contact your IT department.

If you have any questions regarding this process, please call Medicaid at 334-353-4121 for assistance.

October 01, 2008

ALERT

To: All Providers

RE: Change in Provider Payroll Date

Alabama Medicaid will change the date for the release of provider payrolls effective with the October 17, 2008 checkwrite.

This change means that funds previously released on Wednesdays after the checkwrite date will not be released until the Friday following the checkwrite date.

Example:

October 17, 2008	Checkwrite date (Cutoff date)
October 24, 2008	Funds released at midnight

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

October 03, 2008

ALERT

To: All Providers

RE: Database Maintenance

Web Portal Reports Temporarily Unavailable:

This maintenance action is to perform database maintenance. The only impact to providers will be the inability to retrieve Remittance Advice and Managed Care reports via the Web Portal. All other Web Portal, claims processing, and eligibility functions will not be impacted.

When:

Friday, October 24, 2008 at 9PM to Saturday, October 25, 2008 at 9PM

and

Friday, October 31, 2008 at 9PM to Saturday, November 1, 2008 at 9PM

All reports will be available at the conclusion of each maintenance period.

Oct 20, 2008

ALERT

To: All Providers

RE: Batch Response Files (BRF) <Audit Trails> Are Now Available for Download

EDS and the Medicaid Agency are pleased to announce the return of the Claim Status Request (CSR or audit trail), now known as a Batch Response File (BRF). The BRF is similar to the old CSR, but has been revised to meet the standards of the Medicaid claims processing system.

The BRF will allow providers to determine claims status prior to receiving the Remittance Advice.

How Will I Download the BRF?

If you use a software vendor, contact your software vendor for instructions. Vendors were notified of the upcoming changes and companion guide in an earlier Alert. Your software vendor will need to format the file information from a flat file format into a readable format. The companion guide is available through the following link:

http://www.medicaid.alabama.gov/billing/npi_companion_guides.aspx?tab=6

What Version of Provider Electronic Solutions Will Allow BRF Downloads?

Providers wanting to obtain the BRF through Provider Electronic Solutions will need to download and apply version 2.10. Upgrades are available through the following link:

http://www.medicaid.alabama.gov/billing/pes.aspx?tab=6

Should you have problems or questions related to Provider Electronic Solutions version 2.10, contact the Electronic Media Claims Helpdesk at 1-800-456-1242 (in-state) or (334)-215-0111 (out-of-state). E-mail alabamasystemsemc@eds.com.

How Will I Download the BRF once I apply Version 2.10?

- Open Provider Electronic Solutions
- Click on Communications
- Click on Submission
- Under files to receive select BRF-Batch Response File
- Click Submit
- After file has downloaded, close out of submission
- Go to Communication
- Click on View Batch Response

ALERT

Field Names and Descriptions

The BRF will show which claims paid, denied or suspended. The following information will display:

Field Name	Field Description
Trading Partner ID	The assigned 9 digit trading partner number used by the submitter to send a batch of claims.
File Tracking ID	The tracking number assigned to a batch of claims when uploaded to AMMIS.
Internal Control Number (ICN)	The internal control number that uniquely identifies a claim in the system.
Claim Status	The status of the claim after processing through the system. Values can be either "P" (paid), "S" (suspended), or "D" (denied).
Total Detail Count	The total number of details associated to the claim.
Provider NPI ID	The National Provider ID used to process the claim.
Provider Medicaid ID	The Medicaid Provider ID used to process the claim. Identifies the service location.
Recipient ID	The Recipient or Subscriber ID submitted on the claim.
Recipient Check Digit	The Recipient or Subscriber check digit submitted on the claim.
Patient Account Number	The Patient Account Number submitted on the claim.
Medical Record Number	The Medical Record Number submitted on the claim.
First Date of Service	The date of the first date of service on the claim in CCYYMMDD format.
Billed Amount	The Billed Amount submitted on the claim.
Paid Amount	The paid amount that was calculated by the system for a paid claim. This field will be the end of the record for Paid claims.
Error Count	The number of errors set on the claim.
Detail Number	The detail number on which the error was set. 0 = header; 1 > = detail number.
Error Code Status	Status code that represents the disposition of the specific error that has set on the claim. Values are deny (D) or suspend(S).
Error Code	The Explanation Of Benefit (EOB) code set on the claim.
Error Message	The text message that describes the error that was set on the claim.

ALERT

Common Questions and Answers Regarding the BRF

Can I view all claims submitted through the BRF?

No. Claims which automatically crossover from Medicare to Medicaid may not be viewed through the BRF and claims which are submitted through the web portal may not be downloaded through the BRF. (Users may perform a search in the web portal to check claim status for these claim types). Additionally, some state agencies that submit through a direct connect process will not be able to view BRF files. If you have questions on how to search for claims submitted through the crossover process or the web portal, contact your Provider Representative at 1-800-688-7989.

What Claim Types Will Generate a BRF?

837 P (Professional)

837 I (Institutional)

837 D (Dental)

The BRF will only be returned to the Trading Partner that uploads a batch of claims. Trading Partners can be providers or vendors. If you use a trading partner ID to submit your claims to a clearinghouse, which then submits the batch to EDS for processing, your vendor will have to provide you with a BRF.

November 19, 2008

ALERT

To: All Infectious Disease Specialists and HIV Clinics

RE: Trofile Assay

The Trofile Assay will be a covered service by Medicaid with prior authorization effective December 1, 2008. The procedure code to be billed is 87999 (unlisted microbiology procedure). In order to be reimbursed by Medicaid for the Trofile Assay, the ordering provider must submit a Prior Authorization electronically or by paper on form 342. The form is available on the Agency's website at:
http://www.medicaid.alabama.gov/documents/Billing/5-F_Forms.Billing/5F-2_Prior.Auth.Forms/5F-2a_PA_Form342_fillable-2-26-08.pdf

Providers requesting a PA should include:

- Any past history of antiretroviral medications prescribed to include date prescribed and the date the drug was discontinued;
- The name and contact information of the HIV clinic that the provider is affiliated with if the requesting provider is not enrolled in Medicaid with specialty of infectious disease, and;
- The result of the most current HIV-1 RNA.

If you need further information, please see chapter 4 of the Provider Billing Manual for detailed instructions on the submission of prior authorizations. Providers with questions may contact Teresa Thomas, Program Manager, Lab/X-ray services at teresa.thomas@medicaid.alabama.gov or by phone at (334) 242-5048.

December 02, 2008

ALERT

To: ASC, Dialysis, Home Health, Hospice, Hospital, Nursing Home, Radiology, and RHC Providers

RE: The Change of Ownership Form

Beginning January 1, 2009, currently enrolled providers must complete the new ***Change of Ownership Information form*** to report change of ownership information ***prior*** to making such change. This information will be used in determining how the change in ownership will be processed.

Paragraph 1.2.2 of the Provider Agreement in the Alabama Medicaid Provider Enrollment Application states "Provider agrees to keep its application for participation in the Medicaid program current by informing MEDICAID or its agent in writing of any changes to the information contained in its application, including, but not limited to, changes in ownership or control, federal tax identification number, or provider business addresses, at least thirty (30) business days prior to making such changes." Chapter 7 of the Alabama Medicaid Provider Manual will also be updated. The Change of Ownership Information form is available on the agency website at http://www.medicaid.alabama.gov/billing/forms_provider_enrollment.aspx

January 05, 2009

ALERT

To: Dental Providers

RE: Dental Prior Authorization Process

To better serve dental providers and their patients, EDS will now receive and prepare dental prior authorization (PA) requests for Medicaid Agency review effective January 1, 2009.

To request a dental PA, providers should submit the Alabama Prior Review and Authorization Dental Request Form 343, dental x-rays, periodontal charts, and medical necessity notes to EDS. The information will be scanned and prepared by EDS staff members, then forwarded to the Alabama Medicaid Agency for review and disposition.

All correspondence related to prior authorizations should be sent to EDS at the following addresses:

EDS
ATTN: Dental Prior Authorization Department
PO Box 244032
Montgomery, AL 36124

Physical address for **express delivery only**:

EDS
ATTN: Dental Prior Authorization Department
301 TechnaCenter Drive
Montgomery, AL 36117

For emergency prior authorizations, please contact the Alabama Medicaid Dental Program directly at: (334) 242-5472 or via e-mail at: dental@medicaid.alabama.gov

Please refer to Chapter 13 of the Medicaid Provider Manual for the emergency prior authorization process. The manual is available online at http://www.medicaid.alabama.gov/billing/index_billing.aspx?tab=6

January 13, 2009

ALERT

To: Radiology Clinics, Physicians, Oral Surgeons, Nurse Practitioners, Dentists, Public Health, Hospitals, ASC, FQHC, RHC, CRS, and EPSDT Providers

RE: Effective Date of Radiology Prior Authorization Program

The effective date of the Radiology Prior Authorization Program has been changed from February 2, 2009 to March 2, 2009. Medicaid will allow a grace period from March 2nd through March 31st. Providers will be required to submit prior authorizations during this grace period. Medicaid will not deny any claims for these services performed from March 2nd through March 31st due to no prior authorization. However, beginning on April 1, 2009, any claims that are submitted for these radiological services for dates of service April 1, 2009 and thereafter without prior approval will be denied.
The Medicaid Contractor for this program, MedSolutions, will be sending further information soon.

Providers with questions may contact Teresa Thomas, Program Manager, Lab/X-ray services at teresa.thomas@medicaid.alabama.gov or by phone at (334) 242-5048.

January 16, 2009

ALERT

To: Instate and Bordering Hospital Providers

RE: Enrollment of Psychiatric and Rehabilitation Subparts Within a Hospital for Crossover Claims

Hospitals with psychiatric and rehabilitation subparts are now required to enroll with a separate NPI (National Provider Identifier) in order to process crossover claims.

To enroll, an application for each subpart must be submitted to EDS's Provider Enrollment Department. This step is necessary to register the separate NPIs in the Medicaid system.

To request an enrollment application, you may contact EDS' Provider Enrollment Department at 1-888-223-3630 or visit Alabama Medicaid's website at www.medicaid.alabama.gov (Billing/Forms – Billing-Related/Provider Enrollment Forms/Hospital Subpart Enrollment Application) to download a copy of the Provider Enrollment Application for Providers in Alabama and bordering states.

This enrollment policy for psychiatric and rehabilitation subparts only applies to Medicare/Medicaid crossover claims. It does not apply for straight Medicaid claims.

For questions concerning this policy change, you may contact the Alabama Medicaid Agency, System Support Unit at (334)242-5627.

For unpaid crossover claims that are now beyond the one-year filing limitation, you will have until July 1, 2009 to request an administrative review. In your request, indicate these claims are for the psychiatric or rehab subparts and enclose the paper claim form.

Mail to:

System Support/Administrative Review Unit
Alabama Medicaid Agency
P.O. Box 5624
Montgomery, AL 36103-5624

The time filing limitation will be overridden for those claims received on or before July 1, 2009.

March 6, 2009

ALERT

To: All Providers

RE: New Medical & Quality Review Services Contractor

Effective April 1, 2009, Alabama Quality Assurance Foundation (AQAF) will perform medical and quality reviews for the Alabama Medicaid Agency. AQAF will perform prior authorizations for durable medical equipment, private duty nursing and certain medical services; long-term care reviews, including hospice pre-certification and concurrent reviews; and retrospective review of institutional admissions.

- **The current contractor (APS Healthcare), will stop accepting PA and other requests on March 27, 2009.**

- **Documents requiring immediate attention between 03/27/09 and 03/31/09 should be mailed or faxed to the Alabama Medicaid Agency at the following address or number:**

  LTC Medical & Quality Review Unit

  Alabama Medicaid Agency
  501 Dexter Avenue, Suite 3014
  P.O. Box 5624
  Montgomery, Alabama 36103-5624
  Fax: (334) 353-4909

Prior Authorization (PA) Requests

- **Effective April 1, 2009, AQAF will process all PAs except those related to:**
  - Pharmacy,
  - Dental Services,
  - Radiology Services, and
  - Augmentative Communication Devices.

- **The process for submitting PA requests will remain the same.**
  - Attachments required as part of the PA review process must be sent to EDS for scanning into the system. This allows the EDS system to link the request by PA number as well as generate a response to the provider.
  - Linking hard copy attachments with a PA request submitted electronically will delay the PA process. To expedite the attachment process, submit within 48 hours of the submission of the PA request.

- If you have questions regarding the status of a PA request that is less than 30 days from submission call the Automated Voice Response System (AVRS) Line at (800) 727-7848.

- If you need assistance with a PA that is greater than 30 days from the date of submission, contact the Provider Assistance Center at (800) 688-7989. If you are unable to resolve your problems after contacting the AVRS Line or Provider Assistance Center, you may contact AQAF at 1-205-970-1600, extension 3314.

ALERT

- **Expediting turnaround time for DME Conditional Approvals**
  - To expedite the turnaround time for converting conditional approvals to an approved status, please fax delivery tickets and invoices to **APS Healthcare** at (770) 991-5429 **by 03/27/09**.
  - Effective April 1, 2009, please mail or fax to **AQAF** at the following address:

Alabama Quality Assurance Foundation
Two Perimeter Park South, Suite 200 West
Birmingham, Alabama 35243-2337
Fax: (205) 970-1614

- Chapter 15: Submitting Prior Authorization Requests, in the Provider Electronic Solutions Manual provides additional information regarding the PA process.

Reviews for Institutional, Hospice, Post Extended Care Hospital (PEC), and Swing Bed providers

- **Effective April 1, 2009**, AQAF will assume responsibility for reviewing applications for admissions for the programs listed below:
  - Hospice
  - PEC
  - Swing Beds
  - Retrospective review process for appropriateness of admissions to Nursing Homes, ICF/MR facilities and IMD facilities

- **Faxed attachments will not be accepted by AQAF with the exception of inpatient psychiatric facilities.**

- Applications for admission to Hospice, PEC, and Swing bed programs **more than 30 pages** must be mailed to AQAF to the address above.

- AQAF will request monthly retrospective reviews for Nursing Homes, ICF/MR facilities, and IMD facilities. Medical record documentation, in response to such requests, which contains **more than 30 pages,** must be mailed to AQAF to the address indicated above.

- Medical record documentation which contains **less than 30 pages**, Hospice Recipient Status Change Forms **(Form 165B)** and Long Term Care Request for Action Forms **(Form 161A)** may be faxed to AQAF at the number below:

Fax: (205) 970-1614

Providers with questions may contact Theresa Carlos, Associate Director of Medicaid's LTC Medical & Quality Review Unit, at theresa.carlos@medicaid.alabama.gov or 334-353-3711.

March 04, 2009

ALERT

To: Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, and Nursing Homes

RE: Preferred Drug List (PDL) Update

Two important pharmacy program updates will be effective April 1, 2009:
1) The Alabama Medicaid Agency will no longer require prior authorization (PA) for payment of generic legend omeprazole. Preferred brands as well as OTC versions of Proton Pump Inhibitors will also continue to be available with no PA necessary.

2) 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	PDL Deletions*
Aciphex-Gastrointestinal Agents-Proton-pump Inhibitors	**Caduet**-Cardiovascular Health/ HMG CoA Reductase Inhibitors/Combos
Patanase-EENT Preparations-Antiallergic Agents	**Imitrex**-Pain Management/ Autonomic Agents-Selective Serotonin Agonists
Treximet-Pain Management/ Autonomic Agents-Selective Serotonin Agonists	**Metadate CD**-Behavioral Health/ Cerebral Stimulants-Agents for ADD/ADHD
	Pexeva- Behavioral Health/ Antidepressants
	†**Relenza-**Anti-infective Agents/ Neuraminidase Inhibitors
	†**Tamiflu-**Anti-infective Agents/ Neuraminidase Inhibitors

** 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.*

†Will remain preferred throughout the defined flu season (October 1 – April 30).

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. Providers are to mail or fax hard copy PA requests directly 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.

March 10, 2009

ALERT

To: All Providers

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- **The current contractor (APS Healthcare), will stop accepting PA and other requests on March 27, 2009.**

- **Documents requiring URGENT attention (NOT ROUTINE) between 03/27/09 and 03/31/09 should be mailed or faxed to the Alabama Medicaid Agency at the following address or number:**

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Alabama Medicaid Agency
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- Medical record documentation which contains **less than 30 pages**, Hospice Recipient Status Change Forms **(Form 165B)** and Long Term Care Request for Action Forms **(Form 161A)** may be faxed to AQAF at the number below:

Fax: (205) 970-1614

Providers with questions may contact Theresa Carlos, Associate Director of Medicaid's LTC Medical & Quality Review Unit, at theresa.carlos@medicaid.alabama.gov or 334-353-3711.

ALERT

To: Psychologists

RE: Minimum Qualifications for Professional Staff Working Under Supervision of Medicaid-enrolled Psychologists

Effective April 1, 2009, the only individuals recognized for reimbursement under the direct supervision of a Medicaid-enrolled psychologist are:

- A professional counselor licensed under Alabama law (i.e. LPC, ALC)
- A marriage and family therapist licensed under Alabama law
- A certified social worker licensed under Alabama law
- A licensed psychological technician
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling, behavioral specialist or other areas that require equivalent clinical course work and who meets at least one of the following qualifications:
    - Has successfully completed a practicum as a part of the requirements for the degree
    - Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of post graduate clinical experience.

