ALABAMA MEDICAID

July 2013 Provider Manual

EOP Mini Messages

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June 07, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012 FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

The listing of providers selected to re−enroll for the current month is listed on Medicaid?s website under Provider / Re−Enrollment
Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK ‘PROVIDERS,’ SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10 mandated implementation date of 10−01−2014. Please review these MLN Matters Articles published by CMS (note, all references to 2013 should be 2014 since the implementation was delayed one year).

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 # 8 ATTENTION: ALL PROVIDERS (2013−081 BP)

Attention: All Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental
Health Service Providers, Nursing Homes, and Hospitals, (2013−081 BP)
Medicaid will begin denying claims on July 8, 2013, if the DEA number is not on file.
Make sure your DEA number is registered with DOJ and is on your enrollment file at Medicaid. Medicaid deadline for submission: June 21,
2013. See ALERT on Medicaid's website dated May 16, 2013.

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 # 9 ATTENTION: ALL PROVIDERS (2013−088 BNP)

CMS is hosting four provider education webinars/teleconferences for the FY13 PERM cycle. Providers are encouraged to participate in the call of their choice. Dates are May 21, June 5, June 18, and July 2, 2013. More detailed information can be found on the Agency's website at:
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#10 ATTENTION: All Hospitals (2013−089 BNP)

Effective May 4, 2013, the Alabama Medicaid Agency will begin validating all ICD−9 Surgical Procedure Codes on inpatient hospital claims.

#11 ATTENTION: All Physicians (2013−089 BNP)

On June 8, 2013, the Alabama Medicaid Agency will begin paying the Primary Care Physician Rate Increase (BUMP) to qualified providers.

Qualifying physicians who submit their self−attestation to HPES on or after June 8, 2013, will be paid the enhanced reimbursement for dates of service beginning with the date the attestation is entered into the system by HPES. In July 2013, Medicaid will begin reprocessing claims paid under the old rate and should have all reprocessing completed by the end of September 2013.
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#12 ATTENTION: All Psychology Providers (2013−111 KWS)

Clarification: Please disregard the following statement (bold print) published in the April 2013 Provider Manual Updates: Codes 90791 and 90791+90785 have a combined annual max limitation of 1. Effective Dates of Service July 1, 2013 and thereafter these codes will be billable by the psychologist only. This change will not be implemented at this time.
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#13 ATTENTION: Nursing Home Providers (2013−123 BNP)

Please accurately complete the Admission and Evaluation Data (Form 161) in its entirety. The Name, Medicaid Number, and Date are required on pages 2 and 3 of the form. If the record is complete and accurate when initially submitted, the retrospective review process is quicker and penalties are avoided.

When criteria K is checked on Form 161, please submit at least 1 week of nurse?s notes or ADL flow sheets, approximately 1 week prior to the Medicaid admission date if transferring from Medicare to Medicaid. This information can also be documented on Form 161 under the section of Diagnosis and Pertinent Medical Information.

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#14 ATTENTION: All Providers (2013−158 TC)

Qualis Health, the Agency's medical and quality review services contractor, has an e−mail address for providers to notify them when a reconsideration for a denied prior authorization (PA) has been submitted. Please allow two business days for HP to add the reconsideration documents to the system. Then, send an e−mail with ONLY the PA number, to alrecon@qualishealth.org. Please DO NOT send any PHI in the e−mail.
Please note that Qualis Health does not review pharmacy, dental, TCM, or radiology − related PAs.
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#15 ATTENTION: ALL PROVIDERS (2013−158 BP)

Effective for dates of service July 1, 2013, and thereafter, the Medicaid copayment amounts will change. Please see the ALERT dated May 23, 2013 on Medicaids website at http://medicaid.alabama.gov/news_detail.aspx?ID=7833

May 17, 2013 EOP Mini-Messages

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Attention: All Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental
Health Service Providers, Nursing Homes, and Hospitals, (2013−081 BP)

Make sure your DEA number is registered with DOJ and is on your enrollment file at Medicaid. Medicaid deadline for submission: May 1,
2013. See ALERT on Medicaid's website dated March 14, 2013.
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#9 ATTENTION: ALL PROVIDERS (2013−082 BP)

Attention: All Physicians

Effective May 1, 2013, CPT Codes 14060 and 14061 (Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips) will be
denied when billed for ear piercing complications. Earlobe repair, or repair of body site piercing, to close a stretched pierced hole
in the absence of traumatic injury is considered cosmetic and therefore not medically necessary.

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The attestation deadline reference in the ALERT "Primary Care Physician Rate Increase (Bump)" dated March 6, 2013, has been extended to
May 3, 2013.

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Clarification: Please disregard the following statement (bold print) published in the April 2013 Provider Manual Updates: Codes 90791 and 90791+90785 have a combined annual max limitation of 1. Effective Dates of Service July 1, 2013 and thereafter these codes will be billable by the psychologist only. This change will not be implemented at this time.

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May 03, 2013 EOP Mini-Messages

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#12 ATTENTION: All Physicians (2013−089 BNP)

The attestation deadline reference in the ALERT "Primary Care Physician Rate Increase (Bump)" dated March 6, 2013, has been extended to
May 3, 2013.

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#13 ATTENTION: ALL HOSPITAL PROVIDERS (2013−101 JS)

Federal regulations require that hospitals submit Utilization Review (UR) Plans and Medical Care Evaluation Studies (MCE) annually as part of an ongoing quality improvement process. To that end, Alabama Medicaid has contracted with AFMC to perform annual reviews of hospital Utilization Review (UR) Plans and Medical Care Evaluation (MCE) Studies.

As the state?s Quality Improvement Organization, AFMC is required to collect and maintain a copy of these documents on an annual basis. A review of 50 percent of the hospitals is to be done each year so that every hospital has a completed UR Plan and MCE Study every two years.

All in−state and border hospitals must submit MCE Studies (i.e. Performance Improvement Studies) and Utilization Review (UR) Plans to AFMC by the date requested. The Alabama Medicaid Agency monitors provider compliance in meeting this requirement, as part of the oversight process.

For more information refer to the Provider Manual Hospital Chapter 19, page 19−13 and the Administrative Code Chapter 7 Hospitals, Rule No. 560−X−7.16 (6).

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****

#15 ATTENTION: ALL HOSPITAL PROVIDERS (2013−101 JS)

Federal regulations require that hospitals submit Utilization Review (UR) Plans and Medical Care Evaluation Studies (MCE) annually as part of an ongoing quality improvement process. To that end, Alabama Medicaid has contracted with AFMC to perform annual reviews of hospital Utilization Review (UR) Plans and Medical Care Evaluation (MCE) Studies.

As the state?s Quality Improvement Organization, AFMC is required to collect and maintain a copy of these documents on an annual basis. A review of 50 percent of the hospitals is to be done each year so that every hospital has a completed UR Plan and MCE Study every two years.

All in−state and border hospitals must submit MCE Studies (i.e. Performance Improvement Studies) and Utilization Review (UR) Plans to AFMC by the date requested. The Alabama Medicaid Agency monitors provider compliance in meeting this requirement, as part of the oversight process.

For more information refer to the Provider Manual Hospital Chapter 19, page 19−13 and the Administrative Code Chapter 7 Hospitals, Rule No. 560−X−7.16 (6).

April 05, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

The listing of providers selected to re−enroll for the current month is listed on Medicaid?s website under Provider / Re−Enrollment
Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK ‘PROVIDERS,’ SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2013 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

To receive email notifications concerning ICD−10 changes please log on to the Alabama Medicaid Provider Web Portal and update your
Account Maintenance email address. If more than a single person is to receive these notifications then it is recommended that a
distribution list with a single email address be created within your own email server and this distribution list email address be
entered on the Account Maintenance page.
Providers and Trading Partners may update their email by logging onto the Provider Web Portal.
Website: https://www.medicaid
alabamaservices.org/ALPortal/default.aspx
Navigation: Account > Account Maintenance

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 # 7 ATTENTION: ALL PROVIDERS (2013−060 SV)

Alabama Medicaid will follow the same guidelines published by CMS for general claims submission and for claims that span the ICD−10
mandated implementation date of 10−01−2014. Please review these MLN Matters Articles published by CMS (note, all references to 2013
should be 2014 since the implementation was delayed one year).
http://www.cms.gov/outreach−and−education/medicare−learning−network−mln/mlnmattersarticl
es/downloads/MM7492.pdf
http://www.cms.gov/Outreach−and−Education/Medicare−Learning−Network−MLN/MLNMatters
Articles/Downloads/MM7704.pdf

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 # 8 ATTENTION: ALL PROVIDERS (2013−060 BP)

The following edits will be changed from 'informational' status to 'denied' status effective May 1, 2013.
1038 DEA NOT ON FILE FOR PRESCRIBER
1039 PRESCRIBER DEA NOT EFFECTIVE FOR DATE PRESCRIBED
1040 PRESCRIBER DEA DOES NOT PERMIT DRUG SCHEDULE

This means the claims that have been paying but posting the informational edit above, will now deny.

#10 ATTENTION: ALL PROVIDERS (2013−081 BP)

Attention: All Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental
Health Service Providers, Nursing Homes, and Hospitals, (2013−081 BP)

Make sure your DEA number is registered with DOJ and is on your enrollment file at Medicaid. Medicaid deadline for submission: May 1,
2013. See ALERT on Medicaid's website dated March 14, 2013.
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#11 ATTENTION: ALL PROVIDERS (2013−082 BP)

Attention: All Physicians

Effective May 1, 2013, CPT Codes 14060 and 14061 (Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips) will be
denied when billed for ear piercing complications. Earlobe repair, or repair of body site piercing, to close a stretched pierced hole
in the absence of traumatic injury is considered cosmetic and therefore not medically necessary.

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#12 ATTENTION: ALL PROVIDERS (2013−088 BNP)

CMS is hosting four provider education webinars/teleconferences for the FY13 PERM cycle. Providers are encouraged to participate in
the call of their choice. Dates are May 21, June 5, June 18, and July 2, 2013. More detailed information can be found on the Agency?s
website at:
http://www.medicaid.alabama.gov/CONTENT/7.0_Fraud_Abuse/7.9_PERM_Provider_Education.aspx
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#13 ATTENTION: All Hospitals (2013−089 BNP)

Effective May 4, 2013, the Alabama Medicaid Agency will begin validating all ICD−9 Surgical Procedure Codes on inpatient hospital
claims.
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#14 ATTENTION: All Physicians (2013−089 BNP)

The attestation deadline reference in the ALERT "Primary Care Physician Rate Increase (Bump)" dated March 6, 2013, has been extended to
May 3, 2013.

March 22, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
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The listing of providers selected to re−enroll for the current month is listed on Medicaid?s website under Provider / Re−Enrollment
Forms entitled "List of Providers Scheduled to Re−Enroll."

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK ‘PROVIDERS,’ SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2013 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

TO RECEIVE EMAIL NOTIFICATIONS CONCERNING ICD−10 CHANGES PLEASE LOG ON TO THE ALABAMA MEDICAID PROVIDER WEB PORTAL AND UPDATE YOUR ACCOUNT MAINTENANCE EMAIL ADDRESS. IF MORE THAN A SINGLE PERSON IS TO RECEIVE THESE NOTIFICATIONS THEN IT IS RECOMMENDED THAT A DISTRIBUTION LIST WITH A SINGLE EMAIL ADDRESS BE CREATED WITHIN YOUR OWN EMAIL SERVER AND THIS DISTRIBUTION LIST EMAIL ADDRESS BE ENTERED ON THE ACCOUNT MAINTENANCE PAGE.

PROVIDERS AND TRADING PARTNERS MAY UPDATE THEIR EMAIL BY LOGGING ONTO THE PROVIDER WEB PORTAL. WEBSITE: HTTPS://WWW.MEDICAID ALABAMASERVICES.ORG/ALPORTAL/DEFAULT.ASPX
NAVIGATION: ACCOUNT > ACCOUNT MAINTENANCE

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 # 7 ATTENTION: ALL VFC PROVIDERS (2013−004 BNP)

DUE TO A SHORTAGE OF PENTACEL, (WHICH INCLUDES DTAP/IPV/HIB) MEDICAID WILL ALLOW THE FOLLOWING CODES EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2012 THROUGH MARCH 31, 2013:
90648 − HEMOPHILUS INFLUENZA TYPE B (ACTHIB)(PRIMARY DOSE) CAN BE BILLED WITH 90713 (IPV), AND 90700 (DTAP)
90696 − KINRIX (DTAP−IPV) IS INDICATED AS A BOOSTER DOSE FOR CHILDREN 4 THROUGH 6 YEARS OF AGE (PRIOR TO 7 YEARS OF AGE)− CAN BE
BILLED WITH 90648 (HIB)
90723 − PEDIARIX (DTAP−HEP B−IPV) CAN BE BILLED WITH 90648 (HIB)
90647 − HEMOPHILUS INFLUENZA TYPE B (PEDVAX) CAN BE BILLED WITH 90713 (IPV), 90700 (DTAP).
90700 − DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS (DTAP) (0YR−6YR) CAN BE BILLED WITH 90713 (IPV) AND 90648 (HIB)
90713 − POLIOMYELITIS (IPV) CAN BE BILLED WITH 90700 (DTAP) AND 90648 (HIB)
THESE VACCINES WILL NOT BE REMOVED FROM THE VACCINE LIST.

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 # 8 ATTENTION: All Providers (2013−017 BNP)

EFFECTIVE IMMEDIATELY, STRABISMUS PROCEDURE CODES 67311 ? 67340 WILL NO LONGER REQUIRE PRIOR AUTHORIZATION (PA) FOR ANY AGE. PAS SUBMITTED FOR RECONSIDERATION WILL BE DENIED STATING ?NO PA WILL BE REQUIRED FOR THIS CODE FOR ANY AGE?. PLEASE RESUBMIT CLAIMS THAT DENIED REQUIRING A PA.

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 # 9 ATTENTION: All Providers (2013−018 BNP)

EFFECTIVE FOR DATES OF SERVICE 3/1/2013 AND THEREAFTER, CPT CODE 54163 (REPAIR INCOMPLETE CIRCUMCISION), WILL REQUIRE PRIOR AUTHORIZATION.

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#10 ATTENTION: Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, FQHCs, PBRHCs IRHCs, Health Departments,

HOSPITALS (2013−039 BNP)
J1050, INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG WILL REQUIRE THE USE OF A MODIFIER IN ORDER FOR MEDICAID TO IDENTIFY WHEN THE
INJECTION IS FOR CONTRACEPTIVE USE VERSUS NON−CONTRACEPTIVE USE.
1. FOR CONTRACEPTIVE USE:J1050 WITH MODIFIER FP AND INCLUDE A CONTRACEPTIVE MANAGEMENT DIAGNOSIS CODE
2. FOR NON−CONTRACEPTIVE USE :J1050 WITH MODIFIER U1
SEE THE ALERT ON THE MEDICAID WEB−SITE FOR MORE INFORMATION. CLAIMS SUBMITTED WITHOUT THE MODIFIER WILL BE DENIED AND THE PROVIDER
WILL NEED TO RESUBMIT WITH THE REQUIRED MODIFIER.
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#12 ATTENTION: ALL PROVIDERS (2013−060 SV)

ALABAMA MEDICAID WILL FOLLOW THE SAME GUIDELINES PUBLISHED BY CMS FOR GENERAL CLAIMS SUBMISSION AND FOR CLAIMS THAT SPAN THE ICD−10
MANDATED IMPLEMENTATION DATE OF 10−01−2014. PLEASE REVIEW THESE MLN MATTERS ARTICLES PUBLISHED BY CMS (NOTE, ALL REFERENCES TO 2013
SHOULD BE 2014 SINCE THE IMPLEMENTATION WAS DELAYED ONE YEAR).
HTTP://WWW.CMS.GOV/OUTREACH−AND−EDUCATION/MEDICARE−LEARNING−NETWORK−MLN/MLNMATTERSARTICLES/DOWNLOADS/MM7492.PDF
HTTP://WWW.CMS.GOV/OUTREACH−AND−EDUCATION/MEDICARE−LEARNING−NETWORK−MLN/MLNMATTERSARTICLES/DOWNLOADS/MM7704.PDF
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#13 ATTENTION: ALL PROVIDERS (2013−060 BP)