Policy questions concerning this provider notice should be directed to Karen Green @ (334) 353-4945 or karen.green@medicaid.alabama.gov.

March 11, 2009

ALERT

To: All Pharmacy Providers

RE: DAW 2-Audits

If your pharmacy has received a letter concerning Dispense as Written (DAW) 2 audit findings, the pharmacy should disregard the letter and its enclosure. The Alabama Medicaid Agency will not make any corresponding adjustments to the next provider payment based on these findings.

Although an "Appropriate Utilization of DAW Codes" article has been circulated to pharmacies through educational newsletters, as well as listed on the Agency website (www.medicaid.alabama.gov, click on Programs/Pharmacy/Billing Resources), claims continue to be submitted utilizing inappropriate product selection codes. Please note the Agency will be updating its written policy in the April 1, 2009 provider billing manual to enforce appropriate utilization of product selection codes as defined by NCPDP standard. The use of the DAW codes will be audited on a regular basis to ensure correct billing. **As such, pharmacy claims submitted after April 1, 2009 with inappropriate product selection/DAW codes will be recouped.**

March 16, 2009

ALERT

TO: Psychologists

RE: Minimum Qualifications for Professional Staff Working Under Supervision of Medicaid-enrolled Psychologists

Effective April 1, 2009, the only individuals recognized for reimbursement under the direct supervision of a Medicaid-enrolled psychologist are:

- A professional counselor licensed under Alabama law (i.e. LPC, ALC)
- A marriage and family therapist licensed under Alabama law
- A certified social worker licensed under Alabama law
- A licensed psychological technician
- An individual possessing a master's degree or above from a university or college with an accredited program for the respective degree in psychology, social work, counseling, behavioral specialist or other areas that require equivalent clinical course work and who meets at least one of the following qualifications:
    - Has successfully completed a practicum as a part of the requirements for the degree
    - Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of post graduate clinical experience.

Policy questions concerning this provider notice should be directed to Karen Green @ (334) 353-4945 or karen.green@medicaid.alabama.gov.

March 20, 2009

ALERT

To: All Pharmacy Providers

RE: Correct prescribing physician license number or NPI required on all pharmacy claims

Pharmacies participating in the Alabama Medicaid program are required to use the prescribing physician's NPI or license number when filing a claim with the Agency. A recent review of pharmacy billing practices found that numerous pharmacies are using an incorrect prescribing physician number on claims submitted to the Agency.

Providers are reminded that any pharmacy claim with an incorrect prescribing physician number is subject to recoupment. Pharmacies with repeated violations will be subject to revocation of their Medicaid provider agreement, and referral to federal or state law enforcement personnel for criminal prosecution.

April 28, 2009

ALERT

To: All Providers

RE: Alabama MMIS Maintenance Window

The Alabama Medicaid claims processing system will undergo maintenance between Saturday, May 30, 2009 at 11:30 PM till Sunday, May 31, 2009 at 4 AM Central Daylight Saving Time.

The impact of this outage will be:

1. Providers will be able to submit batch transactions to the web portal. However, the response files will be delayed until the conclusion of the maintenance and the process of the submitted files can be completed.

2. Eligibility information will **not** be available by any means (interactive, AVRS, or web portal)

3. Interactive pharmacy claims processing will **not** be available.

4. MMIS user panels will **not** be responsive to queries.

May 29, 2009

ALERT

To: Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Nursing Homes, and Mental Health Providers

RE: Preferred Drug List (PDL) Update

Effective July 1, 2009 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	PDL Deletions*
Astelin - EENT Preparations/Antiallergic Agents	**Metrogel Vaginal** - Skin and Mucous Membrane Agents/Antibacterials
Astepro - EENT Preparations/Antiallergic Agents	
Elidel - Skin and Mucous Membrane Agents/Miscellaneous	
Levemir - Diabetic Agents/Insulins	
Luvox CR - Behavioral Health/Antidepressants	
Pramox - Skin and Mucous Membrane Agents/Antipruritics	

** 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.*

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 are to mail or fax hard copy PA 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.

June 10, 2009

ALERT

To: Radiology Clinics, Physicians, Hospitals, FQHC, RHC, CRS, and EPSDT Providers

RE: Changing Procedure Codes on Radiology Prior Authorizations for CT scans, MR scans and PET scans

Effective June 22, 2009, providers will be allowed 30 days from the date of service to:

- change a code from "without contrast," to a code in the same family "with contrast" or "with and without contrast" or

- change a code from "with contrast" or "with and without contrast," to a code in the same family "without contrast" or

- add a study to radiology procedures when the Prior Authorization has already been obtained.

The ordering provider (physician's office) or the performing provider (facility) must call Medsolutions at 1-888-693-3211 to request that a code be changed. For changing a code to a higher code (from without contrast, to with contrast, or to with and without contrast), or adding a study, Medsolutions will continue to review criteria for medical necessity before approval.

Providers with questions may contact Teresa Thomas, Program Manager, Lab/X-ray services at teresa.thomas@medicaid.alabama.gov or by phone at (334) 242-5048.

ALERT

To: Dental Providers

RE: Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, reauthorizes the Children's Health Insurance Program (CHIP) under title XXI of the Social Security Act. CHIPRA includes many provisions aimed at improving coverage for children. Section 501 (e) of CHIPRA requires that States work with Centers for Medicare and Medicaid Services and Health Resources Services Administration **to develop a current and accurate list of all dentists and providers within each state that provide dental services to children and includes the elements as below.** This information will be posted on the Insure Kids Now website at www.insurekidsnow.gov. Please note that this is a federal requirement.

Please assist us by completing the information below by July 8, 2009 and faxing to 334-353-5027.

1. Provider Name: _____

2. Provider Affiliation: Private Practice ___ Community Health Center ___
Health Department ___ Other ___

3. Provider Specialty: General Dentist ___ Pediatric Dentist ___ Oral Surgeon ___
Orthodontist ___ Endodontist ___ Periodontist ___

4. Accepts New Patients: Yes ___ No___

5. Can Accommodate Special Needs: Yes ___ No___

6. NPI Number or State Medicaid Number* _____
*(*This information will not be on the website)*

7. Group or Clinic Name: _____

8. Provider Physical Street Address (City, State, and Zip Code Phone and Fax Number):

_____
Street Address

_____
City, State, and Zip Code

_____ _____
Phone Number including area code *FAX number including area code*

9. Optional Information: Website address: _____

Affiliation with Managed Care Plans: _____

Languages Spoken: _____

If you have questions regarding this request please contact Leigh Ann Hixon at 334-353-5263 or via e-mail at LeighAnn.Hixon@medicaid.alabama.gov

If you practice at multiple locations, please complete a form for each location.

June 30, 2009

ALERT

To: All Providers and Associations

RE: Synagis® Criteria for 2009-2010 Season

The Alabama Medicaid Agency has updated its prior authorization criteria for Synagis®.

Highlights of the updated criteria include:

- The approval time frame for Synagis® will begin October 1, 2009 and will be effective through March 31, 2010.
- Up to five doses will be allowed per recipient in this timeframe. Some recipients may only receive up to a max of 3 doses, depending on the gestational and chronological age.
- There are no circumstances that will result in approval of a sixth dose.
- If a dose was administered in an inpatient setting, the date the dose was administered must be included on the request form.
- For approval of requests, the recipient must meet gestational and chronological age requirements. In order to meet chronological age requirements, the recipient must not exceed the specified age at the start of the RSV season.
- Prescribers, not the pharmacy, manufacturer or any other third party entity, are to submit requests for Synagis® on a separate prior authorization form (Form 351) **directly** to Health Information Designs and completed forms may be accepted beginning September 1, 2009 (for an October 1 effective date).
- A copy of the hospital discharge summary from birth is required on all Synagis® PA requests.
- If approved, each subsequent monthly dose will require submission of the recipient's current weight and last injection date and may be faxed to HID by the prescribing physician or dispensing pharmacy utilizing the original PA approval letter.
- Letters will be faxed to both the prescriber and the dispensing pharmacy notating approval or denial.

Criteria

Alabama Medicaid follows the 2009 updated American Academy of Pediatrics (AAP) guidelines regarding Synagis® utilization. The form and complete updated criteria specific to Synagis® are available on the Agency's website at www.medicaid.alabama.gov under Programs: Pharmacy Services: Prior Authorization/Overrides Criteria and Pharmacy Forms: 2009-2010 Synagis® Criteria and Forms.

Educational Presentation / Web Conference

To inform providers about changes impacting the 2009-2010 Synagis® season, the Alabama Medicaid Agency will present a statewide Web conference on August 14, 2009 at 10:00 a.m. for all Synagis® providers. A question and answer session will be held at the end of the presentation so providers may ask questions or obtain clarification as needed.

Providers may participate in the Synagis® web conference via physical attendance in the Medicaid Boardroom or join via an *iLinc* web conferencing feature. In order to join via *iLinc*, participants must register by August 10, 2009.

Providers may register by emailing their name, phone number and email address to Earnestine.Rhodes@medicaid.alabama.gov or by calling (334) 242-5050 and providing their name, phone number and email address during normal business hours. Participants registering via email should include SYNAGIS ILINC in the subject line of the email when responding. Participants should register early as space for the web conference is limited.

Additional questions regarding Synagis® criteria can be directed to the Agency's Prior Authorization contractor, Health Information Designs at 1-800-748-0130.

July 15, 2009

ALERT

To: Physicians

RE: Radiology Management Program "Gold Card Changes"

Effective October 1, 2009, changes will be made to "Gold Card" status based on Agency evaluation of prior authorization requests made between April 1 and June 30 of 2009. The following changes will be made:

- Providers who currently have "Gold Card" status, and have requested six or fewer radiology tests during the April-June quarter will continue to have "Gold Card" status.
- Providers who have requested seven or more tests during April-June quarter and would have had a denial rate of 5% or less will continue to have "Gold Card" status.
- All other providers with current "Gold Card" status will be removed from the "Gold Card" program.

The status of all providers will be re-evaluated after one year. Redetermination will be based on the preceding 12 months' worth of data (October 1, 2009 – September 30, 2010). If the data shows that the provider has seven or more tests ordered per quarter and a 5% or less denial rate, then "Gold Card" status will be granted. Also, those providers with a gold card during those 12 months who order more than seven tests per quarter and have a denial rate above 5% will have their gold card status removed. Providers with a "Gold Card" who continue to order 6 or fewer tests per quarter will continue to have "Gold Card" status.

Providers with questions may contact Teresa Thomas, Program Manager, Lab/X-ray services at teresa.thomas@medicaid.alabama.gov or by phone at (334) 242-5048.

September 11, 2009

ALERT

To: Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Nursing Homes, and Mental Health Providers

RE: Preferred Drug List (PDL) Update

Effective October 1, 2009, 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	PDL Deletions*
Azor-Cardiovascular Health/ Calcium Channel Blockers/Combos	**Augmentin XR**-Anti-infective Agents/ Penicillins
OTC pyrantel pamoate (ex. **Pin-X, Reese**) Anti-infective Agents/Anthelmintics	**Exelon**-Behavioral Health/Alzheimer's Agents
Prandin-Diabetic Agents/Meglitinides	**Paxil CR**-Behavioral Health/Antidepressants
	Starlix-Diabetic Agents/Meglitinides
	Valtrex-Anti-infective Agents/ Nucleosides and Nucleotides

** 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.*

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 are to mail or fax hard copy PA 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.

September 11, 2009

ALERT

To: All In-State Hospital Providers and Maternity Care Primary Contractors

RE: Maternity Inpatient Hospital Claims

Beginning with delivery dates of October 1, 2009, the Alabama Medicaid Agency will process all maternity inpatient hospital claims as fee-for-service claims and will make payment directly to the hospital provider. Deliveries prior to October 1, 2009, are the responsibility of the Maternity Care Primary Contractor.

Examples of how claims will be processed when filed to Medicaid are described below:

If the Delivery occurs BEFORE October 1, 2009:
Example: Inpatient claim Dates of Service: 09/20/09 – 10/03/09; Delivery date 09/30/09

Inpatient Hospital Providers:

- The inpatient hospital provider's claim will be the responsibility of the Maternity Care Primary Contractor because the delivery occurred prior to October 1, 2009.

Maternity Care Primary Contractors:

- The Maternity Care Primary Contractor will bill for the date of delivery (09/30/09) and will receive the full global payment amount since the delivery occurred BEFORE October 1, 2009.
- The Maternity Care Primary Contractor will be responsible for the inpatient hospital claim since the delivery occurred in September.

If the Delivery occurs on or after October 1, 2009:
Example: Inpatient claim Dates of Service: 09/20/09 – 10/03/09; Delivery date 10/01/09

Inpatient Hospital Providers:

- The inpatient hospital provider will bill with September services on one claim and October services on another claim.
- In order for the hospital to be reimbursed for services provided in September that were medically necessary, the hospital must send a paper claim to the Alabama Medicaid Agency for an override. It is not necessary for the hospital to receive a denial or bill this claim prior to sending an override request to the Agency. If a hospital provider bills a claim for September services, it will be processed through the Medicaid claims processing system automatically as a Maternity care claim and deny. The inpatient hospital provider's claim for October services will be paid fee-for-service through the Medicaid claims processing system. (see override procedure below)

Maternity Care Primary Contractors:

- The Maternity Care Primary Contractor will bill for the date of delivery (10/01/09) and will receive the reduced global payment amount since the delivery occurred on or after October 1, 2009.
- The Maternity Care Primary Contractor will not be responsible for the September inpatient hospital services since the delivery occurred in October and their global payment amount was reduced.

ALERT

OVERRIDE PROCEDURE:

The hospital must send a letter requesting an override because the delivery occurred on or after 10/1/09. The letter must include the actual date of the delivery.
A completed paper (red-drop out ink) UB-04 claim form must be enclosed with the letter.

Send the written letter and claim to:

Alabama Medicaid Agency
ATTENTION: INSTITUTIONAL SERVICES
PO Box 5624
Montgomery AL 36103-5624

September 28, 2009

ALERT

To: All Providers

RE: Additional Information for Prior Authorization (PA) Reconsiderations *

Effective immediately, the Agency's Medical & Quality Review Services Contractor, AQAF (Alabama Quality Assurance Foundation) will implement a page on their website where providers can enter a PA number to inform AQAF that additional information for a reconsideration has been submitted. As before, this information should be submitted to the fiscal agent, HP (formerly EDS), to scan into the system. Please see the instructions below.

- Type in the URL for the AQAF website:
- http://www.aqaf.com/recon
- Enter the PA number and press the submit button to alert AQAF that additional information has been submitted to HP (formerly EDS) for reconsideration.

This information goes into a database for AQAF staff to access.

*AQAF does NOT review PAs for pharmacy, radiology, CTs, MRIs, Dental, or TCM

October 02, 2009

ALERT

To: All In-State Hospital Providers and Maternity Care Primary Contractors

RE: Maternity Hospital Claims Payment Clarification

Effective for delivery dates of October 1, 2009, and thereafter, inpatient hospital maternity claims are to be sent to the Alabama Medicaid Agency's fiscal agent for processing. The fiscal agent will process inpatient hospital maternity claims as maternity encounter claims. Payment of these claims will be the responsibility of the PHPs. Outpatient hospital ultrasounds that have been historically paid by the Maternity Care Primary Contractor may now be billed to Medicaid's fiscal agent for payment. Examples of how inpatient maternity claims will be processed when filed to Medicaid are described below:

1. **If the Delivery occurs BEFORE October 1, 2009 and the claim DOES NOT span September and October -- OR,**

   If the delivery occurs BEFORE October 1, 2009 and the claim DOES span September and October:

For example: Inpatient claim for Dates of Service: 9/20/09 – 9/30/09; Delivery date 9/25/09

Or, Inpatient claim for Dates of Service: 9/20/09 – 10/02/09; Delivery date 9/30/09

Inpatient Hospital Providers:

- The inpatient hospital provider's claim will be the responsibility of the Maternity Care Primary Contractor because the delivery occurred prior to October 1, 2009.

Maternity Care Primary Contractors:

- The Maternity Care Primary Contractor will bill Medicaid's fiscal agent for the date of delivery and will receive the full global payment amount since the delivery occurred BEFORE October 1, 2009.
- The Maternity Care Primary Contractor will be responsible for the inpatient hospital claim since the delivery occurred BEFORE October 1, 2009.

2. **If the delivery occurs on or after October 1, 2009, and the claim DOES span September and October:**

For example: Inpatient claim for Dates of Service: 09/20/09 – 10/03/09; Delivery date 10/01/09

Inpatient Hospital Providers:

- The inpatient hospital provider's claim will be the responsibility of the PHP because the delivery occurred on or after October 1, 2009.
- Bill all services on one claim to the Medicaid fiscal agent. Do NOT split bill September services on one claim and October services on another claim.

ALERT

Maternity Care Primary Contractors:

- The Maternity Care Primary Contractor will bill for the date of delivery (10/01/09) and will receive the reduced global payment amount since the delivery occurred on or after October 1, 2009.
- The Maternity Care Primary Contractor will NOT be responsible for the September inpatient hospital services since the delivery occurred in October and their global payment amount was reduced.

3. If the Delivery occurs on or after October 1, 2009 and the claim does NOT span September and October :

Inpatient Hospital Providers:

- Bill the claim to the Medicaid fiscal agent.
- The inpatient hospital provider's claim will be the responsibility of the PHPs.

Maternity Care Primary Contractors:

- The Maternity Care Primary Contractor will bill Medicaid's fiscal agent for the date of delivery and will receive the reduced global payment amount since the delivery occurred on or after October 1, 2009.
- The Maternity Care Primary Contractor will not be responsible for the inpatient hospital claim since the delivery occurred on or after October 1, 2009.

Note: There is no claim override requirement as described in a previous memo for hospital inpatient maternity care claims.

For questions, please contact Nancy Headley at 334-242-5684 or nancy.headley@medicaid.alabama.gov.

October 13, 2009

ALERT

To: Pharmacies

RE: Reimbursement for Administration of Seasonal Influenza and H1N1 Vaccines

Effective November 2, 2009, Alabama Medicaid will begin reimbursing Medicaid-enrolled pharmacy providers for the administration of the influenza and H1N1 vaccines for eligible recipients age 19 and older. Alabama Medicaid will also continue to reimburse pharmacies for the seasonal influenza vaccine but will not reimburse pharmacies for the H1N1 vaccine because the H1N1 vaccine is being supplied by the Alabama Department of Public Health at no charge to the provider.

- Beginning November 2, pharmacy providers may bill the following NDC numbers on a pharmacy claim for reimbursement of vaccine administration:
    - NDC 99999-9999-10 for seasonal influenza vaccine administration
    - NDC 99999-9991-11 for H1N1 vaccine administration
- Reimbursement will be $5 per administration with no dispensing fee or co-pay applied.
- Claims should be submitted with a dispense quantity of 1 for vaccine administration. There will be a maximum quantity of 1 injection allowed per recipient per year for each vaccine.
- To facilitate coordination of care, Pharmacy providers are instructed to inform (via phone, fax, e-mail, mail) each recipient's Primary Medical Provider (PMP) upon administration of the vaccine(s). Documentation must be kept on file at the pharmacy of the notification to the PMP. If the PMP is unknown, the pharmacy may call the Alabama Medicaid Automated Voice Response System (AVRS) system at 1-800-727-7848 to obtain the PMP information. A suggested Immunization Provider Notification Letter, which can be used to notify the PMP, can be found on the Agency website at http://www.medicaid.alabama.gov/programs/pharmacy_svcs/pharmacy_services.aspx.
- Alabama State Board of Pharmacy law and regulation should be followed regarding dispensing and administration of legend drugs/vaccines.

October 29, 2009

ALERT

To: All Pharmacies, Physicians, Maternity Care Primary Contractors, FQHCs, RHCs, and Health Departments

RE: Recipient Access to Contraceptive Products Under Plan First

Effective November 1, 2009, the Alabama Medicaid Agency is making important changes to improve recipient access to contraceptive products covered under Medicaid's Plan First Program.

The changes:

1. Women on Plan First will have a new option of obtaining oral contraceptives, the contraceptive ring, or the contraceptive patch at a Medicaid-enrolled community/outpatient pharmacy. This is in addition to the contraceptive products already available at pharmacies, such as injectible contraceptives and diaphragms. In order to fill a prescription at a community/outpatient pharmacy, the Plan First-eligible patient must have received the prescription from a private provider. A 30-day supply is the maximum that may be dispensed at one time.

2. Women on Plan First will continue to have the option of receiving family planning services from the Alabama Department of Public Health or a Federally-qualified Health Center, along with oral contraceptives, the contraceptive ring, or the contraceptive patch. To receive contraceptive products from ADPH or an FQHC, the Plan First-eligible patient must have been seen first by the health department or FQHC. A 12-month supply of contraceptive products may be dispensed at one time.

3. The Plan First Patient Contraceptive Order Form will be discontinued.

Note: There is no change for SOBRA-eligible women who receive a prescription for a contraceptive product when they are discharged from the hospital after giving birth. These women must continue to fill their contraceptive prescriptions at a Medicaid-enrolled pharmacy. After the 60-day post-partum period, these recipients will automatically become Plan First recipients. At that time, they may elect to obtain family planning services from an enrolled Plan First private provider, or directly from the Alabama Department of Public Health.

Questions regarding this change should be directed to Leigh Ann Hixon, Plan First Program Manager at leighann.hixon@medicaid.alabama.gov or by calling 334-353-5263.

October 29, 2009

ALERT

To: All Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers, and Nursing Homes

RE: Preferred Drug List (PDL) Update

Effective January 4, 2010, the Alabama Medicaid Agency will:

1. Require prior authorization (PA for payment of the non-preferred brands in the following drug classes:
   - Eye, Ear, Nose and Throat (EENT) Preparations: Antibacterials
   - Prenatal Vitamins, and
2. 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	PDL Deletions*
Azasite-EENT Preparations/Antibacterials	**Crestor**-Cardiovascular Health/HMG CoA Reductase Inhibitors
Bactroban Nasal-EENT Preparations/Antibacterials	**Simcor**-Cardiovascular Health/HMG CoA Reductase Inhibitors/Combos
Blephamide-EENT Preparations/Antibacterials	
Blephamide S.O.P.-EENT Preparations/Antibacterials	
Bleph-10-EENT Preparations/Antibacterials	
Neosporin-EENT Preparations/Antibacterials	
Poly-Pred-EENT Preparations/Antibacterials	
Tobrex-EENT Preparations/Antibacterials	
Vigamox-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.*

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 are to mail or fax hard copy PA 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.

December 16, 2009

ALERT

To: All Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers, and Nursing Homes

RE: Mandatory National Drug Codes (NDC) for ALL Physician-Administered Drugs

In 2008, the Alabama Medicaid Agency (Medicaid) began requiring the NDC number for the top 20+ physician-administered multiple source drugs. Reference the July 2008 and April 2009 Provider Insiders.

Effective July 1, 2010, the NDC number will be mandatory on ALL physician-administered drugs in the following ranges: J0000 – J9999, S0000 – S9999, and Q0000 – Q9999. Physician-administered drugs include any covered outpatient drug billed either electronically or on paper CMS-1500 or UB-04 claim forms. The 11-digit NDC submitted must be the actual NDC number on the package or container from which the medicine was administered.

Medicaid will provide a **grace period from March 1, 2010, to June 30, 2010**, to allow providers sufficient time to acclimate to the change. During this grace period, Medicaid will validate the data and will set an informational denial code, but will NOT deny the claim.

This requirement applies to:

- All fee-for-service providers
- HCPCS codes in the ranges J0000 – J9999, S0000 – S9999, and Q0000 – Q9999.
- Both electronic and paper submissions

This requirement does NOT apply to:

- 340-B Providers enrolled on the HHS website
- Providers paid on a per diem, encounter or other type of rate, which includes, but may not be limited to:
  - Inpatient Hospitals
  - Nursing Facilities
  - Federally Qualified Health Centers
  - Rural Health Centers
  - Ambulatory Surgical Centers
  - Home Health Agencies
- Vaccines or other drugs in the CPT code range 01000 – 99999.

As this process is to facilitate Medicaid drug rebates from manufactures for physician-administered drugs, providers are encouraged to utilize drugs manufactured by companies who hold a federal rebate agreement. In the future, these NDCs will be the only ones Medicaid will cover for payment. A list of those drug manufactures who hold a federal rebate agreement, as well as their labeler codes (the first 5 digits of the NDC number), are listed on the Medicaid website at http://www.medicaid.alabama.gov/programs/pharmacy_svcs/resources_providers.aspx?tab=4. Select the **Click Here** link to access the list of covered labelers (manufacturers) available from CMS.

Providers are encouraged to begin providing the NDC for all physician-administered drugs immediately; however, it is not required until July 1, 2010. Refer to the Alabama Medicaid Provider Manual for billing instructions.

Questions should be directed to the Provider Assistance Center at 1-800-688-7989 for instate providers or (334) 215-0111 for out-of-state providers.

December 29, 2009

ALERT

To: All Renal Dialysis Providers

RE: Renal Dialysis Claims from Medicare

Unresolved issues have required the Alabama Medicaid Agency to stop automatic acceptance of crossover claims from Medicare that began with the December 18, 2009 checkwrite.

This action is effective immediately.

Providers whose claims were processed and paid incorrectly on the December 18, 2009 checkwrite, (and possibly on the January 8, 2010 checkwrite), must take action on those claims, by either adjusting or voiding and resubmitting electronically as done prior to the December 18th checkwrite.

Providers will be notified when the Alabama Medicaid Agency will begin automatically accepting renal dialysis claims from Medicare.

January 04, 2010

ALERT

To: All Physicians, Pharmacies, and Maternity Care Contactors

RE: Maternity Care Program Changes for Recipients

Two important coverage changes for Alabama Medicaid maternity care patients will be implemented effective February 1, 2010. These programs include coverage of smoking cessation products and coverage of substance use screening (H0049) and a brief intervention and referral to treatment (SBIRT) for pregnant women (H0050). Details and requirements are listed below.

Coverage of Smoking Cessation Products

Effective February 1, 2010, smoking cessation products for pregnant females will be covered as a component of the Maternity Care Program.

1. Prior authorization through the Pharmacy Administrative Services contractor, Health Information Designs, will be required.
2. The recipient must be enrolled and receiving counseling services through the Alabama Department of Public Health Quitline (1-800-784-8669).
3. Approval will be granted for up to three months at a time. Subsequent approvals are contingent upon the recipient's continued participation in counseling services through the ADPH Quitline which must be certified by the prescribing provider or Maternity Care Coordinator as a component of the prior authorization request.
4. Only one course of therapy will be approved per pregnancy.

Providers with questions regarding prior authorization for smoking cessation products may contact Health Information Designs at 1-800-748-0130.

Coverage of Screening, Brief Intervention and Referral for Treatment

Effective February 1, 2010, Alabama Medicaid Agency will begin coverage of procedure codes H0049 screening for substance use and H0050 Brief Intervention and Referral to Treatment (SBIRT) for pregnant women in conjunction with antepartum care provided by physicians, physician employed nurse practitioners, nurse midwives, physician-employed physician assistants, and Federally Qualified Health Centers.

1. Prior to offering the service, Health care professionals must successfully complete an online tutorial which can be accessed at http://www.mh.alabama.gov/SATR/AlabamaSBIRT/Default.aspx.

The tutorial has been developed by Alabama Department of Mental Health Substance Abuse Service Division to prepare health care professionals to screen and refer Medicaid recipients for treatment for alcohol, tobacco, and substance abuse.

2. The Department of Mental Health Substance Abuse Division will notify the Alabama Medicaid Agency Maternity Care Program of health care professionals' successful completion of the tutorial.

3. Procedure codes H0049 and H0050 will then be billable for the health care professional who has successfully completed the online tutorial.

4. Reimbursement is as follows:
   H0049 - $24.00 one per pregnancy
   H0050 - $48.00 one per pregnancy

5. A diagnosis code of V222 must be billed by the provider on the claim form.

ALERT

Maternity Care Primary Contractors

The following organizations have been awarded contracts to provide Medicaid maternity services in Alabama effective January 1, 2010. All maternity services for Medicaid-eligible women who are pregnant or who become pregnant in the future must be coordinated through the appropriate organization.

District 1: Health Group of Alabama
Counties: Colbert, Franklin, Lauderdale and Marion
Phone: 1-888-500-7343

District 2: Health Group of Alabama
Counties: Jackson, Lawrence, Limestone, Madison, Marshall, and Morgan
Phone: 1-888-500-7343

District 3: Quality of Life
Counties: Calhoun, Cherokee, Cleburne, Dekalb and Etowah
Phone: 1-888-490-0131

District 4: Greater Alabama Health Network
Counties: Bibb, Fayette, Lamar Pickens and Tuscaloosa
Phone: 1-877-553-4485

District 5: Alabama Maternity Inc.
Counties: Blount, Chilton, Cullman, Jefferson, St. Clair, Shelby, Walker and Winston
Phone: 1-877-997-8377

District 6: Gift of Life Foundation
Counties: Clay, Coosa, Randolph, Talladega and Tallapoosa
Phone: 1-877-826-2229

District 7: Greater Alabama Health Network
Counties: Greene and Hale
Phone: 1-877-553-4485

District 8: Tombigbee Healthcare Authority
Counties: Choctaw, Marengo, and Sumter
Phone: 1-888-531-6262

District 9: Greater Alabama Health Network
Counties: Dallas, Perry and Wilcox
Phone: 1-877-553-4485

District 10: Gift of Life
Counties: Autauga, Bullock, Butler, Crenshaw Elmore, Lowndes, Montgomery and Pike
Phone: 1-877-826-2229

District 11: Maternity Services of District Eleven
Counties: Barbour, Chambers, Lee, Macon, and Russell
Phone: 1-877-503-2259

District 12: Southwest Alabama Maternity Care LLC
Counties: Baldwin, Clark, Conecuh, Covington, Escambia, Monroe, and Washington
Phone: 1-877-826-229

District 13: Southeast Alabama Maternity Care LLC
Counties: Coffee, Dale, Geneva, Henry, and Houston
Phone: 1-800-735-4998

District 14: University of South Alabama
Counties: Mobile
Phone: 1-251-415-8585

January 22, 2010. Revised January 25, 2010. District 10 Name changed.

ALERT

To: Dental, Oral Surgeons, FQHCs, Health Department, Children Specialty Clinic Providers

RE: Dental Program Changes

The following Dental Program changes will be effective **February 15, 2010**:

1. D2394 will be **non-covered for primary posterior teeth** (A, B, I, J, T, S, L, and K).

2. Resin restorations (D2391, D2392, and D2393) have been **reduced** to the same Medicaid reimbursement as amalgam restorations (D2140, D2150, and D2160).

CDT	OLD RATE	NEW RATE as of 02/15/10
D2391	$59.00	$48.00
D2392	$77.00	$60.00
D2393	$88.00	$73.00

3. Prefabricated Post & Core in addition to Crown (D2952) will be **reduced** to the same Medicaid reimbursement as D2954.

CDT	OLD RATE	NEW RATE as of 02/15/10
D2952	$151.00	$132.00

4. These codes will be non-covered: D0350, D0470, D1510, D1515, D1520, D1525, D1550, D3110, D3120, D4355, D6212, D6240, D6242, D6750, and D6752.

5. D2750 and D2752 will be non-covered and providers may bill D2751.

6. Changes to the Reimbursement Rates for the following codes are as follows:

CDT	OLD RATE	NEW RATE as of 02/15/10
D0240	$18.00	$15.00
D1351	$26.00	$22.00
D2951	$33.00	$28.00
D3230	$219.00	$175.00
D3240	$248.00	$49.00
D3430	$145.00	$129.00
D7220	$141.00	$128.00
D7250	$96.00	$95.00
D7510	$85.00	$65.00
D7971	$78.00	$44.00
D9110	$40.00	$33.00
D9220	$224.00	$212.00
D9230	$25.00	$22.00

If you have any questions, please contact the Dental Program Manager at 334-353-5263.

January 25, 2010

ALERT

To: ALL Providers

RE: Cost Saving Measures to be Implemented March 1, 2010

The Alabama Medicaid Agency is implementing the following cost saving measures in order to maintain a basic package of services while preserving the health care safety net for our most vulnerable citizens.

Changes Related to Submitting Paper Claims

Effective March 1, 2010, all claims which do not require attachments or an Administrative Review override by Medicaid must be submitted electronically.

Which claims require attachments?

The only attachment requiring paper claims submission is a third party insurance denial. All other claims must be filed electronically beginning March 1, 2010.

*Some claims may require administrative or manual review. If you submit claims which require an administrative or manual review, these claims will continue to be filed on paper, following guidelines set forth in your specific chapter of the billing manual.

Options are available for Electronic Claims Submission:

- Medicaid's Interactive Web Portal allows claims to be submitted in an online real time environment. This service is available at no charge to providers.
- Provider Electronic Solutions (PES) software allows claims to be submitted in batch mode for processing. This service is available at no charge to providers.
- Providers can select a private software vendor for electronic claims submission. This service would involve a fee determined by the selected vendor.

Beginning on March 1, 2010, all paper claims received by HP which do not require an attachment will be returned to the provider without being processed.

Changes Related to Recipient Eligibility Inquiry via Provider Assistance Center

Effective March 1, 2010 providers must check eligibility electronically.

Electronic options for verifying eligibility:

- Medicaid's Interactive Web Portal allows providers to check eligibility in an online real time environment. This service is available at no charge to providers.
- Provider Electronic Solutions (PES) software allows eligibility verification to be submitted in batch mode. This service is available at no charge to providers.
- The Automated Voice Response System (AVRS) allows providers to check eligibility telephonically by dialing 1-800-727-7848 (in-state) or (334) 215-0111 Option 5 (out-of-state). This service is available at no charge to providers.