THE FOLLOWING EDITS WILL BE CHANGED FROM 'INFORMATIONAL' STATUS TO 'DENIED' STATUS EFFECTIVE MONDAY, MARCH 13, 2013.
1038 DEA NOT ON FILE FOR PRESCRIBER
1039 PRESCRIBER DEA NOT EFFECTIVE FOR DATE PRESCRIBED
1040 PRESCRIBER DEA DOES NOT PERMIT DRUG SCHEDULE
THIS MEANS THE CLAIMS THAT HAVE BEEN PAYING BUT POSTING THE INFORMATIONAL EDIT ABOVE, WILL NOW DENY.
****

#15 ATTENTION: ALL PROVIDERS (2013−081 BP)

ATTENTION: ALL PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, ORAL SURGEONS, OPTOMETRISTS, DENTISTS, FQHCS, RHCS, MENTAL
HEALTH SERVICE PROVIDERS, NURSING HOMES, AND HOSPITALS, (2013−081 BP)
MAKE SURE YOUR DEA NUMBER IS REGISTERED WITH DOJ AND IS ON YOUR ENROLLMENT FILE AT MEDICAID. MEDICAID DEADLINE FOR SUBMISSION: MAY 1,
2013. SEE ALERT ON MEDICAID'S WEBSITE DATED MARCH 14, 2013.

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#16 ATTENTION: ALL PROVIDERS (2013−082 BP)

ATTENTION: ALL PHYSICIANS

EFFECTIVE MAY 1, 2013, CPT CODES 14060 AND 14061 (ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS) WILL BE
DENIED WHEN BILLED FOR EAR PIERCING COMPLICATIONS. EARLOBE REPAIR, OR REPAIR OF BODY SITE PIERCING, TO CLOSE A STRETCHED PIERCED HOLE
IN THE ABSENCE OF TRAUMATIC INJURY IS CONSIDERED COSMETIC AND THEREFORE NOT MEDICALLY NECESSARY.

March 8, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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 # 2 ATTENTION: ALL PROVIDERS (2012−173 BNP)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. CLICK ‘PROVIDERS,’ SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (2009−093)

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 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

TO RECEIVE EMAIL NOTIFICATIONS CONCERNING ICD−10 CHANGES PLEASE LOG ON TO THE ALABAMA MEDICAID PROVIDER WEB PORTAL AND UPDATE YOUR ACCOUNT MAINTENANCE EMAIL ADDRESS. IF MORE THAN A SINGLE PERSON IS TO RECEIVE THESE NOTIFICATIONS THEN IT IS RECOMMENDED THAT A DISTRIBUTION LIST WITH A SINGLE EMAIL ADDRESS BE CREATED WITHIN YOUR OWN EMAIL SERVER AND THIS DISTRIBUTION LIST EMAIL ADDRESS BE ENTERED ON THE ACCOUNT MAINTENANCE PAGE. PROVIDERS AND TRADING PARTNERS MAY UPDATE THEIR EMAIL BY LOGGING ONTO THE PROVIDER WEB PORTAL. WEBSITE:
HTTPS://WWW.MEDICAID.ALABAMASERVICES.ORG/ALPORTAL/DEFAULT.ASPX
NAVIGATION: ACCOUNT > ACCOUNT MAINTENANCE

****

 # 7 ATTENTION: ALL VFC PROVIDERS (2013−004 BNP)

DUE TO A SHORTAGE OF PENTACEL, (WHICH INCLUDES DTAP/IPV/HIB) MEDICAID WILL ALLOW THE FOLLOWING CODES EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2012 THROUGH MARCH 31, 2013:
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****

 # 8 ATTENTION: ALL PROVIDERS (2013−017 BNP)

EFFECTIVE IMMEDIATELY, STRABISMUS PROCEDURE CODES 67311 ? 67340 WILL NO LONGER REQUIRE PRIOR AUTHORIZATION (PA) FOR ANY AGE. PAS SUBMITTED FOR RECONSIDERATION WILL BE DENIED STATING ?NO PA WILL BE REQUIRED FOR THIS CODE FOR ANY AGE?. PLEASE RESUBMIT CLAIMS THAT DENIED REQUIRING A PA.

****

 # 9 ATTENTION: ALL PROVIDERS (2013−018 BNP)

EFFECTIVE FOR DATES OF SERVICE 3/1/2013 AND THEREAFTER, CPT CODE 54163 (REPAIR INCOMPLETE CIRCUMCISION), WILL REQUIRE PRIOR AUTHORIZATION.

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#10 ATTENTION: PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, ORAL SURGEONS, FQHCS, PBRHCS IRHCS, HEALTH DEPARTMENTS, HOSPITALS (2013−039 BNP)

J1050, INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG WILL REQUIRE THE USE OF A MODIFIER IN ORDER FOR MEDICAID TO IDENTIFY WHEN THE INJECTION IS FOR CONTRACEPTIVE USE VERSUS NON−CONTRACEPTIVE USE.
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#13 ATTENTION: ALL PROVIDERS (2013−060 BP)

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1038 DEA NOT ON FILE FOR PRESCRIBER
1039 PRESCRIBER DEA NOT EFFECTIVE FOR DATE PRESCRIBED
1040 PRESCRIBER DEA DOES NOT PERMIT DRUG SCHEDULE
THIS MEANS THE CLAIMS THAT HAVE BEEN PAYING BUT POSTING THE INFORMATIONAL EDIT ABOVE, WILL NOW DENY.

February 22, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS (2008−067 SMJ)

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347 SV)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

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 # 4 ATTENTION: ALL PROVIDERS (2009−338 CC & BNP)

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THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2013 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

 # 6 ATTENTION: ALL PROVIDERS (2013−002 SV)

TO RECEIVE EMAIL NOTIFICATIONS CONCERNING ICD−10 CHANGES PLEASE LOG ON TO THE ALABAMA MEDICAID PROVIDER WEB PORTAL AND UPDATE YOUR ACCOUNT MAINTENANCE EMAIL ADDRESS. IF MORE THAN A SINGLE PERSON IS TO RECEIVE THESE NOTIFICATIONS THEN IT IS RECOMMENDED THAT A DISTRIBUTION LIST WITH A SINGLE EMAIL ADDRESS BE CREATED WITHIN YOUR OWN EMAIL SERVER AND THIS DISTRIBUTION LIST EMAIL ADDRESS BE ENTERED ON THE ACCOUNT MAINTENANCE PAGE.
PROVIDERS AND TRADING PARTNERS MAY UPDATE THEIR EMAIL BY LOGGING ONTO THE PROVIDER WEB PORTAL. WEBSITE:
HTTPS://WWW.MEDICAIDALABAMASERVICES.ORG/ALPORTAL/DEFAULT.ASPX
NAVIGATION: ACCOUNT > ACCOUNT MAINTENANCE

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 # 7 ATTENTION: ALL VFC PROVIDERS (2013−004 BNP)

DUE TO A SHORTAGE OF PENTACEL, (WHICH INCLUDES DTAP/IPV/HIB) MEDICAID WILL ALLOW THE FOLLOWING CODES EFFECTIVE FOR DATES OF SERVICE
OCTOBER 1, 2012 THROUGH MARCH 31, 2013:
90648 − HEMOPHILUS INFLUENZA TYPE B (ACTHIB)(PRIMARY DOSE) CAN BE BILLED WITH 90713 (IPV), AND 90700 (DTAP)
90696 − KINRIX (DTAP−IPV) IS INDICATED AS A BOOSTER DOSE FOR CHILDREN 4 THROUGH 6 YEARS OF AGE (PRIOR TO 7 YEARS OF AGE)− CAN BE
BILLED WITH 90648 (HIB)
90723 − PEDIARIX (DTAP−HEP B−IPV) CAN BE BILLED WITH 90648 (HIB)
90647 − HEMOPHILUS INFLUENZA TYPE B (PEDVAX) CAN BE BILLED WITH 90713 (IPV), 90700 (DTAP).
90700 − DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS (DTAP) (0YR−6YR) CAN BE BILLED WITH 90713 (IPV) AND 90648 (HIB)
90713 − POLIOMYELITIS (IPV) CAN BE BILLED WITH 90700 (DTAP) AND 90648 (HIB)
THESE VACCINES WILL NOT BE REMOVED FROM THE VACCINE LIST.