Providers can select a private vendor for electronic eligibility verification. This service would involve a fee determined by the selected vendor. **Beginning on March 1, 2010, all eligibility requests received by HP's Provider Assistance Center for eligibility verification will be directed to this Alert and the caller will be given the option to be transferred to the Automated Voice Response System.**

ALERT

RE: Cost Saving Measures to be Implemented March 1, 2010

Changes Related to Printing and Distributing Remittance Advices (RAs)

Effective March 1, 2010, Medicaid will no longer print and distribute paper Remittance Advices (RA's) to providers.

Options available for viewing RAs

- Medicaid's Interactive Web Portal allows providers to view RAs on-line. RAs are stored for six months on the interactive database. RAs can also be printed, saved to a personal computer, or viewed from the web portal. This service is available at no charge to providers.
- Providers can select a private vendor for electronic RA download. This service would involve a fee determined by the selected vendor.

Changes Related to Claim Adjustments

Effective March 1, 2010, Medicaid will no longer accept paper adjustment request forms.

Options for performing adjustments on claims:

- Medicaid's Interactive Web Portal allows adjustments to be submitted in an online in a real time environment. This service is available at no charge to providers.
- Provider Electronic Solutions (PES) software allows providers to submit adjustments on-line in batch mode.

Beginning on March 1, 2010, adjustment requests received on paper will be returned to the provider without being processed.

Changes Related to Printing and Distributing Reports to Patient 1st Primary Care Providers and EPSDT Screening Providers.

Effective March 1, 2010, Medicaid will discontinue printing and mailing the following reports:

- EPSDT Periodic Rescreening Report
- Patient 1st Referral Report
- Monthly PMP Enrollment Roster for Patient 1st

The reports may be accessed through Medicaid's Interactive Website. The link to the Interactive Website is: https://www.medicaid.alabamaservices.org/ALPortal. Once logon to the website is successful, reports may be found at the following location:

1. Trade Files
2. Download
3. Under Transaction type, select the down arrow to review all available reports.

Information may then be viewed, saved, or printed as needed in your office.

Electronic Access Methods Available Through HP

Accessing Medicaid's Interactive Web Portal:

In February 2008, letters were mailed to all providers with web portal log-on ID and initial password information. If your office has never accessed the website, refer to this letter for log-on information. If you cannot locate the letter, contact the Electronic Media Claims Helpdesk to obtain an additional copy of the letter. The phone number is 1-800-456-1242 (in-state) and (334) 215-0111 Option 2 (out-of-state). E-mail: alabamasystemsemc@hp.com (preferred method of contact is e-mail).

Accessing Provider Electronic Solutions Software:

Provider Electronic Solutions software may be downloaded from the Medicaid website at the following link: http://www.medicaid.alabama.gov/billing/pes.aspx?tab=6

ALERT

RE: Cost Saving Measures to be Implemented March 1, 2010

Download instructions and user manual are also available at this link. To access Provider Electronic Solutions software, providers must obtain a trading partner ID. Trading partner ID's may be requested by logging on the Interactive website at the following link: https://www.medicaid.alabamaservices.org/documentation/Trading_Partner_ID_Request_Form.zip

Accessing Automated Voice Response System (AVRS)?

The Automated Voice Response System can be accessed through any telephone. Instructions on how to access AVRS can be found in Appendix L of the provider manual at the following link: http://www.medicaid.alabama.gov/documents/Billing/5-G_Manuals/5G-2_Provider.Manual_Jan.2010/Jan10_L.pdf

Training Information

HP will be offering training on how to use Interactive Web Portal and Provider Electronic Solutions software for the upcoming changes. The workshops will be offered on-line through HP's Virtual Room Training. Training will be provided for the following claim types:

- CMS-1500
- UB-04
- Dental
- Pharmacy

Information on classes will be posted on the Medicaid website in early February. Registration and class information will be available at www.medicaid.alabama.gov. The training will cover the following topics:

How to access the Interactive Web Portal and perform the following functions:

- Verify recipient eligibility
- Download, view, print RA's
- Download, view, print reports
- Claim submission
- Claim adjustments
- Claim voids

How to access Provider Electronic Solutions software and perform the following functions:

- Verify recipient eligibility
- Claim submission
- Claims adjustment
- Claim void

January 26, 2010

ALERT

To: In-state and Border Hospital Providers

RE: InterQual ® and Adverse Events Policy and Billing Workshop

Medicaid will be implementing InterQual® Adult and Pediatric Medical criteria with Alabama Medicaid Local Policy and Adverse Events on all Inpatient Hospital claims for dates of service beginning June 1, 2010. Sessions for Quality Assurance staff as well as billing staff will be offered on the following dates:

- **Wednesday, February 24, 2010**, 10am-12pm Children's Hospital campus, 1600 7th Avenue South Birmingham, AL. Meeting will be held at the Bradley Lecture Center, 4th Floor of the Children's Harbor building on the campus of Children's Hospital, 6th Avenue South at 16th Street. Please park in the Park Place parking deck. (Limited seating—no more than 65). **Registration deadline for this session is Wednesday, February 17, 2010.**

- **Friday, February 26, 2010**, 1pm-3pm USA Children's and Women's Hospital Mobile, 1700 Center Street Mobile, AL. Meeting will be held in the Atlantis Room. **Registration deadline for this session is Friday, February 19, 2010.**

- **Tuesday, March 2, 2010**, 10am-12pm Alabama Hospital Association office, 500 N Eastern Blvd, Montgomery, AL. The meeting will be held in the Boardroom. (Limited seating—no more than 60) **Registration deadline for this session is Tuesday, February 23, 2010. A web conference will also be provided during this session in which registration is required. Registration deadline for the web conference is Friday, February 19, 2010. A personal link will be sent to you upon registration completion and prior to the date of the conference.**

- **Wednesday, March 3, 2010**, 1pm-3pm Decatur General Hospital, 1201 7th Street SE, Decatur, AL. Meeting will be held in the Camp Bluebird room. **Registration deadline for this session is February 23, 2010.**

- **Thursday, April 22, 2010,** 10am-12pm (Web Conference Only). A personal link will be sent to you one week prior to the date of the conference; if you have registered for this conference. **Registration deadline for this session is Monday, April 12, 2010.**

A registration form is attached. This form must be completed and faxed or e-mailed to Carolyn Thompson. Seating is limited; you may be contacted if seating is not available. For any questions, contact Carolyn Thompson via e-mail at Carolyn.thompson@medicaid.alabama.gov or by phone at 334-353-4650.

ALERT

InterQual ® and Adverse Events Policy and Billing Workshop

Registration Form

Registration Information is required to attend any of the workshops**

Check ONLY one date:

Meeting workshops: ☐ **2/24/10** ☐ **2/26/10** ☐ **3/2/10** ☐ **3/3/10**

OR

Web conference workshops: ☐ **3/2/10** ☐ **4/22/10**

Name and title: _____

Hospital or Company: _____

Address:
_____

City: _____ State _____ Zip: _____

Contact Information

Office Phone: _____Office Fax: _____

Email Address: _____

Office Contact Person: _____

Fax this registration form to: Carolyn Thompson at 334-242-0533

E-mail this registration form to: Carolyn.thompson@medicaid.alabama.gov

****Please note that there are limited spaces in each workshop. Please limit your facility to no more than two attendees per session. You may be asked to attend another session or take part in the web conference if space is not available.**

February 11, 2010

ALERT

To: Dental Providers, Oral Surgeons, FQHCs, Health Departments, and Children Specialty Clinics

RE: Dental Program Changes/Dental Meeting

An open forum for Alabama Medicaid dental providers has been rescheduled for 1 p.m. on Friday, February 26, 2010, at the Alabama Medicaid Agency, 501 Dexter Avenue in Montgomery. Directions and a map are available on the Agency's web site at http://www.medicaid.alabama.gov/contact/index_contact.aspx?tab=8

The meeting will be in the fourth floor boardroom for those who would like to attend in person and also will be available by conference call and web conference. To participate in the conference call or web conference and to receive future notices and information regarding the Medicaid Dental Program, please contact Nancy Rawlinson at (334) 353-4099 or by e-mail at nancy.rawlinson@medicaid.alabama.gov

February 19, 2010

ALERT

To: Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, and Nursing Homes

RE: Preferred Drug List (PDL) Update

Effective April 1, 2010, the Alabama Medicaid Agency will:

1. Remove from the Preferred Drug List and no longer cover, even with prior authorization, all **Brand** Benzodiazepines **with the exception of Diastat**, and
2. 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	PDL Deletions*
Daytrana-Behavioral Health/Cerebral Stimulants/Agents for ADD/ADHD-Long Acting	**Amerge**- Pain Management/Antimigraine Agents
	Mycostatin-Anti-infective Agents/Antifungals
	Relpax-Pain Management/Antimigraine 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.*

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 are to mail or fax hard copy PA 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.

March 09, 2010

ALERT

To: In-state and Border Hospital Providers

RE: InterQual ® and Adverse Events Policy and Billing Workshop

Medicaid will be requiring hospitals to capture non-covered days per InterQual® Adult and Pediatric Medical criteria with Alabama Medicaid Local Policy and Adverse Events on all inpatient hospital claims for dates of service beginning July 1, 2010. Sessions for Quality Assurance staff, as well as billing staff, will be offered on the following dates:

- **Monday, April 19, 2010**, 10 a.m.-12 p.m., Decatur General Hospital, 1201 7th Street SE, Decatur, AL. Meeting will be held in the Camp Bluebird room. **Registration deadline for this session is Monday, April 12, 2010.**

- **Tuesday, April 20, 2010**, 10 a.m.-12 p.m., Children's Hospital campus, 1600 7th Avenue S, Birmingham, AL. Meeting will be held at the Bradley Lecture Center, 4th Floor of the Children's Harbor building on the campus of Children's Hospital, 6th Avenue S at 16th Street. Please park in the Park Place parking deck. (Limited seating—no more than 65). **Registration deadline for this session is Tuesday, April 13, 2010.**

- **Monday, April 26, 2010,** 10 a.m.-12 p.m., USA Children's and Women's Hospital Mobile, 1700 Center Street, Mobile, AL. Meeting will be held in the Atlantis Room. **Registration deadline for this session is Monday, April 19, 2010.**

- **Tuesday, May 4, 2010,** 10 a.m.-12 p.m., Alabama Hospital Association office, 500 N Eastern Blvd, Montgomery, AL. The meeting will be held in the Boardroom. (Limited seating—no more than 60) **Registration deadline for this session is Tuesday, April 27, 2010. A web conference will also be provided during this session in which registration is required. Registration deadline for the web conference is Friday, April 16, 2010. A personal link will be sent to you upon registration completion and prior to the date of the conference.**

- **Thursday, April 22, 2010,** 10 a.m.-12 p.m. (Web Conference Only). A personal link will be sent to you one week prior to the date of the conference. This web conference will be limited to 100 recipients. **Registration deadline for this session is Monday, April 12, 2010.**

A registration form is attached to this alert. This form must be completed and faxed or e-mailed to Karen Smith. Seating is limited; you may be contacted if seating is not available. For any questions, contact Karen Smith via e-mail at karen.watkins-smith@medicaid.alabama.gov or by phone at 334-353-4945.

ALERT

InterQual ® and Adverse Events Policy and Billing Workshop

Registration Form

Registration Information is required to attend any of the workshops**

Check ONLY one date:

Meeting workshops: ☐ **4/19/10** ☐ **4/20/10** ☐ **4/26/10** ☐ **5/4/10**

OR

Web conference workshops: ☐**4/22/10** ☐ **5/4/10**

Name and title: _____

Hospital or Company: _____

Address:
_____

City: _____ State _____ Zip: _____

Contact Information

Office Phone: _____Office Fax: _____

Email Address: _____

Office Contact Person: _____

Fax this registration form to: 334-353-4818

E-mail this registration form to: karen.watkins-smith@medicaid.alabama.gov.

****Please note that there are limited spaces in each workshop. Please limit your facility to no more than two attendees per session. You may be asked to attend another session or take part in the web conference if space is not available.**

March 22, 2010

ALERT

To: All Pharmacy Providers, Pharmacy Associations, and Vendors

RE: Usual & Customary Amount on Electronic Drug Claims

Effective April 13, 2010, Alabama Medicaid will accept the Usual & Customary (U & C = charge to the general public) amount in Field 426-DQ on Electronic Drug claims. Currently, the Agency requires the total amount due on a drug claim in the "Gross Amount Due" Field 430-DU while the U & C amount in Field 426-DQ is not captured.

Effective April 13, 2010, the Agency will accept the U & C amount in Field 426-DQ in the "lower of" reimbursement methodology. Pharmacies should submit their U & C amounts in Field 426-DQ, and must continue to submit the 'Total Amount Due' in the Gross Amount Due field. The Alabama Medicaid Companion Guide to the NCPDP 5.1 Specifications has been updated on the Medicaid website (www.medicaid.alabama.gov) to reflect this change. Questions related to electronic billing should be directed to HP at 1-800-456-1242 in state, and 1-334-215-0111 out of state.

March 31, 2010

ALERT

To: All Hospital Providers

RE: Third Party Release of Information Policy

This notice is to clarify Alabama Medicaid's requirement of providers to notify the Agency's Third Party Division prior to releasing medical records. As indicated in the Alabama Administrative Code, Rule No. 560-X-20-.05(3), it is not the Agency's intention to deny release of information; however, requests for information pertaining to a recipient's charges are a source of third party information and, as such, must be reviewed by the Third Party Division.

Providers are to ensure that all HIPAA Privacy and Security rules are met regarding an individual's "right of access to inspect and obtain a copy of protected health information about the individual" (as stated in 45 C.F.R. §164.524).

Medicaid's rule is also designed to ensure that Medicaid is informed of potential circumstances in which Medicaid may have a subrogation interest pertaining to the medical records being requested.

It does not permit providers to deny individuals access to their records. **Providers should not cite Medicaid's rule as cause for not meeting the HIPAA Privacy rule, nor should they attempt to place the responsibility for notifying the Medicaid Agency on the recipient.**

The "Request for Medical Records" form will still be available for use by providers to document that Medicaid has been notified of a medical record request on a Medicaid recipient. The form is available on the Agency's Web site at http://www.medicaid.alabama.gov/billing/release_info.aspx?tab=6

While Medicaid will continue to send a return response to the form, **a provider should not deny the release of medical information to an individual because the provider has not received a response back from Medicaid.**

To determine if Medicaid should be notified, the provider should inquire as to the purpose of the medical information and who is in need of the information. If the request meets any of the circumstances in Rule No. 560-X-20-.05(1) [attached], then the provider is not required to send Medicaid notification of the request. Otherwise, the provider should notify Medicaid of the request and provide the information to the requestor (if all other provisions have been met).

In addition, the Alabama Medicaid Agency has contracted with Health Management Systems (HMS) to handle the processing of requests for medical records. "Request for Medical Records" forms should be faxed to HMS at 866-274-5974. Other notifications to Medicaid regarding medical record releases should be provided to HMS by phone at 877-252-8949.

If you should have any questions regarding this notice, please contact Keith Thompson, Director, Third Party Division, at (334) 242-5248.

May 17, 2010

Rule No. 560-X-20-.05. Release of Information - All Providers

(1) Information pertaining to a patient's treatment (including billing statement, itemized bills, etc.) may be routinely released ONLY UNDER THE FOLLOWING CIRCUMSTANCES AND/OR TO THE FOLLOWING AGENCIES if Medicaid has been billed or is expected to be billed:

(a) The Medicaid Fiscal Agent,

(b) The Social Security Administration,

(c) The Alabama Vocational Rehabilitation Agency,

(d) The Alabama Medicaid Agency,

(e) Requests from insurance companies for information pertaining to a claim filed by the provider in accordance with Medicaid Regulations and for which an assignment of benefits to the provider was furnished the insurance company.

(f) Requests by insurance companies for information to process an application for insurance, to pay life insurance benefits, or to pay on a loan.

(g) Requests from other providers for medical information needed in the treatment of patient.

(2) If information pertaining to a patient's treatment is requested by any other source, or under any other circumstance, the Alabama Medicaid Agency, Third Party Section, must be contacted PRIOR TO RELEASE OF INFORMATION. The only exception is when a subpoena is received during nonworking hours of the Alabama Medicaid Agency and must be responded to immediately. Should this occur, the provider may respond to the subpoena and must include with the released records a notice that the patient was covered by Medicaid. In addition, the provider must notify the Third Party Section of the subpoena as soon as possible.

(3) It is not the intention to deny release of information; however, requests for information pertaining to a recipient's charges are a source of third party information and, as such, must be reviewed by the Third Party Section.

Authority: 42 CFR Sections 432 & 433; Section 1902(a)(25), Social Security Act; Section 22-6-6 of 1975 Code of Alabama.

ALERT

To: All Providers

RE: Printing of RAs

The missing RA page issue for the May 21, 2010, check write has now been resolved. RAs can now be downloaded via the Web Portal. There will be two files listed until the erroneous file can be deleted. Please ensure the file you use contains all pages.

Please contact the Electronic Media Claims Help Desk if you have any questions at (800) 456-1242 for Alabama, Florida, Georgia, Mississippi and Tennessee and (334) 215-0111for all other locations.

May 27, 2010

ALERT

To: All Dental Providers

RE: Dental IV Sedation Certification

To ensure the safety of Alabama Medicaid recipients, state dental providers using IV sedation must submit documentation of their certification to the Agency prior to August 1, 2010.

On August 1, 2010, Alabama Medicaid will deny procedure codes D9241 and D9220, if the provider does not submit their IV sedation certification to Medicaid.

To ensure that Medicaid enrollment files are updated prior to the August 1, 2010 start date, providers are asked to complete the form below and return it with a copy of your IV sedation certification by June 21, 2010 to:

Provider Enrollment
HP Enterprise Services
301 Technacenter Dr
Montgomery, AL 36117

Please complete the following:

Provider's Name _____

Provider's NPI _____

Medicaid Numbers (please include Medicaid assigned numbers for all clinics the provider is enrolled to provide services)

_____

_____

_____

_____

_____

ATTACH a copy of Certificate

May 27, 2010

ALERT

To: All Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers, and Nursing Homes

RE: PDL Update

Effective July 1, 2010, the Alabama Medicaid Agency will: Require prior authorization (PA) for payment of non-preferred brands in the First Generation Antihistamine drug class, and 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	PDL Deletions*
Besivance-EENT Preparations/Antibacterials	**Optivar**-EENT Preparations/Antiallergic Agents
	Pramox-Skin and Mucous Membrane Agents/Antipruitics and Local Anesthetics

** 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.*

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.

June 10, 2010

ALERT

To: All In-State and Border Hospital Providers

RE: Adverse Events Policy

Effective July 1, 2010, Medicaid will require hospitals to report Adverse Events. The following is approved policy that will be a part of Medicaid's Billing Manual and Administrative Code.

Serious Preventable Events, Hospital-Acquired Conditions, and Present on Admission Indicators and Billing

Adverse Events are the events that must be reported to Medicaid by the hospital. To be reportable, these events must meet the following criteria:

- The event must be reasonably preventable as determined by a root cause analysis or some other means.
- The event must be within the control of the hospital.
- The event must be clearly and unambiguously the result of a preventable mistake made and hospital procedures not followed, and not an event that could otherwise occur.
- The error or event must result in significant harm. The events for consideration should be limited to those that yield a serious adverse result. Serious adverse result is defined as one that results in death, a serious disability or a substantial increase in the duration and/or complexity of care that is well beyond the norm for treatment of the presenting condition. A serious disability is defined as a major loss of function that endures for more than 0 days, is not present at the time services were sought and is not related to the presenting condition.
- Any process for identifying non-payable events must actively incorporate some element of case-by-case review and determination. While the source and cause of some adverse events may be clear, most would require further investigation and an internal root cause analysis to determine the cause of the serious preventable event and to assign ultimate accountability. Pursuant to these guidelines, hospitals will not seek payments for additional days directly resulting from adverse events.

  Hospital-Acquired Conditions are conditions that are reasonably preventable and were not present or identified at the time of admission; but are either present at discharge or documented after admission. The Present on Admission (POA) Indicator is defined as a set of specified conditions that are present at the time the order for inpatient hospital occurs. Conditions that develop during an outpatient encounter, including the emergency room, observation, or outpatient surgery, are considered POA.

Reporting Adverse Events

Adverse events must be reported to Medicaid by encrypted emailing required information to: AdverseEvents@medicaid.alabama.gov. Each hospital will receive a password specifically for e-mail reporting. Reportable "Adverse Events" include:

- Surgery on a wrong body part
- Wrong surgery on a patient
- Surgery on a wrong patient

Reports will require the following information: Recipient first and last name, date of birth, Medicaid number, date event occurred and event type. A sample form is on the Alabama Medicaid Agency website at www.medicaid.alabama.gov under Programs/Hospital Services although hospitals may submit their own form as long as it contains all required information.

Reporting Hospital–Acquired Conditions (HAC) and Present on Admission (POA) on the UB-04 Claim Form

Hospitals should use the POA indicator on claims for these events. If no claim is submitted for the event or the event cannot be filed on a UB-04 claim form, then the Alabama Medicaid Agency is to be notified via encrypted e-mail at AdverseEvents@medicaid.alabama.gov. The following information will be required: Recipient first and last name, date of birth, Medicaid number, date of event occurrence and event type. A sample form can be found on the Alabama Medicaid Agency website or a hospital may submit their own form as long as it contains all of the required information. Below are Hospital Acquired Conditions (HACs) with ICD-9 Codes that hospitals are required to report on the UB-04 claim form.

ALERT

Selected HAC	CC/MCC (ICD-9-CM Codes)
Foreign Object Retained After Surgery	998.4 (CC) and 998.7 (CC)
Air Embolism	999.1 (MCC)
Blood Incompatibility	999.6 (CC)
Pressure Ulcer Stages III & IV	707.23 (MCC) and 707.24 (MCC)
Falls and Trauma: -Fracture -Dislocation -Intracranial Injury -Crushing Injury -Burn -Electric Shock	Codes within these ranges on the CC/MCC list: 800-829.1 830-839.9 850-854.1 925-929.9 949-949.5 991-994.9
Catheter-Associated Urinary Tract Infection (UTI)	996.64—Also excludes the following from acting as a CC/MCC: 112.2 (CC), 590.10 (CC), 590.11 (MCC), 590.2 (MCC), 590.3 (CC), 590.80 (CC), 590.81 (CC), 595.0 (CC), 597.0 (CC), 599.0 (CC)
Vascular Catheter-Associated Infection	999.31 (CC)
Manifestations of poor glycemic control	250.10-250.13 (MCC), 250.20-250.23 (MCC), 251.0 (CC), 249.10-249.11 (MCC), 249.20-249.21 (MCC)
Surgical Site Infection, Mediastinitis, Following Coronary Artery Bypass Graft (CABG)	519.2 (MCC) and one of the following procedure codes: 36.10-36.19.
Surgical Site Infection Following Certain Orthopedic Procedures	996.67 (CC) OR 998.59 (CC) and one of the following procedure codes: 81.01-81.08, 81.23-81.24, 81.31-81.38, 81.83, or 81.85.
Surgical Site Infection Following Bariatric Surgery for Obesity	Principal Diagnosis code-278.01 OR 998.59 (CC) and one of the following procedure codes: 44.38,44.39, or 44.95
Deep Vein Thrombosis and Pulmonary Embolism Following Certain Orthopedic Procedures	415.11 (MCC), 415.19 (MCC), or 453.40-453.42 and one of the following procedure codes: 81.51-81.52, 81.54.

The hospital may use documentation from the physician's qualifying diagnoses to identify POA which must be documented within 72 hours of the occurrence. Medicaid also recommends that the event be reported to Medicaid on the claim or via e-mail within 45 days of occurrence.

It is the responsibility of the hospital to identify these events, report them, and not seek any additional payment for additional days. Medicaid will accept all POA indicators as listed below:

- **Y**-Yes. Diagnosis was present at time of inpatient admission.
- **N**-No. Diagnosis was not present at time of inpatient admission.
- **U**-No information in the record. Documentation insufficient to determine if the condition was present at the time of inpatient admission.
- **W**-Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission.
- **1**-Unreported/Not used. Exempt from POA reporting.

If the value code '81' is indicated; then non-covered days must be present and the amount field must be greater than '0'.

It is the hospital's responsibility to include all supporting documentation with the chart for a review to be conducted by Medicaid's contracted Quality Improvement Organization (QIO). Submission of a root cause analysis is not required but may be submitted as part of the documentation to support billing.

A document with frequently asked questions has been posted on the Agency's website under Programs/Hospital Services. Any further questions regarding this notice should be directed to Jerri Jackson at 334-242-5630 or Karen Smith at 334-353-4945.

June 22, 2010

ALERT

To: All In-State and Border Hospital Providers

RE: Utilization Review Policy

Effective for admissions on or after July 1, 2010, Medicaid will require hospitals to report dates that do not meet InterQual® Adult and Pediatric Medical Criteria and Alabama Medicaid Local Policy on the UB-04 claim form. The following is approved policy that will be a part of Medicaid's Billing Manual and Administrative Code.

Utilization Review for Inpatient Hospital Admissions and Concurrent Stays

Medicaid will utilize Alabama Medicaid Adult and Pediatric Inpatient Care Criteria (SI/IS) for utilization review, billing and reimbursement purposes.

- It is the hospital's responsibility to utilize its own physician advisor.
- The attending physician and/or resident may change an order up to 30 days after discharge, as long as the patient met criteria for inpatient or observation services.

For admissions and continued stays on or after July 1, 2010, Medicaid will require in-state and border hospital providers to report dates of service that do not meet InterQual® Adult and Pediatric Medical Criteria and Alabama Medicaid Local Policy.

Dates of service that do not meet InterQual® Adult and Pediatric Medical Criteria and Alabama Medicaid Local Policy must be reported on the UB-04.

- Hospital Providers are required to use Occurrence Span Code 74 to identify days not meeting InterQual® Adult and Pediatric Medical Criteria and Alabama Medicaid Local Policy, and
- Must enter the occurrence span dates for the dates that do not meet InterQual® Adult and Pediatric Medical Criteria and Alabama Medicaid Local Policy.

Inpatient psychiatric and rehabilitation services in an acute care facility will be exempt from reporting dates of service that do not meet InterQual® Adult and Pediatric Medical Criteria and Alabama Medicaid Local Policy.

The Alabama Medicaid Local Policy is available on the Alabama Medicaid website at www.medicaid.alabama.gov under *Programs/Hospital Services.* Hospital providers are to use the 2009 criteria until the 2010 criteria have been reviewed.

A percentage of admissions and concurrent stay charts will be reviewed by the Alabama Medicaid Agency and a Quality Improvement Organization contracted by the Agency.

All in-state and border hospitals must submit Medical Care Evaluation (MCE) Studies (i.e. Performance Improvement Studies) and Utilization Review (UR) Plans to the contracted Quality Improvement Organization every year upon request.

A document with frequently asked questions has been posted on the Agency's website under Programs/Hospital Services. Questions regarding this notice should be directed to Jerri Jackson at 334-242-5630 or Karen Smith at 334-353-4945.

June 22, 2010

ALERT

To: All Psychologists

RE: Change in Billing for Diagnostic Testing Codes and Use of Modifiers

Based on the support and input of Alabama's psychologists, the Alabama Medicaid Agency will make two changes to Chapter 34 of the Provider Manual, effective July 1, 2010.

1. **The units of measure for Diagnostic Testing Codes 96101 – 96103 and 96118 – 96120 can be billed in 30-minute fractional units.** When billing claims, .5 units will equal 30 minutes; 1 unit will equal 1 hour; 1.5 units will equal 1 ½ hours, etc. Providers cannot bill less than a 30-minute increment.

The time started and time ended of service delivery will not include time spent for interpretation of tests at this time.

2. **Service documentation requirements have been further clarified and expounded.**

Modifiers will be appended to procedure codes when services are performed by eligible allied mental health professional staff. The reimbursement rate for services performed and billed with a modifier will be 75% of the allowable rate. Services performed by an allied mental health professional but not billed with the modifier will be subject to recoupment on post payment review. The modifiers are as follows:

- **U6** for a Licensed Professional Counselor (LPC) or Associate Licensed Counselor (ALC)
- **U7** for a Licensed Marriage and Family Therapist (LMFT)
- **AJ** for a Licensed Certified Social Worker (LCSW)
- **HO** for an individual with a masters degree or above, not yet licensed but has successfully completed a practicum as a part of the requirements for the degree or has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of post graduate clinical experience.

If you have further questions, you may contact Karen Smith via e-mail at karen.watkins-smith@medicaid.alabama.gov or telephone at 334-353-4945.

June 28, 2010

ALERT

TO: All Providers

RE: Denial 1825 – "COBA Denial-Do Not Crossover"

What does denial 1825 "COBA Denial – Do Not Crossover" Mean?

This denial means HP does not automatically accept for payment your crossover claims from Medicare.

Changes to COBA Indicators on Provider File

Effective August 1, 2010, HP will turn all Coordination of Benefits Agreement (COBA) indicators on our provider file from "No" to "Yes". The "Yes" status means all claims will automatically crossover from Medicare to Medicaid and will process according to established Medicaid guidelines, without being denied for error 1825. Claims automatically crossing over from Medicare are identified with ICN beginning with "30".

What to do if you do not want your COBA indicator turned to "Yes"

If you do **not** want your COBA indicator turned to a "Yes" status, please send a letter on official office letterhead to HP Provider Enrollment.

The letter should state: *"I do **not** want my COBA indicator turned on to allow claims to automatically crossover."* Please include your NPI and all associated secondary identifiers.

The letter may be faxed to (334) 215-4298.

EXCEPTION: Providers whose COBA Indicators will remain "No"

The following providers' COBA indicators will **not** be turned on since their claims should never crossover from Medicare to Medicaid because of the difference in billing and reimbursement for services:

- Rural Health Clinics
- Federally Qualified Health Centers
- Renal Dialysis Facilities

Crossover claims from Medicare for these providers will continue to receive error 1825.

July 1, 2010

ALERT

To: All Providers

RE: Identifying Oil-Spill Related Illnesses/Injuries for Medicaid Recipients

In order to track and evaluate health outcomes and costs related to the BP Oil Spill, the Alabama Medicaid Agency will begin use of claims billing indicators to identify services provided to Alabama Medicaid recipients when treated for an oil-spill related illness or injury.

Effective immediately, providers are asked to use the following indicators on applicable claims submitted to Alabama Medicaid:

- Professional Claims (837P, other electronic methods, or CMS-1500) – Enter ***Modifier*** **"U9"** (Disaster-Related Service or Illness) with all appropriate procedure codes. This modifier should follow any other modifiers currently required for claims payment.
- Institutional Claims (837I, other electronic methods, or UB-04) – Enter the ***Condition Code*** **"DR"** (Disaster-Related Service or Illness) as the first condition code with all appropriate services.
- Pharmacy POS Transactions – Enter the NCPDP Field ***Reason for Service Code*** **"RE"** (Suspected Environmental Risk) with all appropriate services. This reason for service code should follow any other reason for service code required for claims payment.

Providers should begin immediately to use these indicators on claims submitted for Medicaid payment. Please contact the Provider Assistance Center at 1-800-688-7989 with any related questions.

July 12, 2010

ALERT

To: All Hospice Providers

RE: Concurrent Care for Children Under the Hospice Election

Effective immediately, Medicaid will no longer require parents with children under the age of 21 receiving hospice care, to waive all rights to Medicaid services covered under Medicaid for the duration of hospice care. Based on the *Patient Protection and Affordable Care Act*, a voluntary election to receive hospice care for a child shall not constitute a waiver of any rights of the child to be provided with, or to have payments made for services that are related to the treatment of the child's condition for which a diagnosis of terminal illness has been made. Children can now receive services related to the treatment of the condition for which a diagnosis of terminal illness was made.

For additional information or further clarification, please contact Samantha McLeod at (334)242-5584 or Samantha.McLeod@medicaid.alabama.gov .

July 19, 2010

ALERT

To: All Providers

RE: Synagis® Criteria for 2010 – 2011 Season

The Alabama Medicaid Agency has updated its prior authorization criteria for Synagis®.

- The approval time frame for Synagis® will begin October 1, 2010 and will be effective through March 31, 2011.
- Up to five doses will be allowed per recipient in this timeframe. Some recipients may only receive up to a max of 3 doses, depending on the gestational and chronological age.
- There are no circumstances that will result in approval of a sixth dose.
- If a dose was administered in an inpatient setting, the date the dose was administered must be included on the request form.
- For approval of requests, the recipient must meet gestational and chronological age requirements. In order to meet chronological age requirements, the recipient must not exceed the specified age at the start of the RSV season.
- Prescribers, not the pharmacy, manufacturer or any other third party entity, are to submit requests for Synagis® on a separate prior authorization form (Form 351) **directly** to Health Information Designs and completed forms may be accepted beginning September 1, 2010 (for an October 1 effective date).
- A copy of the hospital discharge summary from birth or documentation of the first office visit with pertinent information (gestational age, diagnosis, etc.) is required on all Synagis® PA requests.
- If approved, each subsequent monthly dose will require submission of the recipient's current weight and last injection date and may be faxed to HID by the prescribing physician or dispensing pharmacy utilizing the original PA approval letter.
- Letters will be faxed to both the prescriber and the dispensing pharmacy notating approval or denial.

Criteria

Alabama Medicaid follows the 2009 updated American Academy of Pediatrics (AAP) guidelines regarding Synagis® utilization. The form and complete updated criteria specific to Synagis® are available on the Agency's website at www.medicaid.alabama.gov under Programs: Pharmacy Services: Prior Authorization/Overrides Criteria and Pharmacy Forms: 2010-2011 Synagis® Criteria and Forms.

Additional questions regarding Synagis® criteria can be directed to the Agency's Prior Authorization contractor, Health Information Designs at 1-800-748-0130.

July 30, 2010

ALERT

To: All Home Health Providers

RE: Home Health Certification and Re-Certification Forms

Effective immediately, Medicaid will no longer require providers to add information included on Medicaid's Home Health Certification/Re-Certification Forms to the Medicare Home Health Certification and Plan of Care Form.