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 # 8 ATTENTION: All Providers (2013−017 BNP)

EFFECTIVE IMMEDIATELY, STRABISMUS PROCEDURE CODES 67311 ? 67340 WILL NO LONGER REQUIRE PRIOR AUTHORIZATION (PA) FOR ANY AGE. PAS SUBMITTED FOR RECONSIDERATION WILL BE DENIED STATING ?NO PA WILL BE REQUIRED FOR THIS CODE FOR ANY AGE?. PLEASE RESUBMIT CLAIMS THAT DENIED REQUIRING A PA.

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 # 9 ATTENTION: All Providers (2013−018 BNP)

EFFECTIVE FOR DATES OF SERVICE 3/1/2013 AND THEREAFTER, CPT CODE 54163 (REPAIR INCOMPLETE CIRCUMCISION), WILL REQUIRE PRIOR AUTHORIZATION.

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#10 ATTENTION: Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, FQHCs, PBRHCs IRHCs, Health Departments, Hospitals (2013−039 BNP)

J1050, INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG WILL REQUIRE THE USE OF A MODIFIER IN ORDER FOR MEDICAID TO IDENTIFY WHEN THE INJECTION IS FOR CONTRACEPTIVE USE VERSUS NON−CONTRACEPTIVE USE.
1. FOR CONTRACEPTIVE USE:J1050 WITH MODIFIER FP AND INCLUDE A CONTRACEPTIVE MANAGEMENT DIAGNOSIS CODE 2. FOR NON−CONTRACEPTIVE USE :J1050 WITH MODIFIER U1 SEE THE ALERT ON THE MEDICAID WEB−SITE FOR MORE INFORMATION. CLAIMS SUBMITTED WITHOUT THE MODIFIER WILL BE DENIED AND THE PROVIDER WILL NEED TO RESUBMIT WITH THE REQUIRED MODIFIER.

#12 ATTENTION: ALL PROVIDERS (2013−060 SV)

ALABAMA MEDICAID WILL FOLLOW THE SAME GUIDELINES PUBLISHED BY CMS FOR GENERAL CLAIMS SUBMISSION AND FOR CLAIMS THAT SPAN THE ICD−10 MANDATED IMPLEMENTATION DATE OF 10−01−2014. PLEASE REVIEW THESE MLN MATTERS ARTICLES PUBLISHED BY CMS (NOTE, ALL REFERENCES TO 2013 SHOULD BE 2014 SINCE THE IMPLEMENTATION WAS DELAYED ONE YEAR).
HTTP://WWW.CMS.GOV/OUTREACH−AND−EDUCATION/MEDICARE−LEARNING−NETWORK−MLN/MLNMATTERSARTICLES/DOWNLOADS/MM7492.PDF
HTTP://WWW.CMS.GOV/OUTREACH−AND−EDUCATION/MEDICARE−LEARNING−NETWORK−MLN/MLNMATTERSARTICLES/DOWNLOADS/MM7704.PDF

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#13 ATTENTION: ALL PROVIDERS (2013−060 BP)

THE FOLLOWING EDITS WILL BE CHANGED FROM 'INFORMATIONAL' STATUS TO 'DENIED' STATUS EFFECTIVE MONDAY, MARCH 13, 2013.
1038 DEA NOT ON FILE FOR PRESCRIBER
1039 PRESCRIBER DEA NOT EFFECTIVE FOR DATE PRESCRIBED
1040 PRESCRIBER DEA DOES NOT PERMIT DRUG SCHEDULE
THIS MEANS THE CLAIMS THAT HAVE BEEN PAYING BUT POSTING THE INFORMATIONAL EDIT ABOVE, WILL NOW DENY.

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#15 ATTENTION: ALL PROVIDERS (2013−081 BP)

ATTENTION: ALL PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, ORAL SURGEONS, OPTOMETRISTS, DENTISTS, FQHCS, RHCS, MENTAL
HEALTH SERVICE PROVIDERS, NURSING HOMES, AND HOSPITALS, (2013−081 BP)
MAKE SURE YOUR DEA NUMBER IS REGISTERED WITH DOJ AND IS ON YOUR ENROLLMENT FILE AT MEDICAID. MEDICAID DEADLINE FOR SUBMISSION: MAY 1,
2013. SEE ALERT ON MEDICAID'S WEBSITE DATED MARCH 14, 2013.

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#16 ATTENTION: ALL PROVIDERS (2013−082 BP)

ATTENTION: ALL PHYSICIANS

EFFECTIVE MAY 1, 2013, CPT CODES 14060 AND 14061 (ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS) WILL BE DENIED WHEN BILLED FOR EAR PIERCING COMPLICATIONS. EARLOBE REPAIR, OR REPAIR OF BODY SITE PIERCING, TO CLOSE A STRETCHED PIERCED HOLE IN THE ABSENCE OF TRAUMATIC INJURY IS CONSIDERED COSMETIC AND THEREFORE NOT MEDICALLY NECESSARY.

February 8, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 4 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE OCTOBER 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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#8 ATTENTION: ALL PROVIDERS (2012−342)

EFFECTIVE FOR CLAIMS RECEIVED JANUARY 1, 2013, AND THEREAFTER, THE ALABAMA MEDICAID AGENCY (MEDICAID) WILL REQUIRE ANY ORDERING, REFERRING, OR PRESCRIBING PROVIDERS TO ENROLL WITH ALABAMA MEDICAID. MEDICAID CANNOT PAY FOR ANY HEALTH CARE SERVICE REQUIRING A REFERRAL, ORDER, OR PRESCRIPTION FROM A PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL UNLESS THE ORDERING, REFERRING, OR PRESCRIBING PROVIDER HAS A CURRENT ENROLLMENT RECORD ON FILE IN MEDICAIDS SYSTEM

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 # 9 ATTENTION: ALL PROVIDERS (2013−002)

TO RECEIVE EMAIL NOTIFICATIONS CONCERNING ICD−10 CHANGES PLEASE LOG ON TO THE ALABAMA MEDICAID PROVIDER WEB PORTAL AND UPDATE YOUR ACCOUNT MAINTENANCE EMAIL ADDRESS. IF MORETHAN A SINGLE PERSON IS TO RECEIVE THESE NOTIFICATIONS THEN IT IS RECOMMENDED THAT A DISTRIBUTION LIST WITH A SINGLE EMAIL ADDRESS BE CREATED WITHIN YOUR OWN EMAIL SERVER AND THIS DISTRIBUTION LIST EMAIL ADDRESS BE ENTERED ON THE ACCOUNT MAINTENANCE PAGE.
PROVIDERS AND TRADING PARTNERS MAY UPDATE THEIR EMAIL BY LOGGING ONTO THE PROVIDER WEB PORTAL. WEBSITE:
HTTPS://WWW.MEDICAID.ALABAMASERVICES.ORG/ALPORTAL/DEFAULT.ASPX
NAVIGATION: ACCOUNT > ACCOUNT MAINTENANCE

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#10 ATTENTION: ALL VFC PROVIDERS (2013−004)

DUE TO A SHORTAGE OF PENTACEL, (WHICH INCLUDES DTAP/IPV/HIB) MEDICAID WILL ALLOW THE FOLLOWING CODES EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2012 THROUGH MARCH 31, 2013:
90648 − HEMOPHILUS INFLUENZA TYPE B (ACTHIB)(PRIMARY DOSE) CAN BE BILLED WITH 90713 (IPV , AND 90700 (DTAP)
90696 − KINRIX (DTAP−IPV) IS INDICATED AS A BOOSTER DOSE FOR CHILDREN 4 THROUGH 6 YEARS OF AGE (PRIOR TO 7 YEARS OF AGE)− CAN BE BILLED WITH 90648 (HIB)
90723 − PEDIARIX (DTAP−HEP B−IPV) CAN BE BILLED WITH 90648 (HIB)
90647 − HEMOPHILUS INFLUENZA TYPE B (PEDVAX) CAN BE BILLED WITH 90713 (IPV), 90700 (DTAP
90700 − DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS (DTAP) (0YR−6YR) CAN BE BILLED WITH 90713 (IPV) AND 90648 (HIB)
90713 − POLIOMYELITIS (IPV) CAN BE BILLED WITH 90700 (DTAP) AND 90648 (HIB)
THESE VACCINES WILL NOT BE REMOVED FROM THE VACCINE LIST.