Currently, there are two approved forms for documenting Medicaid home health certification and re-certification admissions:

A. *Medicaid's* Home Health Certification & Re-Certification Forms (Forms 377 & 378).

B. *Medicare's* Home Health Certification and Plan of Care Form (Form CMS-485).

Formerly, providers using the Medicare Form CMS-485 were required to add all missing information from Medicaid Forms 377 & 378. This information includes: adding the name, address, and relationship of the caregiver, etc. and continues to include the falsification statement/paragraph.

After a thorough evaluation, the Agency found it unnecessary to add this information to the CMS-485 form. However, providers are still required to keep this essential information on file to be in compliance with Medicare and Medicaid regulations.

Please address questions or concerns to Monica Abron, at (334)-242-5642.

August 31, 2010

ALERT

To: All Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers, and Nursing Homes Providers

RE: PDL Update

Effective October 1, 2010, the Alabama Medicaid Agency will:

1. Require prior authorization (PA) for payment of non-preferred brands in the Genitourinary Smooth Muscle Relaxants drug class.
2. Require prior authorization (PA) for payment of generic lansoprazole and omeprazole-sodium bicarbonate. Preferred brands as well as OTC versions of Proton Pump Inhibitors will continue to be available with no PA necessary. The preferred status of the Proton Pump Inhibitors are listed below:

Preferred Brands	Preferred Generic or OTC	Non-Preferred Brand or PA Generic
Aciphex		
	Prevacid OTC	
	Prilosec OTC	
	Zegerid OTC	
		Dexilant
		lansoprazole (generic)
		Nexium
		omeprazole-sodium bicarbonate (generic)
		pantoprazole (generic)
		Prevacid*
	omeprazole	Prilosec*
		Protonix*

3. 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	PDL Deletions*
Aricept ODT-Behavioral Health/Alzheimer's Agents	**Azor**-Cardiovascular Health/Calcium Channel Blockers/Combos
Oxytrol-Genitourinary Agents/ Genitourinary Smooth Muscle Relaxants	**Cozaar-**Cardiovascular Health/ Angiotensin-II Receptor Antagonists
Teveten-Cardiovascular Health/ Angiotensin-II Receptor Antagonists	**Diovan HCT**-Cardiovascular Health/ Angiotensin-II Receptor Antagonists/Combos
Teveten HCT-Cardiovascular Health/ Angiotensin-II Receptor Antagonists/Combos	**DynaCirc CR**-Cardiovascular Health/ Calcium Channel Blockers
	Exforge-Cardiovascular Health/Calcium Channel Blockers/Combos
	Hyzaar-Cardiovascular Health/Angiotensin-II Receptor Antagonists/Combos
	Lescol-Cardiovascular Health/HMG CoA Reductase Inhibitors

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PDL Additions	PDL Deletions*
	Lescol XL-Cardiovascular Health/HMG CoA Reductase Inhibitors
	Maxalt-Pain Management/Autonomic Agents/Selective Serotonin Agonists
	Niaspan-Cardiovascular Health/ Miscellaneous Antilipemic Agents
	Norpace-Cardiovascular Health/ Antiarrhythmics
	Norpace CR-Cardiovascular Health/ Antiarrhythmics
	Treximet-Pain Management/Autonomic Agents/Selective Serotonin Agonists
	Veramyst-EENT Preparations/Intranasal Corticosteroids

** 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.*

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.

September 02, 2010

ALERT

To: All Providers

RE: National Correct Coding Initiative (CCI) Edits

The Patient Protection and Affordable Care Act (Public Law 111-148), Section 6507 requires that State Medicaid agencies implement National Correct Coding Initiatives (NCCI) edits into their claims processing systems. These edits are intended to reduce coding errors because of clerical mistakes and incorrect use of codes or their units of service. Therefore, in the coming months, the Alabama Medicaid Agency will implement the following edits:

(1) NCCI procedure to procedure edits for practitioner* and Ambulatory Surgical Center (ASC) claims

(2) NCCI procedure to procedure edits for outpatient hospital (including emergency department and observation) claims

(3) Medically Unlikely Edits (MUE) units of services for practitioner* and ASC claims

(4) MUE units of service for outpatient hospital (including emergency department and observation) claims

(5) MUE units of service for DME claims

**Practitioners are defined as: all practitioners, hospitals, providers, or suppliers eligible to bill the relevant HCPCS/CPT codes pursuant to applicable portions of the Social Security Act of 1965, and the Code of Federal Regulations*

NCCI procedure to procedure edits are coding edits, and are based on coding principles. The coding principles are explained in the National Correct Coding Initiative Policy Manual for Medicare Services available on the CMS NCCI website at http://www.cms.gov

Educational tools are available on the CMS NCCI website at http://www.cms.gov/nationalcorrectcodinited.

The Alabama Medicaid Agency will notify the providers when these NCCI edits are scheduled to be implemented.

September 08, 2010

ALERT

TO: All Pharmacy Providers, Pharmacy Associations, and Pharmacy Vendors

RE: Average Acquisition Cost (AAC) Reimbursement for Drug Ingredient Cost

The Alabama Medicaid Agency will move to an Average Acquisition Cost (AAC) reimbursement for drug ingredient cost, plus a modified dispensing fee, for outpatient pharmacy claims effective September 22, 2010. Pharmacy providers will not be required to take any new or additional action when submitting claims.

Additional information can be found on the Agency AAC website at the link http://www.medicaid.alabama.gov/programs/pharmacy_svcs/AAC.aspx

September 17, 2010

ALERT

TO: All Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers, Hospitals, Renal Dialysis Facilities and Nursing Homes

RE: Compound Drugs for Non-Pharmacy Providers

In order for Medicaid to reimburse non-pharmacy providers for drugs purchased from a compounding pharmacy, these guidelines must be followed:

- The compound drug **must not** be commercially available.
- The active ingredient of the compound drug must follow coverage policy of drugs (FDA approved, non-DESI, not obsolete, etc).
- The billed amount should represent the lesser of the actual acquisition cost for the drug or Medicaid rate on file (ASP CMS pricing) at the time of service.
- The Agency does not reimburse non-pharmacy providers for prescription compounding time or non-covered ingredients used in the compounding process. The Alabama Medicaid Agency only reimburses for the compounding time by the billing of NDC numbers through the Pharmacy Program.
- When billing the HCPCS code for a purchased compounded drug, only one NDC can be used per procedure code. Providers must use the HCPCS procedure code, billing units and corresponding covered NDC number on the claim form.

  For example, if billing HCPCS code J1094 (Injection, dexamethasone acetate, 1 mg), the NDC billed should be the one that represents the drug as described in the HCPCS code definition, in this case, dexamethasone acetate. See Appendix H of the Medicaid Provider Billing Manual entitled "Calculation of Billing Units and Wastage" for information on calculating billing units.

Questions should be directed to the Provider Assistance Center at 1-800-688-7989 for instate providers or (334) 215-0111 for out-of-state providers.

September 27, 2010

ALERT

TO: All Instate Hospitals

RE: Inpatient and Outpatient Changes for Instate Hospitals for PHP Closeout

Effective September 18, 2010, **inpatient** hospital claims will be processed and paid as fee-for-service by the Alabama Medicaid Agency's fiscal agent, HP Enterprise Services. All billing rules for inpatient claims still apply.

Effective September 18, 2010, **outpatient** hospital claims will be processed as encounters. All billing rules for outpatient claims will still apply. The remittance advice that each hospital will receive beginning with the October 8, 2010, check write will look the same except an encounter procedure code (T1015) will be added for the encounter payment.

Outpatient Hospital Adjustments

Instate hospitals should **HOLD** all Outpatient Hospital adjustments for fee-for-service claims paid from October 1, 2009 to September 17, 2010, until further notice. However, if the outpatient claim was paid as an encounter (T1015 detail added by Medicaid), an adjustment may be submitted. Please reference the *Claim Denial 3307* below for instructions.

Outpatient Hospital Payments

For the two-year period beginning October 1, 2009, and ending September 30, 2011, all outpatient claims will be paid as encounters. An audit payment or recoupment on the September 17, 2010 check write was initiated in order to adjust outpatient claims paid at the fee-for-service rate to the outpatient encounter rate that was established as a part of the hospital assessment legislation. The amount was based on claims processed by quarter for FY 2010. The quarters are as follows: October-December 2009, January-March 2010, April-June 2010 and June-August 2010.

Note: The last quarter (June-August 2010) will be adjusted to include July-September paid dates and the difference will appear either as an audit payment or recoupment on the October 22, 2010 remittance advice.

Outpatient Hospital Encounter

As outlined in Emergency Rule No. 560-X-7-.17-.02 ER, Outpatient Hospital Services, of the Medicaid Administrative Code, effective September 2, 2010, the following bullets describe an outpatient hospital encounter:

- Outpatient hospital encounters are generally face-to-face contacts between a patient and a health professional for medically necessary services.
- An encounter may also be classified as non-patient hospital services such as specimens and blood samples sent to the hospital for performance of tests. This may also include collection and processing of blood samples.
- Claims for ER and noncertified outpatient visits must be all inclusive. All inclusive means all charges associated with that visit such as lab and radiology services.

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- Each hospital shall continue to bill for outpatient services as it did prior to the implementation of the encounter payment methodology. This means that Medicaid should not see a huge increase or decrease in the amount of claims with the implementation of the encounter payment methodology. If a hospital provider span billed for services such as chemotherapy, radiation services, or physical therapy services prior to implementation of the encounter payment methodology, then continue to span bill these services. Periodic post-payment reviews will be conducted by Medicaid.
- One encounter rate will be paid per ICN (internal control number).

Outpatient Hospital NDC Requirement

Hospital providers received an Alert dated August 3, 2010 regarding the mandatory national drug codes (NDC) for all physician administered drugs. Medicaid will require that hospitals report the NDC for all physician-administered drugs on the UB-04 claim form beginning October 1, 2010 as described in the Alert. This requirement does not apply to 340-B providers enrolled on the HHS website.

Outpatient Hospital Claim Denial 3307

If you are using the web portal to resubmit a denied outpatient claim or adjust a paid outpatient claim that contains the detail T1015, you must first delete the T1015 detail line before submitting. Otherwise, your claim will receive denial code 3307.

If you have further questions contact Jerri Jackson via phone at 334-242-5630 or e-mail at jerri.jackson@medicaid.alabama.gov.

September 27, 2010

ALERT

Attention: All Medicaid Providers

RE: Medicaid Implementing National Correct Coding Initiatives (NCCI) Edits Effective November 9, 2010

The Patient Protection and Affordable Care Act (Public Law 111-148), Section 6507 requires that State Medicaid agencies implement National Correct Coding Initiatives (NCCI) edits into their claims processing systems. These edits are intended to reduce coding errors because of clerical mistakes and incorrect use of codes or their units of service

While the law specifies the effective date as October 1, 2010, Alabama Medicaid will implement these edits on November 9, 2010, due to the programming and system testing required. The Alabama Medicaid Agency will **not** reprocess any claim with dates of service October 1, 2010, and thereafter, that were processed before the implementation date of November 9, 2010.

The Alabama Medicaid Agency will implement the following edits on November 9, 2010:

(1) NCCI procedure to procedure edits for practitioner* and Ambulatory Surgical Center (ASC) claims
(2) NCCI procedure to procedure edits for outpatient hospital (including emergency department and observation) claims
(3) Medically Unlikely Edits (MUE) units of services for practitioner* and ASC claims
(4) MUE units of service for outpatient hospital (including emergency department and observation) claims
(5) MUE units of service for DME claims

*Practitioners are defined as: all practitioners, hospitals, providers, or suppliers eligible to bill the relevant HCPCS/CPT codes pursuant to applicable portions of the Social Security Act of 1965, and the Code of Federal Regulations

NCCI procedure to procedure edits are coding edits, and are based on coding principles. The coding principles are explained in the National Correct Coding Initiative Policy Manual for Medicare Services available on the CMS NCCI website at http://www.cms.gov.

Educational tools are available on the CMS NCCI website at http://www.cms.gov/nationalcorrectcodinited.

November 5, 2010

ALERT

TO: All Providers

RE: Medicaid Identification Number

After four years of transition, the Alabama Medicaid Agency is phasing out the acceptance of the old Medicaid ID number for claims processing, effective January 17, 2011. **Medicaid will DENY any claims received on or after January 17, 2011, that are submitted with the old Medicaid ID number.**

All new Medicaid ID numbers issued after the conversion also begin with a “5”. The old Medicaid ID number begins with “000”. Please verify the Medicaid ID number for Medicaid recipients at the time of service. If the Medicaid ID number begins with “000”, obtain the correct Medicaid ID number before submitting the claim to Medicaid for processing.

Providers with questions about the new recipient ID numbers should contact the Provider Help Desk at **1-800-688-7989.** Medicaid recipients with questions about the new ID numbers should call toll-free at **1-800-362-1504**. Other information is available at: http://www.medicaid.alabama.gov/news/medicaid_id_numbers.aspx?tab=2

November 08, 2010

ALERT

TO: All Medicaid Providers
All Provider Associations

RE: November 19, 2010 Checkwrite

The release of Medicaid funds for the 11/19/2010 checkwrite is expected to be Wednesday, December 1, 2010.

The release of direct deposits and checks depends on the availability of funds.

Please verify direct deposit status with your bank.

November 19, 2010

ALERT

TO: All Medicaid Physicians

RE: Radiology Management Program "Gold Card Changes"

Effective January 1, 2011, changes will be made to the "Gold Card" status based on Agency evaluation of prior authorization requests made between October 1, 2009 and September 30, 2010. The following changes will be made:

- Providers with "Gold Card" who maintained a 5% or less denial rate during the above timeframe will continue to have "Gold Card" status.
- Providers who currently have "Gold Card" status with low request volume will continue to have "Gold Card" status.
- Providers with high volume and high denial rate (>5%) will be removed from gold carding.
- Providers with high volume and low denial rates who will be added to the "Gold Card" program.

The status of all providers will be re-evaluated after one year. Redetermination will be based on the preceding 12 months' worth of data.

Providers with questions may contact Carolyn Thompson, Program Manager, Lab/X-ray services at carolyn.thompson@medicaid.alabama.gov or by phone at (334) 242-5048.

November 19, 2010

ALERT

TO: All Pharmacies

RE: Reimbursement for Administration of Pneumococcal and Tdap Vaccines

Effective December 1, 2010, Alabama Medicaid will begin reimbursing Medicaid-enrolled pharmacy providers for the administration, to eligible recipients age 19 and older, of pneumococcal vaccine and Tdap vaccine. Alabama Medicaid will also continue to, in addition to the administration reimbursement, reimburse pharmacies for the pneumococcal and Tdap vaccines (i.e. ingredient).

- Beginning December 1, pharmacy providers may bill the following NDC numbers on a pharmacy claim for reimbursement of vaccine administration:
  - NDC 99999-9992-11 for pneumococcal vaccine administration
  - NDC 99999-9993-11 for Tdap vaccine administration
- Reimbursement will be $5 per administration with no dispensing fee or co-pay applied.
- Claims should be submitted with a dispense quantity of 1 for vaccine administration. There is a maximum quantity for each administration of 1 injection per recipient within a timeframe in accordance with the CDC dosing regimen.
- A prescription from a recipient's Primary Medical Provider (PMP) is required for each Tdap and pneumococcal vaccine administration.
- To facilitate coordination of care, Pharmacy providers are required to inform (via phone, fax, e-mail, mail) each recipient's Primary Medical Provider (PMP) upon administration of the vaccine(s) for which an administration claim is submitted. Documentation must be kept on file at the pharmacy of the notification to the PMP. If the PMP is unknown, the pharmacy may call the Alabama Medicaid Automated Voice Response System (AVRS) system at 1-800-727-7848 to obtain the PMP information. A suggested Immunization Provider Notification Letter, which can be used to notify the PMP, can be found on the Agency website at http://www.medicaid.alabama.gov/programs/pharmacy_svcs/pharmacy_services.aspx.
- Alabama State Board of Pharmacy law and regulation should be followed regarding dispensing and administration of legend drugs/vaccines.
- A separate claim for the vaccine (i.e. ingredient) should be submitted with the appropriate NDC of the vaccine (i.e. ingredient) and will be reimbursed according to the current drug/pharmacy reimbursement policy.

December 01, 2010

ALERT

TO: All Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers, and Nursing Homes Providers

RE: PDL Update

Effective January 3, 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	PDL Deletions*
None	**Aceon**-Cardiovascular Health/ACE Inhibitors
	Avandamet-Diabetic Agents/Thiazolidinediones
	Avandaryl-Diabetic Agents/Thiazolidinediones
	Avandia-Diabetic Agents/Thiazolidinediones
	Diovan-Cardiovascular Health/Angiotensin-II Receptor Antagonists
	Eurax-Skin and Mucous Membrane Agents/Scabicides and Pediculicides
	Micardis-Cardiovascular Health/Angiotensin-II Receptor Antagonists
	Micardis HCT-Cardiovascular Health/Angiotensin-II Receptor Antagonists
	Teveten-Cardiovascular Health/Angiotensin-II Receptor Antagonists
	Teveten HCT-Cardiovascular Health/Angiotensin-II Receptor Antagonists
	Vigamox-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 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 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.