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#11 ATTENTION: DENTAL PROVIDERS (2013−014)

DUE TO CHANGES IN THE 2013 ADA PRACTICAL GUIDE TO DENTAL PROCEDURES, CDT CODES D1203 ? TOPICAL APPLICATION OF FLUORIDE−CHILD, AND D1204−TOPICAL APPLICATION OF FLUORIDE−ADULT HAVE BEEN DELETED AND REPLACED WITH CDT CODE D1208. EFFECTIVE FOR DATES OF SERVICE BEGINNING JANUARY 1, 2013, PROVIDERS SHOULD BILL CDT CODE D1208−TOPICAL APPLICATION OF FLUORIDE WHEN TOPICAL APPLICATION OF FLUORIDE IS PROVIDED. THIS CODE IS COVERED FOR MEDICAID RECIPIENTS UP TO THE AGE OF 21. IF YOU HAVE FURTHER QUESTIONS, PLEASE DIRECT THEM TO SHARON MOORE−GRIMES @ 334−353−5263 OR VIA E−MAIL AT SHARON.MOORE−GRIMES@MEDICAIDALABAMA.GOV.

#12 ATTENTION: ALL PROVIDERS (2013−017)

EFFECTIVE IMMEDIATELY, STRABISMUS PROCEDURE CODES 67311 ? 67340 WILL NO LONGER REQUIRE PRIOR AUTHORIZATION (PA) FOR ANY AGE. PAS SUBMITTED FOR RECONSIDERATION WILL BE DENIED STATING ?NO PA WILL BE REQUIRED FOR THIS CODE FOR ANY AGE?. PLEASE RESUBMIT CLAIMS THAT DENIED REQUIRING A PA.

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#13 ATTENTION: ALL PROVIDERS (2013−018)

EFFECTIVE FOR DATES OF SERVICE 3/1/2013 AND THEREAFTER, CPT CODE 54163 (REPAIR INCOMPLETE CIRCUMCISION), WILL REQUIRE PRIOR AUTHORIZATION

January 18, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 4 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE OCTOBER 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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#6 ATTENTION: ALL PROVIDERS (2012−333)

TO: ALL HOSPITALS
ATTENTION: HOSPITAL BILLERS AND QUALITY ASSURANCE CASE MANAGERS
MEDICAID WILL NO LONGER 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 ON THE UB−04 CLAIM FORM. MEDICAID WILL CONTINUE TO UTILIZE THE ALABAMA MEDICAID ADULT AND PEDIATRIC INPATIENT CARE CRITERIA (SI/IS) FOR UTILIZATION REVIEW, BILLING AND REIMBURSEMENT PURPOSES. THIS CRITERIA CAN BE FOUND ON THE FOLLOWING LINK:
HTTP://MEDICAID.ALABAMA.GOV/DOCUMENTS/4.0_PROGRAMS/4.4_MEDICAL_SERVICES/4.4.6 HOSPITAL_SERVICES/4.4.6_INPATIENT_CARE_CRITERIA.PDF
FOR ANY QUESTIONS, CONTACT JERRI JACKSON VIA E−MAIL AT
JERRI.JACKSON@MEDICAID.ALABAMA GOV OR VIA PHONE AT 334−242−5630.

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#8 ATTENTION: ALL PROVIDERS (2012−342)

EFFECTIVE FOR CLAIMS RECEIVED JANUARY 1, 2013, AND THEREAFTER, THE ALABAMA MEDICAID AGENCY (MEDICAID) WILL REQUIRE ANY ORDERING, REFERRING, OR PRESCRIBING PROVIDERS TO ENROLL WITH ALABAMA MEDICAID. MEDICAID CANNOT PAY FOR ANY HEALTH CARE SERVICE REQUIRING A REFERRAL, ORDER, OR PRESCRIPTION FROM A PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL UNLESS THE ORDERING, REFERRING, OR PRESCRIBING PROVIDER HAS A CURRENT ENROLLMENT RECORD ON FILE IN MEDICAIDS SYSTEM

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 # 9 ATTENTION: ALL PROVIDERS (2013−002)

TO RECEIVE EMAIL NOTIFICATIONS CONCERNING ICD−10 CHANGES PLEASE LOG ON TO THE ALABAMA MEDICAID PROVIDER WEB PORTAL AND UPDATE YOUR ACCOUNT MAINTENANCE EMAIL ADDRESS. IF MORETHAN A SINGLE PERSON IS TO RECEIVE THESE NOTIFICATIONS THEN IT IS RECOMMENDED THAT A DISTRIBUTION LIST WITH A SINGLE EMAIL ADDRESS BE CREATED WITHIN YOUR OWN EMAIL SERVER AND THIS DISTRIBUTION LIST EMAIL ADDRESS BE ENTERED ON THE ACCOUNT MAINTENANCE PAGE.
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HTTPS://WWW.MEDICAID.ALABAMASERVICES.ORG/ALPORTAL/DEFAULT.ASPX
NAVIGATION: ACCOUNT > ACCOUNT MAINTENANCE

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#10 ATTENTION: ALL VFC PROVIDERS (2013−004)

DUE TO A SHORTAGE OF PENTACEL, (WHICH INCLUDES DTAP/IPV/HIB) MEDICAID WILL ALLOW THE FOLLOWING CODES EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2012 THROUGH MARCH 31, 2013:
90648 − HEMOPHILUS INFLUENZA TYPE B (ACTHIB)(PRIMARY DOSE) CAN BE BILLED WITH 90713 (IPV , AND 90700 (DTAP)
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90723 − PEDIARIX (DTAP−HEP B−IPV) CAN BE BILLED WITH 90648 (HIB)
90647 − HEMOPHILUS INFLUENZA TYPE B (PEDVAX) CAN BE BILLED WITH 90713 (IPV), 90700 (DTAP
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90713 − POLIOMYELITIS (IPV) CAN BE BILLED WITH 90700 (DTAP) AND 90648 (HIB)
THESE VACCINES WILL NOT BE REMOVED FROM THE VACCINE LIST.

#11 ATTENTION: ALL PROVIDERS (2013−004)

THE NEW CPT CODES FOR 2013 HAVE BEEN LOADED INTO MEDICAID?S CLAIMS PROCESSING SYSTEM; HOWEVER, PRICES HAVE NOT BEEN ESTABLISHED. THEREFORE, CLAIMS SUBMITTED WITH THE NEW 2013 CPT/HCPCS CODES WILL SUSPEND UNTIL A PRICE IS LOADED INTO THE SYSTEM.

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#12 ATTENTION: DENTAL PROVIDERS (2013−014)

DUE TO CHANGES IN THE 2013 ADA PRACTICAL GUIDE TO DENTAL PROCEDURES, CDT CODES D1203 ? TOPICAL APPLICATION OF FLUORIDE−CHILD, AND D1204−TOPICAL APPLICATION OF FLUORIDE−ADULT HAVE BEEN DELETED AND REPLACED WITH CDT CODE D1208. EFFECTIVE FOR DATES OF SERVICE BEGINNING JANUARY 1, 2013, PROVIDERS SHOULD BILL CDT CODE D1208−TOPICAL APPLICATION OF FLUORIDE WHEN TOPICAL APPLICATION OF FLUORIDE IS PROVIDED. THIS CODE IS COVERED FOR MEDICAID RECIPIENTS UP TO THE AGE OF 21. IF YOU HAVE FURTHER QUESTIONS, PLEASE DIRECT THEM TO SHARON MOORE−GRIMES @ 334−353−5263 OR VIA E−MAIL AT SHARON.MOORE−GRIMES@MEDICAIDALABAMA.GOV.

January 4, 2013 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347)

* * * N E W S O F T W A R E UPGRADE 3.02 * * *

VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 4 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 5 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE OCTOBER 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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#6 ATTENTION: ALL PROVIDERS (2012−333)

TO: ALL HOSPITALS
ATTENTION: HOSPITAL BILLERS AND QUALITY ASSURANCE CASE MANAGERS
MEDICAID WILL NO LONGER 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 ON THE UB−04 CLAIM FORM. MEDICAID WILL CONTINUE TO UTILIZE THE ALABAMA MEDICAID ADULT AND PEDIATRIC INPATIENT CARE CRITERIA (SI/IS) FOR UTILIZATION REVIEW, BILLING AND REIMBURSEMENT PURPOSES. THIS CRITERIA CAN BE FOUND ON THE FOLLOWING LINK:
HTTP://MEDICAID.ALABAMA.GOV/DOCUMENTS/4.0_PROGRAMS/4.4_MEDICAL_SERVICES/4.4.6 HOSPITAL_SERVICES/4.4.6_INPATIENT_CARE_CRITERIA.PDF
FOR ANY QUESTIONS, CONTACT JERRI JACKSON VIA E−MAIL AT
JERRI.JACKSON@MEDICAID.ALABAMA GOV OR VIA PHONE AT 334−242−5630.

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#8 ATTENTION: ALL PROVIDERS (2012−342)

EFFECTIVE FOR CLAIMS RECEIVED JANUARY 1, 2013, AND THEREAFTER, THE ALABAMA MEDICAID AGENCY (MEDICAID) WILL REQUIRE ANY ORDERING, REFERRING, OR PRESCRIBING PROVIDERS TO ENROLL WITH ALABAMA MEDICAID. MEDICAID CANNOT PAY FOR ANY HEALTH CARE SERVICE REQUIRING A REFERRAL, ORDER, OR PRESCRIPTION FROM A PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL UNLESS THE ORDERING, REFERRING, OR PRESCRIBING PROVIDER HAS A CURRENT ENROLLMENT RECORD ON FILE IN MEDICAIDS SYSTEM

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 # 9 ATTENTION: ALL PROVIDERS (2013−002)

TO RECEIVE EMAIL NOTIFICATIONS CONCERNING ICD−10 CHANGES PLEASE LOG ON TO THE ALABAMA MEDICAID PROVIDER WEB PORTAL AND UPDATE YOUR ACCOUNT MAINTENANCE EMAIL ADDRESS. IF MORETHAN A SINGLE PERSON IS TO RECEIVE THESE NOTIFICATIONS THEN IT IS RECOMMENDED THAT A DISTRIBUTION LIST WITH A SINGLE EMAIL ADDRESS BE CREATED WITHIN YOUR OWN EMAIL SERVER AND THIS DISTRIBUTION LIST EMAIL ADDRESS BE ENTERED ON THE ACCOUNT MAINTENANCE PAGE.
PROVIDERS AND TRADING PARTNERS MAY UPDATE THEIR EMAIL BY LOGGING ONTO THE PROVIDER WEB PORTAL. WEBSITE:
HTTPS://WWW.MEDICAID.ALABAMASERVICES.ORG/ALPORTAL/DEFAULT.ASPX
NAVIGATION: ACCOUNT > ACCOUNT MAINTENANCE

December 14, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 3 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY 2012
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2012−347)

* * * N E W S O F T W A R E UPGRADE 3.02

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VERSION 3.02 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.01 BEFORE ATTEMPTING TO UPGRADE TO 3.02. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE OCTOBER 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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#11 ATTENTION: ALL PROVIDERS (2012−333)

TO: ALL HOSPITALS
ATTENTION: HOSPITAL BILLERS AND QUALITY ASSURANCE CASE MANAGERS
MEDICAID WILL NO LONGER 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 ON THE UB−04 CLAIM FORM. MEDICAID WILL CONTINUE TO UTILIZE THE ALABAMA MEDICAID ADULT AND PEDIATRIC INPATIENT CARE CRITERIA (SI/IS) FOR UTILIZATION REVIEW, BILLING AND REIMBURSEMENT PURPOSES. THIS CRITERIA CAN BE FOUND ON THE FOLLOWING LINK:
HTTP://MEDICAID.ALABAMA.GOV/DOCUMENTS/4.0_PROGRAMS/4.4_MEDICAL_SERVICES/4.4.6 HOSPITAL_SERVICES/4.4.6_INPATIENT_CARE_CRITERIA.PDF
FOR ANY QUESTIONS, CONTACT JERRI JACKSON VIA E−MAIL AT
JERRI.JACKSON@MEDICAID.ALABAMA GOV OR VIA PHONE AT 334−242−5630.

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#13 ATTENTION: ALL PROVIDERS (2012−342)

EFFECTIVE FOR CLAIMS RECEIVED JANUARY 1, 2013, AND THEREAFTER, THE ALABAMA MEDICAID AGENCY (MEDICAID) WILL REQUIRE ANY ORDERING, REFERRING, OR PRESCRIBING PROVIDERS TO ENROLL WITH ALABAMA MEDICAID. MEDICAID CANNOT PAY FOR ANY HEALTH CARE SERVICE REQUIRING A REFERRAL, ORDER, OR PRESCRIPTION FROM A PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL UNLESS THE ORDERING, REFERRING, OR PRESCRIBING PROVIDER HAS A CURRENT ENROLLMENT RECORD ON FILE IN MEDICAIDS SYSTEM

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#14 ATTENTION: VFC PROVIDERS (2012−349)

DUE TO A SHORTAGE OF PENTACEL (PROCEDURE CODE 90698), MEDICAID HAS TEMPORARILY REMOVED THE FOLLOWING VACCINE CODES FROM THE VACCINES FOR CHILDREN (VFC) LIST EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2012 THROUGH MARCH 31, 2013:
CPT−4 PROCEDURE CODE / IMMUNIZATION
−90647 / HEMOPHILUS INFLUENZA TYPE B (PEDVAX)
−90648 / HEMOPHILUS INFLUENZA TYPE B (ACTHIB)(PRIMARY DOSE). EFFECTIVE 08/19/09, HIBIRIX BOOSTER DOSE FOR AGES 15 MONTHS ? 4YEARS. THE ACIP RECOMMENDS BOOSTER DOSE BETWEEN 12 MONTHS AND 4 YEARS OF AGE.
−90696 / KINRIX (DTAP−IPV) IS INDICATED AS A BOOSTER DOSE FOR CHILDREN 4 THROUGH 6 YEARS OF AGE (PRIOR TO 7 YEARS OF AGE)− EFFECTIVE 06/26/2008
−90700 / DIPHTHERIA, TETANUS, ACELLULAR PERTUSSIS (DTAP) (0YR−6YR)
−90713 / POLIOMYELITIS (IPV)
−90723 / PEDIARIX (DTAP−HEP B−IPV)
−90744 / HEPATITIS B VACCINE (HEP B)
VFC PROVIDERS MAY BILL THESE CODES SEPARATELY UNTIL APRIL 1, 2013. IF YOU HAVE FURTHER QUESTIONS, PLEASE DIRECT YOUR QUESTIONS TO TONI HOPGOOD AT 334−353−4724 OR VIA E−MAIL AT TONI.HOPGOOD@MEDICAID.ALABAMA.GOV .

December 07, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 3 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242
OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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#10 ATTENTION: ALL PROVIDERS (2012−304)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 10/24/2012: AUDIT 5664 INITIAL OFFICE VISIT/ PRIOR VISIT CONTRA HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF AN INITIAL OFFICE VISIT PROCEDURE (99201 − 99205) WHEN BILLED FOR THE SAME RECIPIENT, BY THE SAME BILLING PROVIDER, SAME RENDERING PROVIDER SPECIALTY, WITHIN 3 (THREE) YEARS AFTER ANY SUBSEQUENT OFFICE, HOSPITAL, OR NURSING HOME EVALUATION AND MANAGEMENT SERVICE (99211 − 99499).

FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1?800?688?7989.
EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 10/24/2012: AUDIT 5665 PRIOR VISIT/INITIAL OFFICE VISIT CONTRA HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF SUBSEQUENT OFFICE, HOSPITAL, OR NURSING HOME EVALUATION AND MANAGEMENT SERVICE (99211 − 99499) IS BILLED FOR THE SAME RECIPIENT, BY THE SAME BILLING PROVIDER, SAME RENDERING PROVIDER, PROVIDER SPECIALTY, ANYTIME WITHIN 3 (YEARS) PRIOR TO AN INITIAL OFFICE VISIT PROCEDURE (99201 − 99205). FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1?800?688?7989.
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11 ATTENTION: ALL PROVIDERS (2012−333)
TO: ALL HOSPITALS

ATTENTION: HOSPITAL BILLERS AND QUALITY ASSURANCE CASE MANAGERS
MEDICAID WILL NO LONGER 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 ON THE UB−04 CLAIM FORM. MEDICAID WILL CONTINUE TO UTILIZE THE ALABAMA MEDICAID ADULT AND PEDIATRIC INPATIENT CARE CRITERIA (SI/IS) FOR UTILIZATION REVIEW, BILLING AND REIMBURSEMENT PURPOSES. THIS CRITERIA CAN BE FOUND ON THE FOLLOWING LINK: HTTP://MEDICAID.ALABAMA.GOV/DOCUMENTS/4.0_PROGRAMS/4.4_MEDICAL_SERVICES/4.4.6 HOSPITAL_SERVICES/4.4.6_INPATIENT_CARE_CRITERIA.PDF FOR ANY QUESTIONS, CONTACT JERRI JACKSON VIA E−MAIL AT JERRI.JACKSON@MEDICAID.ALABAMA GOV OR VIA PHONE AT 334−242−5630.
****

#13 ATTENTION: ALL PROVIDERS (2012−342)
EFFECTIVE FOR CLAIMS RECEIVED JANUARY 1, 2013, AND THEREAFTER, THE ALABAMA MEDICAID AGENCY (MEDICAID) WILL REQUIRE ANY ORDERING, REFERRING, OR PRESCRIBING PROVIDERS TO ENROLL WITH ALABAMA MEDICAID. MEDICAID CANNOT PAY FOR ANY HEALTH CARE SERVICE REQUIRING A REFERRAL, ORDER, OR PRESCRIPTION FROM A PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL UNLESS THE ORDERING, REFERRING, OR PRESCRIBING PROVIDER HAS A CURRENT ENROLLMENT RECORD ON FILE IN MEDICAID?S SYSTEM

November 16, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 3 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242
OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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#10 ATTENTION: ALL PROVIDERS (2012−304)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 10/24/2012: AUDIT 5664 INITIAL OFFICE VISIT/ PRIOR VISIT CONTRA HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF AN INITIAL OFFICE VISIT PROCEDURE (99201 − 99205) WHEN BILLED FOR THE SAME RECIPIENT, BY THE SAME BILLING PROVIDER, SAME RENDERING PROVIDER SPECIALTY, WITHIN 3 (THREE) YEARS AFTER ANY SUBSEQUENT OFFICE, HOSPITAL, OR NURSING HOME EVALUATION AND MANAGEMENT SERVICE (99211 − 99499).

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EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 10/24/2012: AUDIT 5665 PRIOR VISIT/INITIAL OFFICE VISIT CONTRA HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF SUBSEQUENT OFFICE, HOSPITAL, OR NURSING HOME EVALUATION AND MANAGEMENT SERVICE (99211 − 99499) IS BILLED FOR THE SAME RECIPIENT, BY THE SAME BILLING PROVIDER, SAME RENDERING PROVIDER, PROVIDER SPECIALTY, ANYTIME WITHIN 3 (YEARS) PRIOR TO AN INITIAL OFFICE VISIT PROCEDURE (99201 − 99205). FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1?800?688?7989.

November 02, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 3 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242
OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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October 19, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 3 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242
OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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October 05, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 3 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

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OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

 # 8 ATTENTION: ALL PROVIDERS (093)

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September 14, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA
DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 4 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY
ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER
ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 8 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 9 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

September 07, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA
DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB−CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 3 ATTENTION: ANESTHESIA PROVIDERS (215)

ALABAMA MEDICAID IS AWARE OF AN ISSUE WHERE 5010 MEDICARE CROSSOVER (COBA) ANESTHESIA CLAIMS PAID INCORRECTLY. YOU DO NOT HAVE TO RESUBMIT THESE CROSSOVER CLAIMS FOR REPROCESSING, WE ARE SYSTEMATICALLY REPROCESSING THESE CLAIMS TO ENSURE THEY ARE PAID BY 15 MINUTE UNITS INSTEAD OF ACTUAL MINUTES. THE ADJUSTMENTS WILL APPEAR ON YOUR REMITTANCE ADVICE(S) IN THE ADJUSTMENTS SECTION. IF YOU HAVE ANY QUESTIONS RELATED TO THESE CLAIMS, CONTACT OUR PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.

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 # 4 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY
ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01 * * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,’ SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER
ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 8 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 9 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

August 17, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION : ALL PROVIDERS

THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES (HPES) WILL BE CLOSED MONDAY, SEPTEMBER 03, 2012 IN OBSERVANCE OF LABOR DAY. THE EMC HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

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 # 3 ATTENTION: ALL LAB PROVIDERS (229)

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER 09/01/2012: AUDIT 5490 LAB-CHLAMYDIA/GONORREHA CONTRA (A CONTRA AUDIT) HAS BEEN ESTABLISHED TO DENY THE REIMBURSEMENT OF PROCEDURE 87491 (CHLAMYDIA) OR 87591 (GONORRHEA) WHEN BILLED ON THE SAME DATE OF SERVICE FOR ANY 1 PATIENT. IF BOTH PROCEDURES HAVE THE SAME DATE OF SERVICE, PROCEDURE CODE 87801 SHOULD BE USED. IF THESE PROCEDURES ARE BILLED TOGETHER, ONLY ONE PROCEDURE WILL BE PAID.
FOR QUESTIONS, CONTACT HP PROVIDER ASSISTANCE CENTER AT 1-800-688-7989.

****

 # 4 ATTENTION: ANESTHESIA PROVIDERS (215)

ALABAMA MEDICAID IS AWARE OF AN ISSUE WHERE 5010 MEDICARE CROSSOVER (COBA) ANESTHESIA CLAIMS PAID INCORRECTLY. YOU DO NOT HAVE TO RESUBMIT THESE CROSSOVER CLAIMS FOR REPROCESSING, WE ARE
SYSTEMATICALLY REPROCESSING THESE CLAIMS TO ENSURE THEY ARE PAID BY 15 MINUTE UNITS INSTEAD OF ACTUAL MINUTES. THE ADJUSTMENTS WILL APPEAR ON YOUR REMITTANCE ADVICE(S) IN THE ADJUSTMENTS SECTION. IF YOU HAVE ANY QUESTIONS RELATED TO THESE CLAIMS, CONTACT OUR PROVIDER ASSISTANCE CENTER AT 1-800-688-7989.

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 # 5 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE-ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE-ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY
ARE SCHEDULED TO RE-ENROLL. FAILURE TO RE-ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END-DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE-ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

 # 8 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01
* * *

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 9 ATTENTION: ALL PROVIDERS (124)

ALABAMA MEDICAID IS AWARE OF AN ISSUE BROUGHT TO OUR ATTENTION THAT THERE HAS BEEN A REDUCTION IN THE NUMBER OF MEDICARE CROSSOVER CLAIMS ON THE REMITTANCE ADVICE (RA). DUE TO RECENT 5010 CHANGES MADE WITHIN OUR EDI TRANSLATOR THAT CHECKS TO ENSURE CLAIMS BALANCE PROPERLY BASED ON THE GUIDELINES OUTLINED WITHIN THE HIPAA GUIDES COBA CLAIMS ARE FAILING COMPLIANCE. ALABAMA MEDICAID HAS RELAXED SOME OF THESE EDITS FOR 837I AND 837P COBA CLAIMS AND HAS BEGUN TO REPROCESS COBA FILES THAT FAILED. HOWEVER THIS WILL PRODUCE DUPLICATE CLAIM RECORDS FOR SOME PROVIDERS AND THESE WILL APPEAR ON THE RA?S AS MULTIPLE RECORDS MAY BE SUBMITTED WITHIN AN 837I OR 837P BATCH FILE AND ONLY THE ONES THAT PASS COMPLIANCE ARE ADJUDICATED. AT THIS TIME ANY FILE THAT CONTAINS FAILED RECORDS WILL BE REPROCESSED.