December 07, 2010

ALERT

TO: All Renal Dialysis Facility Providers

Re: Medicare Crossover Changes and Medicaid Changes

Medicare Crossover Changes:
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,<10,000 635, >or = 10,000		Q4081	Injection epogen
636		J0882	Darbopoetin alfa, injection
636		Appropriate Injectable Codes	Injectable Drugs
250		Appropriate NDC Codes (No HCPCS)	PO Drugs
31X, 921		Appropriate Lab Codes	Labs
270		A4697, A4913 (IV)	Supply/Admin
771		Appropriate vaccine HCPCS	Vaccine

January 24, 2011

Medicaid Changes:

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.

***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 1evel 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 if you have any questions.

ALABAMA MEDICAID AGENCY

ALERT

March 7, 2011

Attention: Psychologists

RE: Upcoming Changes to Chapter 34 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 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 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

  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

ALABAMA MEDICAID AGENCY

ALERT

March 8, 2011

Attention: Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers and Nursing Homes

RE: 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	PDL Deletions*
Dulera-Respiratory/Inhaled Corticosteroids	**Day trana**-Behavioral Health/Cerebral Stimulants for ADD/ADHD-Long Acting
Ritalin SR-Behavioral Health/Cerebral Stimulants/Agents for ADD/ADHD-Short and Intermediate 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 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.

ALABAMA MEDICAID AGENCY

ALERT

March 25, 2011

Attention: All Providers

RE: National Correct Coding Initiatives (NCCI) Edits Appeals 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*

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.

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: 911108212345 6.

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 remittances 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.

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.** ☐ **2.** ☐ **3.** ☐	
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:

_____

_____

_____

Signature of either the provider or his/her representative

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

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:

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

ALABAMA MEDICAID AGENCY

ALERT

May 5, 2011

Attention: Physicians, FQHCs, IRHCs, RHCs, Outpatient Hospitals, and Independent Radiology Providers

RE: Natural Disaster PA Requirements for PET, CT, MRI, and MRA

During times of natural disasters, health care providers and patients in affected areas often must overcome challenging circumstances to furnish or obtain health care services. To assist patients and providers in areas affected by recent tornadoes, the Alabama Medicaid Agency will grant an exemption to prior authorization requests for PET scans, CT scans, MRIs and MRAs for two weeks, effective May 2, 2011. The exemption is only for recipients and requesting providers from one of the counties designated by the federal government as a disaster area.

In order for the claim to be paid, providers will need to submit a prior authorization request to MedSolutions as usual. If a provider has received a denial for a request started after May 2, 2011, please contact MedSolutions at 888-693-3211. Any other questions should be directed to Toni Hopgood at 334-353-4724 or toni.hopgood@medicaid.alabama.gov

ALABAMA MEDICAID AGENCY

ALERT

May 18, 2011

Attention: All Outpatient Hospital Providers

Effective for dates of service October 1, 2010, and thereafter, outpatient observation CPT codes 99218 through 99220 have been replaced with HCPCS Level II procedure code G0378. The policy is revised as written below:

Outpatient Observation

Outpatient observation is a covered service billable only by a hospital provider enrolled in the Medicaid program.

Outpatient observation is the medically necessary extended outpatient care provided to a patient whose condition warrants additional observation before a decision is made about admission to the hospital or prolonged patient care. Outpatient observation is limited to 23 hours or less.

Outpatient observation is considered an outpatient visit and will be counted in the yearly outpatient visit benefit unless documented as a certified emergency by the attending physician at the time of service.

An observation unit is an area designated by the hospital in which patient beds are set aside to provide any medically necessary extended outpatient care to a patient whose condition requires additional observation. These beds may be located in various parts of the hospital depending on the type of extended care needed for the patient. The following guidelines apply:

- Patient must be admitted through the emergency room.
- A physician's order is required for admission and discharge from the observation unit.
- A physician must have personal contact with the patient at least once during the observation stay.
- A registered nurse or an employee under his/her direct supervision must monitor patients in the observation unit.
- Medical records must contain appropriate documentation of the actual time a patient is in the observation unit as well as the services provided.
- A recipient must be in the observation unit at least three hours, but no more than 23 hours.

Outpatient observation charges must be billed in conjunction with the appropriate facility fee (99281 – 99285).

Observation coverage is billable in hourly increments only. A recipient must receive observation services a minimum of 30 minutes before the observation charge can be billed. Observation charges are billed as follows:

- For the first three hours of observation the provider should bill a facility fee (99281 - 99285) with units of one.
- Procedure code G0378 should be used to bill the 4th through 23rd hour for the evaluation and management of a patient in outpatient observation.

Procedure Code G0378 must be billed with a facility fee (99281-99285). The facility fee is billed with units of one and covers the first three hours.

Ancillary charges (lab work, x-ray, etc.) may be billed with the facility fee and observation charge.

If the observation spans midnight and the recipient is discharged from the observation unit the following day, the provider should bill all observation charges using the date of admission to the observation unit on the claim form.

If a recipient is admitted to the hospital from outpatient observation before midnight of the day the services were rendered at the same hospital, all observation charges must be combined and billed with the inpatient charges. The provider should indicate the date of admission to the inpatient hospital as the admission date on the claim form for inpatient services.
Outpatient observation charges cannot be billed in conjunction with outpatient surgery.

Medical records will be reviewed retrospectively by Medicaid to ensure compliance with the above-stated guidelines and criteria.

If there are any questions contact Jerri Jackson by telephone at 334-242-5630 or by e-mail at jerri.jackson@medicaid.alabama.gov.

ALABAMA MEDICAID AGENCY

ALERT

May 25, 2011

Attention: Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers and Nursing Homes

RE: Preferred Drug List Update

Effective July 1, 2011, the Alabama Medicaid Agency will:

1. No longer reimburse for Prevacid OTC. Prilosec OTC and Zegerid OTC will continue to be covered.
2. Require prior authorization (PA) for payment of generic buprenorphine (example brand names: Butrans, Buprenex, Subutex) products.
3. 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	PDL Deletions*	
Daytrana Behavioral Health/Cerebral Stimulants/Agents for ADD/ADHD-Long Acting	**Aciphex**	Proton-pump Inhibitors
	Astelin	EENT Preparations /Antiallergic Agents
	Besivance	EENT Preparations/Antibacterials
	Elidel	Miscellaneous Skin and Mucous Membrane Agents
	Levemir	Insulins
	Luvox CR	Antidepressants
	Protopic	Miscellaneous Skin and Mucous Membrane Agents
	Symbicort	Respiratory/Orally Inhaled Corticosteroids

**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 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.

ALABAMA MEDICAID AGENCY

ALERT

May 27, 2011

Attention: All Providers

RE: Medical and Quality Review Services Contractor

The Agency's current contractor, the Alabama Quality Assurance Foundation (AQAF) will stop receiving and reviewing prior authorization requests, hospice and nursing home records effective June 1, 2011. Effective June 1, 2011, the following procedures apply:

For Hospice, Nursing Home, PEC and Swing bed records:

Effective June 1, 2011, these records should be mailed to the Alabama Medicaid Agency:

LTC Medical and Quality Review Unit, Room 3014
501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

Hospice status change and LTC request for action forms should be faxed to (334) 353-4909.
For inquiries about records or forms received on or after June 1, 2011, please call:
Dodie Teel (334) 242-5149, Cheryl Cardwell (334) 242-5578, or Theresa Carlos (334) 353-3711.

NOTE: Due to the storms of April 27, 2011, the June retrospective audit for nursing home admissions, re-admissions and transfers will not be done. The Agency reserves the right to request these records at a later date, per Administrative Code Rule No. 560-X-1-.21. Provider Medicaid Records Inspection/Audit.

For Prior Authorizations:

- The process for submitting PA requests to HP remains the same. The Agency will review requests received on or after June 1, 2011.
- For inquiries about PAs received into the system on or after June 1, 2011, please call:
  - Transportation: Brenda Fincher (334) 242-5455
  - Eyecare: Kathy Hardwick (334) 353-5017
  - All other PAs: Dodie Teel (334) 242-5149, Sheila McDaniel (334) 242-2366 or Theresa Carlos (334) 353-3711.

Please allow at least 30 calendar days for all reviews above. During this transition phase, the Agency requests the cooperation of providers *to limit phone calls* to Agency staff, unless absolutely necessary, to allow staff to complete reviews timely.

The status of PA requests may be accessed using AVRS (1-800-727-7848), or the Provider Web Portal, using the link below:
https://www.medicaid.alabamaservices.org/ALPortal/Account/Secure%20Site/tabId/65/Default.aspx

Please use this link for instructions about using the web portal for PAs:
http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2011/6.7.1.2_April_2011/6.7.1.2_Webuser.pdf

ALABAMA MEDICAID AGENCY

ALERT

June 29, 2011

Attention: Independent and Provider-Based Rural Health Clinics

RE: Nurse Practitioners and Federal Electronic Health Record Incentive Program

In order to qualify for the federal Electronic Health Record Incentive program, nurse practitioners associated with Independent and Provider-based Rural Health Clinics are required to enroll as a Medicaid provider.

For more information about the federal Electronic Health Record Incentive Payment program, please go to *http://onehealthrecord.alabama.gov/providers.aspx*

For questions regarding the federal Electronic Health Record Incentive Program, please contact Kim Davis-Allen at *Kim.Davis-Allen@medicaid.alabama.gov* or (334) 242-5011.

Also, effective October 1, 2011, Independent and Provider-Based Rural Health Clinics must use the nurse practitioner's NPI number on all claims submitted for services provided by a nurse practitioner.

For questions regarding enrollment, contact HP Provider Enrollment at 1-888-223-3630.

ALABAMA MEDICAID AGENCY

ALERT

July 1, 2011

Attention: Nursing Homes, ICF-MR, Hospice, PEC, Swing Bed, DME and Physicians Providers

RE: Medical and Quality Review Services Contractor

The Alabama Medicaid Agency's new medical and quality review services contractor, Qualis Health, will begin reviews of prior authorization (PA) requests, and hospice, nursing home, ICF-MR, PEC and swing bed records on July 1, 2011. **Qualis will NOT review pharmacy, dental or radiology PAs.**

Qualis will review PA requests with Julian dates of 6/16/2011 and after. For inquiries regarding PAs submitted on June 16, 2011 or later, providers may contact Qualis at (888) 213-7576. The fax number is (888) 213-8548.

For Hospice, Nursing Home, ICF-MR, PEC and Swing Bed Records:

Effective July 1, 2011, these records **MUST** be mailed to HP, the Alabama Medicaid Agency's fiscal agent, along with a cover sheet, found on the website at:
http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.3_LTC_Forms.aspx.
The HP address is found on each cover sheet.

These records will be scanned into the system by HP so that staff from the Agency and contractor can review them electronically. Please note that the cover sheet **MUST** be used to ensure that the record is added to the correct site electronically.

ICF-MR providers should use the "LTC records" cover sheet.
For hospice records, continue to include the Form 165A, along with the HP cover sheet.
Hospice recipient status change (Form 165B) and LTC request for action (Form 161B) forms should be faxed to Qualis at (888) 213-8548 effective July 1, 2011.

For Prior Authorizations:

The process for submitting PA requests to HP remains the same. The Agency will review requests received through June 15, 2011.

For inquiries about PAs received into the system through June 15, 2011, please call:
Transportation: Brenda Fincher (334) 242-5455
Eyecare: Kathy Hardwick (334) 353-5017
All other PAs: Dodie Teel (334) 242-5148, Sheila McDaniel (334) 242-2366 or Theresa Carlos (334) 353-3711.
For inquiries about PAs received on or after June 16, 2011, providers should call Qualis at (888) 213-7576.

Effective July 1, 2011, providers may enter the PA number to this webpage to notify Qualis staff when a denied PA is ready for reconsideration. http://www.qualishealth.org/healthcare-professionals/alabama-medicaid/provider-resources. Please submit the documents for reconsideration, along with the denial letter to HP, before submitting the PA number to Qualis.

The status of PA requests may also be accessed using:
AVRS (1-800-727-7848)
The Provider web portal, using the link
https://www.medicaid.alabamaservices.org/ALPortal/Account/Secure%20Site/tabId/65/Default.aspx
or the HP Provider Assistance Center at (800) 688-7989.

Please use this link for instructions about using the web portal for PAs:
http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2011/6.7.1.2_April_2011/6.7.1.2_Webuser.pdf

ALABAMA MEDICAID AGENCY

ALERT

July 29, 2011

TO: All Optometrists, Ophthalmologists, and Opticians

RE: New Award for Central Source Contractor for Eyeglasses

The Alabama Medicaid Agency awarded a new contract through an Invitation To Bid process to Steven Baker, Inc., D/B/A Korrect Optical as the Central Source Contractor for Eyeglasses. The effective date of the contract is July 1, 2011. Korrect Optical will begin accepting eyeglass orders on Tuesday, September 6, 2011. Further ordering instructions will be forwarded in the near future. Korrect Optical's Customer Service number is 1-800-624-4225.

The Alabama Medicaid Provider Manual, Chapter 15 will be updated in the October, 2011 edition to include prices and approved frames. The Manual will include changes made in the Eye Care Program regarding eyeglasses, such as previous stand-alone codes will now become add-on codes. Previously, stand-alone lens codes could not be billed with other lens. With add-on codes, the lens code and the applicable add-on code may both be billed on the same date of service. The changes will provide the Agency with improved utilization data. Eye Care providers may continue to order or fabricate eyeglasses as in the past and at the new contracted allowed amounts. Please refer to the Alabama Medicaid Provider Manual, Chapter 15 for the Eye Care Program policies.

The new contracted allowed amounts for eyeglasses will become effective August 1, 2011 and the changes are summarized in the following paragraphs. The new allowed amounts for lens, add-on codes, prior authorization codes, and frame codes are listed on the following page.

The Alabama Medicaid Agency is appreciative of your contributions and efforts as a Medicaid Eye Care Provider. If you have any questions, you may contact Mary Timmerman, RN, CPC at mary.timmerman@medicaid.alabama.gov or at (334) 242-5014.

Alabama Medicaid Contracted Allowed Amounts for Eyeglasses
Effective August 1, 2011

(Content is referenced from July 29, 2011 Alert entitled New Award for Central Source Contractor for Eyeglasses)

Single Vision

Lens Code Ranges	Price per lens
V2100-V2101	$11.00
V2102	$13.00
V2103-V2105	$11.00
V2106	$13.00
V2107-V2108	$11.00
V2109-V2114	$13.00
V2115	$14.00
V2118	$40.00
V2121	$13.00
V2199	$15.00

Trifocal Lens

V2300-V2314	$25.00
V2315-V2318	$35.00
V2319	$5.00
V2320	$10.00
V2321	$35.00
V2399	$25.00

Bifocal Lens

Lens Code Ranges		Price per lens
V2200		$12.00
V2201-V2202		$14.00
V2203-V2204		$12.00
V2205-V2206		$14.00
V2207		$12.00
V2208-V2209		$14.00
V2210		$25.00
V2211-V2214		$14.00
V2215-V2218		$30.00
V2219		$5.00
V2220		$10.00
V2221		$30.00
V2299		$14.00

Other Lens

V2410-V2700		$10.00
V2710		$30.00
V2715	Add-on cost	$0
V2718	Add-on cost	$30.00
V2745	Add-on cost	$0
V2784	Add-on cost	$0

Lenses Requiring Prior Authorization from Medicaid before Ordering (per lens)

V2744	Add-on cost	$25.00
V2755	Add-on cost	$0
V2781	Add-on cost	$10.00
V2782	Add-on cost	$10.00
V2783	Add-on cost	$20.00

Add-on cost: This item to be billed in addition to appropriate lens code.

Frames

V2020	Frames	$0

Frames Requiring Prior Authorization

*V2025	Special Order Frames	$100.00

*This is a frame utilized for those patients requiring a special/unusual size and/or shaped frame.

ALABAMA MEDICAID AGENCY

ALERT

August 12, 2011

Attention: All Providers

RE: Synagis® Criteria for 2011 – 2012 Season

The Alabama Medicaid Agency has updated its prior authorization criteria for the Synagis® 2011-2012 season. Below are some highlights for the season. Complete criteria can be found on the website at the following link:

http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.5.0_Pharmacy/4.5.14_Synagis.aspx

- The approval time frame for Synagis® will begin October 1, 2011 and will be effective through March 31, 2012.
- Up to five doses will be allowed per recipient in this timeframe. Some recipients may only receive up to a max of 3 doses, depending on the gestational and chronological age.
- There are no circumstances that will result in approval of a sixth dose.
- If a dose was administered in an inpatient setting, the date the dose was administered must be included on the request form.
- For approval of requests, the recipient must meet gestational and chronological age requirements. In order to meet chronological age requirements, the recipient must not exceed the specified age at the start of the RSV season.
- Prescribers, not the pharmacy, manufacturer or any other third party entity, are to submit requests for Synagis® on a separate prior authorization form (Form 351) **directly** to Health Information Designs and completed forms may be accepted beginning September 1, 2011 (for an October 1 effective date).
- Stamped or copied physician signatures will not be accepted and will be returned to the provider.
- A copy of the hospital discharge summary from birth or documentation of the first office visit with pertinent information (gestational age, diagnosis, etc.) is required on all Synagis® PA requests.
- If approved, each subsequent monthly dose will require submission of the recipient's current weight and last injection date and may be faxed to HID by the prescribing physician or dispensing pharmacy utilizing the original PA approval letter.
- Letters will be faxed to both the prescriber and the dispensing pharmacy notating approval or denial.

Criteria

Alabama Medicaid follows the 2009 updated American Academy of Pediatrics (AAP) guidelines regarding Synagis® utilization. Additional questions regarding Synagis® criteria can be directed to the Agency's Prior Authorization contractor, Health Information Designs at 1-800-748-0130.

ALABAMA MEDICAID AGENCY

ALERT

August 15, 2011

Attention: Hospice Providers

RE: Federal Rules Governing the Hospice Program

The federal rules governing the Hospice Program provides that an additional amount is paid to the hospice on behalf of an individual residing in a nursing facility. This amount must equal at least 95% of the per diem rate that the Medicaid Agency would have paid to that nursing facility for the individual in that facility. For example, if you have three (3) individuals receiving hospice services through your Agency, each residing in a different nursing facility, you should bill the room and board for each individual based upon 95% of **that** facility's per diem rate. If the per diem rate for the facility is $135.00, you should bill the room and board at $128.25.

If you are not aware of what the nursing facility per diem rate is, you should first request this information directly from the nursing facility. If you are unable to obtain this information from the nursing facility, you may request this information in writing from the Alabama Medicaid Agency, LTC, Provider/Recipient Services Unit, 501 Dexter Avenue, Montgomery, AL 36103-5624, or fax to (334) 353-5696. Below is a sample letter for you to recreate in requesting this information.

LTC, Provider/Recipient Services Unit
501 Dexter Avenue
Montgomery, Alabama 36103-5624
FAX #: (334) 353-5696

Requesting Hospice Provider: _____

Hospice Provider #: _____

Hospice Provider Telephone #: _____

Hospice Provider Fax # _____

Contact Person's Name: _____

_____
Nursing Facility Address

Do you now provide Hospice services to individuals in this facility? Yes or No

Received AMA _____

Returned by Fax on: _____

Signature: _____

ALABAMA MEDICAID AGENCY

ALERT

August 25, 2011

Attention: All Providers

RE: Pharmacy Changes for October 2011

Effective October 3, 2011, the Alabama Medicaid Agency will require prior authorization (PA) of all antipsychotic medications utilizing the electronic PA process. The PA process will affect all recipients (children and adults) as well as all antipsychotics (brand and generic, first and second generation). The PA criteria for this drug class can be found on the Agency's website at www.medicaid.alabama.gov.
Claims not approved through the electronic PA process at the pharmacy point of sale will require a manual PA form to be submitted; prescribers will receive automatic fax notification if additional medical justification is required.

Effective October 1, 2011, the Alabama Medicaid Agency will:

1. Limit the number of brand name prescriptions to four per month per recipient. There will not be a limit on the number of covered generic or over-the-counter prescriptions a recipient may receive. This limitation does not apply to children under the age of 21 or to recipients living in nursing facilities. In certain drug classes, allowances are allowed in the event of an adverse or allergic reaction, or failure to respond. Medicaid will also continue to allow for prescriptions to exceed the four brand limit for anti-psychotic and anti-retroviral medications; however, there will be no instance where the limit may exceed ten brand name drugs per month per recipient. Providers with questions concerning the prescription limitation should contact:

   Alabama Medicaid Agency
   Pharmacy Services Division
   P.O. Box 5624
   Montgomery, Alabama 36103-5624
   (334) 242-5050

2. No longer require prior authorization (PA) for payment of generic pantoprazole (Protonix). Brand name Protonix will continue to require prior authorization.

   For additional PDL and coverage information, visit our drug look-up site which can be accessed using the following link:
   http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.5_Pharmacy_Services.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.

ALABAMA MEDICAID AGENCY

ALERT

September 14, 2011

Attention: Prosthetic, Orthotic & Pedorthic (POP) Providers

RE: Newly Covered Code for the Prosthetic, Orthotic & Pedorthic Program

Effective immediately, Medicaid has approved Procedure Code L5972 (Flexible Keel Foot) as a newly covered code for the Prosthetic, Orthotic, & Pedorthic Program.

Procedure Code L5972 must be provided by a licensed prosthetic, orthotic and/or pedorthic practitioner in the State of Alabama practicing at an accredited facility. The provider must obtain a written prescription, must keep the prescription on file, and must have supporting documentation that the device is medically necessary.

Medicaid pays for basic level prosthetic, orthotic, and pedorthic devices for ages 21-65.

For questions or concerns regarding the POP Program, please contact Felicha Fisher at (334) 353-5153.

ALABAMA MEDICAID AGENCY

ALERT

November 1, 2011

Attention: Nursing Home Providers

RE: Institutional Review Record Request

Effective December 1, 2011, Qualis Health, Medicaid's medical and quality review services contractor, will begin faxing requests for medical records to conduct retrospective reviews. In the past, a certified letter requesting medical records for the review process was mailed to the facilities. The new process requires faxing the request to the facility's designated staff.

Example of faxes that might be received:

- **First Fax Notification** –Acknowledgment of Fax Receipt. Confirmation is complete after printing name and signing signature. Mail medical records to HP for record review
- **Second Fax Notification**-Acknowledgment of Fax Receipt. Confirmation is complete after printing name and signing signature. Mail medical records to HP for record review
- **Final Fax Notification**- Mail medical records to HP for record review
- **Letter of Imposition** - Mail medical records to HP for record review

The process for **mailing** medical records will remain the same.

Please mail records with the HP LTC Records coversheet to:

HP Enterprise Services

P.O. Box 244032

Montgomery, AL 36124-4032

Please contact Qualis Health at 1-888-213-7576 for questions regarding this process.

ALABAMA MEDICAID AGENCY

ALERT

November 17, 2011

Attention: IUDs and Implants: Changes to Contraceptive Coverage

RE: To: All Pharmacies, Physicians, Maternity Care Primary Contractors, FQHCs, RHCs, and Health Departments

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.

ALABAMA MEDICAID AGENCY

ALERT

December 13, 2011

Attention: Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers and Nursing Homes.

RE: 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	PDL Deletions*	
None	**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.

ALABAMA MEDICAID

January 2012 Provider Manual

Payment Delay Alerts

Click on Bookmarks to the left to view Alerts

RETURN TO MAIN MENU

ALERT

Attention: All Provider Associations

March 5, 2004 - Checkwrite Release for Nursing Home and Maternity Care Providers

March 19, 2004 - Checkwrite for All Providers

Medicaid funds for the nursing home and maternity care providers for the March 5, 2004 checkwrite will be released on April 6, 2004. Please verify direct deposit status with your bank. As of April 6, 2004, all funds for the March 5, 2004 checkwrite will be released.

As funds for the March 19, 2004 checkwrite are released, Medicaid's web site will be updated with the actual release date. Medicaid's web site may be accessed at *www.medicaid.state.al.us*.

April 2, 2004

ALERT

Attention: All Provider Associations

March 19, 2004 - Checkwrite for Nursing Homes and Maternity Care Providers

Funds for the nursing home and maternity care providers for the March 19, 2004 checkwrite will be released on April 8, 2004. Please verify direct deposit status with your bank.

As funds for other providers are released, Medicaid's web site will be updated with the actual release date. Medicaid's web site may be accessed at *www.medicaid.state.al.us*.

April 7, 2004

ALERT

Attention: All Provider Associations

March 19, 2004 - Checkwrite Release
April 09, 2004 - Checkwrite Release for Pharmacy Providers

Medicaid funds for the remainder of the March 19, 2004 checkwrite will be released on April 15, 2004. All funds from the March 19, 2004 checkwrite will now be released. Please verify direct deposit status with your bank.

Medicaid funds for the Pharmacy providers for the April 09, 2004 checkwrite will be released on April 15, 2004. As funds for other providers are released, Medicaid's web site will be updated with the actual release date. Medicaid's web site may be accessed at *www.medicaid.state.al.us*.

April 13, 2004

ALERT

Attention: All Provider Associations

April 9, 2004 - Checkwrite Release for Non-Institutional and Nursing Home Providers

Medicaid funds for the Non-institutional and nursing home providers for the April 9, 2004 checkwrite will be released on April 22, 2004. Please verify direct deposit status with your bank.

As funds for hospitals and maternity care providers are released, Medicaid's web site will be updated with the actual release date. Medicaid's web site may be accessed at www.medicaid.state.al.us.

April 20, 2004

ALERT

Attention: All Provider Associations

May 7, 2004, Release of Funds

Medicaid funds for the May 7, 2004, checkwrite will be released on time (May 13, 2004).

Please verify direct deposit status with your bank.

May 11, 2004

ALERT

Attention: All Provider Associations

May 21, 2004, Release of Funds

Medicaid funds for the May 21, 2004, checkwrite will be released on time (May 27, 2004).

Please verify direct deposit status with your bank.

May 24, 2004

ALERT

Attention: All Provider Associations

ATTENTION: All Provider Associations

June 4, 2004, Release of Funds

Medicaid funds for the June 4, 2004, checkwrite will be released on time (midnight June 10, 2004).

Please verify direct deposit status with your bank.

June 8, 2004

ALERT

Attention: All Provider Associations

The total Medicaid funds for the June 18, 2004 checkwrite will not be released on schedule. The funds for the Pharmacy and Maternity Care providers will be released on June 24, 2004.

Funds for all other providers will not be released. Medicaid's website will be updated with the actual release date. The Alabama Medicaid website may be accessed at www.medicaid.state.al.us.

Please verify direct deposit status with your bank.

June 22, 2004

ALERT

Attention: All Provider Associations

June 18, 2004 - Release of Funds

Medicaid funds for the remainder of the June 18, 2004 checkwrite will be released on July 7, 2004. All funds from the June 18, 2004 checkwrite will now be released. Please verify direct deposit status with your bank.

July 6, 2004

ALERT

Attention: All Provider Associations

July 9, 2004 - Release of Funds

Medicaid funds for the July 9, 2004 checkwrite will be released on time (July 15, 2004). Please verify direct deposit status with your bank.

July 12, 2004

ALERT

Attention: All Provider Associations

July 23, 2004 - Release of Funds

Medicaid funds for the July 23, 2004 checkwrite will be released on time (July 29, 2004). Please verify direct deposit status with your bank.

July 26, 2004

ALERT

Attention: All Provider Associations

August 6, 2004 - Release of Funds

Medicaid funds for the August 6, 2004 checkwrite will be released on time, August 12, 2004. Please verify direct deposit status with your bank.

August 9, 2004

ALERT

Attention: All Provider Associations

August 20, 2004 - Release of Funds

Medicaid funds for the August 20, 2004 checkwrite will be released on time, August 26, 2004. Please verify direct deposit status with your bank.

August 24, 2004

ALERT

Attention: All Provider Associations

September 3, 2004, Release of Funds

The total Medicaid funds for the September 3, 2004 checkwrite will not be released on schedule. Funds for all providers, EXCEPT Hospitals and Nursing Homes, will be released on Friday, September 10, 2004.

Funds for the Hospital and Nursing Home Providers will not be released. Medicaid's website will be updated with the actual release date. The Alabama Medicaid website may be accessed at *www.medicaid.state.al.us*.

Please verify direct deposit status with your bank.

September 9, 2004

ALERT

Attention: All Provider Associations

September 3, 2004, Release of Funds--Hospitals and Nursing Home Providers

Medicaid funds for the September 3, 2004, checkwrite for Hospitals and Nursing Homes will be released on Monday, September 13, 2004.

Please verify direct deposit status with your bank.

September 10, 2004

ALERT

Attention: All Provider Associations

September 10, 2004, Release of Funds

The total Medicaid funds for the September 10, 2004 checkwrite will not be released on schedule. Funds for all providers, EXCEPT Pharmacies and Nursing Homes, will be released on Thursday, September 16, 2004.

Funds for the Pharmacies and Nursing Home Providers will not be released. Medicaid's website will be updated with the actual release date. The Alabama Medicaid website may be accessed at *www.medicaid.state.al.us*.

Please verify direct deposit status with your bank.

September 14, 2004

ALERT

Attention: All Provider Associations

January 28, 2005: EDS Medicaid System Downtime

EDS will be performing maintenance on its translator software from approximately 2 pm - 5 pm CT on Sunday January 30, 2005. The translator software is one of the first stages in the claims submission (837), eligibility verification (270) via X.25 line, batch web eligibility verification (270), batch web claim status (276) and web prior authorization (278) processes on the EDS system. What this means is that none of these transactions will be processed during the maintenance window. Please be advised that if any of these transactions are submitted via the web for batch processing during this timeframe they will not be processed until the translator maintenance is completed. Interactive eligibility (270) and interactive claim status (276) submitted via X.25 mode will be down during this time.

This will not impact eligibility verification via AVRS, web interactive eligibility (270), web claim status (276) or interactive pharmacy claim submission. If you have questions please call the ECS helpdesk at 1-800-456-1242.

January 28, 2005

ALERT

Attention: Alabama Hospital Association

03/18/05 - Checkwrite Release for Hospital Providers

Medicaid funds for the hospital providers for the 03/18/05 checkwrite will NOT be released on time. Medicaid's web site will be updated with the actual release date. Medicaid's web site may be accessed at www.medicaid.state.al.us.

March 23, 2005

ALERT

Attention: Alabama Hospital Association

03/18/05 - Checkwrite Release for Hospitals

Medicaid funds for the hospital providers for the 03/18/05 checkwrite will be released on 03/29/05.

March 28, 2005

ALERT

To: Provider Associations

Monthly Case Management Payments Delayed

Due to a systems problem, the Monthly Case Management payments were not processed on the May 11, 2007 financial cycle. The problem will be corrected and payments will be processed on the May 25, 2007 financial cycle.

May 15, 2007

ALERT

To: Nursing Home Providers

RE: Payment Delay

The payments scheduled for the September 5 and September 12, 2008 **checkwrites** have been delayed. The process to release the payments for the September checkwrites will begin October 1, and the payments should be accessible on October 3, 2008.

Additional questions concerning the delayed payments should be directed to the Medicaid office at 334-242-5600, or to the Nursing Home Association at 334-271-6214.

September 11, 2008

ALABAMA MEDICAID AGENCY

ALERT

April 5, 2011

Attention: All Providers

RE: Extended Maintenance Window for the Alabama Medicaid System

Time Frame: Beginning April 9, 2011 at 10:00 PM Central until April 10, 2011 at 10:00 AM Central.

Impact: All Alabama MMIS services will be unavailable.

ALABAMA MEDICAID AGENCY

ALERT

November 8, 2011

ATTENTION: ALL PROVIDERS, VENDORS, AND PROVIDER ASSOCIATIONS

RE: TOTAL SYSTEM OUTAGE EXPECTED

WHEN: FRIDAY, NOVEMBER 11, 2011 BEGINNING AT 9:00 P.M. CENTRAL TIME
TO
MONDAY, NOVEMBER 14, 2011 AT 6:00 A.M. CENTRAL TIME

Alabama Medicaid will install updates to support 5010 and NCPDP D.0 transactions over the Veterans Day weekend as part of overall system upgrades.

Due to this upgrade, the system will not be available between 9:00 p.m., Friday, November 11, 2011 and at least 6:00 a.m., Monday, November 14, 2011. During this time, there will be no claims and eligibility processing or system access by any method. Submissions will not be available via batch, interactive, PES or web portal, and AVRS will be down.

The electronic media claims (EMC) helpdesk telephone line will provide updates throughout the weekend at 1-800-456-1242. The message will be updated as soon as the system is available.

Once complete, the following will be available:

- Transactions can be submitted as x12 4010 or x12 5010 / NCPDP 5.1, or NCPDP D.0.
- PES will support one version depending on your PES release. PES 2.16 will support 4010 until PES 3.0 is released. PES 3.0 will support 5010 transactions. You will be notified when PES 3.0 is released.
- Web portal direct data entry will reflect changes for x12 5010 and NCPDP D.0.
- AVRS will be operational.
- Remittance advice (835) will be available in both x12 4010 and x12 5010.
- Other responses will be returned in the same version as received.

Medicaid will continue to accept both x12 4010 and x12 5010 and both NCPDP 5.1 and NCPDP D.0 through December 2011.

Beginning January 1, 2012, only x12 5010 and NCPDP D.0 will be processed.

For updated information, please continue to visit the Medicaid website:
(*http://www.medicaid.alabama.gov/content/6.0_providers/6.5_hipaa_5010.aspx*)

Thank you for your patience as we transition to 5010 and NCPDP D.0.

ALABAMA MEDICAID AGENCY

ALERT

November 22, 2011

Attention: All Providers

RE: 11/18/11 Checkwrite Release

The payments scheduled for the November 18, 2011 **checkwrite** will be released on Wednesday, November 30, 2011.

As always, the release of payments depends on the availability of funds.