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#10 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#11 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

August 03, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAIDALABAMA.GOV . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (124)

ALABAMA MEDICAID IS AWARE OF AN ISSUE BROUGHT TO OUR ATTENTION THAT THERE HAS BEEN A REDUCTION IN THE NUMBER OF MEDICARE CROSSOVER CLAIMS ON THE REMITTANCE ADVICE (RA). DUE TO RECENT 5010 CHANGES MADE WITHIN OUR EDI TRANSLATOR THAT CHECKS TO ENSURE CLAIMS BALANCE PROPERLY BASED ON THE GUIDELINES OUTLINED WITHIN THE HIPAA GUIDES COBA CLAIMS ARE FAILING COMPLIANCE. ALABAMA MEDICAID HAS RELAXED SOME OF THESE EDITS FOR 837I AND 837P COBA CLAIMS AND HAS BEGUN TO REPROCESS COBA FILES THAT FAILED. HOWEVER THIS WILL PRODUCE DUPLICATE CLAIM RECORDS FOR SOME PROVIDERS AND THESE WILL APPEAR ON THE RA?S AS MULTIPLE RECORDS MAY BE SUBMITTED WITHIN AN 837I OR 837P BATCH FILE AND ONLY THE ONES THAT PASS COMPLIANCE ARE ADJUDICATED. AT THIS TIME ANY FILE THAT CONTAINS FAILED RECORDS WILL BE REPROCESSED.

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 # 8 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 9 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

July 20, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.

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 # 5 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAIDALABAMA.GOV . CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 6 ATTENTION: ALL PROVIDERS (124)

ALABAMA MEDICAID IS AWARE OF AN ISSUE BROUGHT TO OUR ATTENTION THAT THERE HAS BEEN A REDUCTION IN THE NUMBER OF MEDICARE CROSSOVER CLAIMS ON THE REMITTANCE ADVICE (RA). DUE TO RECENT 5010 CHANGES MADE WITHIN OUR EDI TRANSLATOR THAT CHECKS TO ENSURE CLAIMS BALANCE PROPERLY BASED ON THE GUIDELINES OUTLINED WITHIN THE HIPAA GUIDES COBA CLAIMS ARE FAILING COMPLIANCE. ALABAMA MEDICAID HAS RELAXED SOME OF THESE EDITS FOR 837I AND 837P COBA CLAIMS AND HAS BEGUN TO REPROCESS COBA FILES THAT FAILED. HOWEVER THIS WILL PRODUCE DUPLICATE CLAIM RECORDS FOR SOME PROVIDERS AND THESE WILL APPEAR ON THE RA?S AS MULTIPLE RECORDS MAY BE SUBMITTED WITHIN AN 837I OR 837P BATCH FILE AND ONLY THE ONES THAT PASS COMPLIANCE ARE ADJUDICATED. AT THIS TIME ANY FILE THAT CONTAINS FAILED RECORDS WILL BE REPROCESSED.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

July 06, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY ARE SCHEDULED TO RE−ENROLL. FAILURE TO RE−ENROLL AND PROVIDE APPROPRIATE DOCUMENTATION TO COMPLETE ENROLLMENT WILL RESULT IN AN END−DATE BEING PLACED ON THE PROVIDER FILE. ONCE A PROVIDER FILE HAS BEEN CLOSED FOR FAILURE TO TIMELY RE−ENROLL, PROVIDERS WILL HAVE TO SUBMIT A NEW APPLICATION FOR ENROLLMENT.
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 # 5 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

* * * N E W S O F T W A R E UPGRADE 3.01

VERSION 3.01 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST BE AT 3.00 BEFORE ATTEMPTING TO UPGRADE TO 3.01. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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7 ATTENTION: ALL PROVIDERS (124)

ALABAMA MEDICAID IS AWARE OF AN ISSUE BROUGHT TO OUR ATTENTION THAT THERE HAS BEEN A REDUCTION IN THE NUMBER OF MEDICARE CROSSOVER CLAIMS ON THE REMITTANCE ADVICE (RA). DUE TO RECENT 5010 CHANGES MADE WITHIN OUR EDI TRANSLATOR THAT CHECKS TO ENSURE CLAIMS BALANCE PROPERLY BASED ON THE GUIDELINES OUTLINED WITHIN THE HIPAA GUIDES COBA CLAIMS ARE FAILING COMPLIANCE. ALABAMA MEDICAID HAS RELAXED SOME OF THESE EDITS FOR 837I AND 837P COBA CLAIMS AND HAS BEGUN TO REPROCESS COBA FILES THAT FAILED. HOWEVER THIS WILL PRODUCE DUPLICATE CLAIM RECORDS FOR SOME PROVIDERS AND THESE WILL APPEAR ON THE RA?S AS MULTIPLE RECORDS MAY BE SUBMITTED WITHIN AN 837I OR 837P BATCH FILE AND ONLY THE ONES THAT PASS COMPLIANCE ARE ADJUDICATED. AT THIS TIME ANY FILE THAT CONTAINS FAILED RECORDS WILL BE REPROCESSED.

 # 8 ATTENTION: ALL PROVIDERS (338)

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****

 # 9 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

June 22, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (173)

AGENCY TO BEGIN RE−ENROLLMENT OF PROVIDERS STARTING IN JULY
FEDERAL REQUIREMENTS MANDATE PROVIDERS RE−ENROLL PERIODICALLY WITH THE ALABAMA MEDICAID PROGRAM. PROVIDERS WILL BE NOTIFIED WHEN THEY
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#3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (159)

VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT http://medicaid.alabama.gov/news_detail.aspx?ID=6264. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 9 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#10 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2012 QUARTERLY UPDATES HAVE BEEN POSTED
TO THE WEBSITE.

June 08, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (075)

VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT http://medicaid.alabama.gov/news_detail.aspx?ID=6264. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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4 ATTENTION: ALL PROVIDERS (138)

AS A RESULT OF GENERAL FUND PRORATION DECLARED ON MARCH 16, 2012, THE ALABAMA MEDICAID AGENCY HAS BEEN DIRECTED TO IDENTIFY AND IMPLEMENT CUTS TO ITS OVERALL BUDGET. AFTER PROGRAM IMPACT ANALYSIS AND MULTIPLE PROVIDER MEETINGS AND COMMUNICATIONS, THE AGENCY WILL IMPLEMENT THESE CUTS IN THREE WAYS:
0REDUCTION OF PAYMENTS TO CERTAIN PROVIDER GROUPS BY 10 PERCENT
−PHYSICIANS
−DENTISTS
−PHYSICIAN LAB & X−RAY
−DURABLE MEDICAL EQUIPMENT
−INDEPENDENT LAB & X−RAY
−OTHER LICENSED PRACTITIONERS
−MATERNITY PRIMARY CONTRACTORS (EFFECTIVE FOR DATES OF SERVICE ON OR AFTER MAY 14, 2012 0REDUCTION IN SERVICES TO ADULTS (BENEFITS TO CHILDREN REMAIN UNCHANGED)
0CHANGE COVERAGE OF ROUTINE EYE EXAMS AND WORK−UP FOR REFRACTIVE ERROR TO ONCE EVERY THREE YEARS (NOW ONE EYE EXAM EVERY TWO YEARS)
0END COVERAGE OF EYEGLASSES AS A BENEFIT (NOW ONE PAIR EVERY TWO YEARS)
0LIMIT DRUGS TO ONE BRAND−NAME DRUG PER MONTH; GENERICS AND COVERED OTCs REMAIN UNLIMITED. ALLOWANCES WILL REMAIN FOR UP TO 10 BRANDS PER MONTH FOR ANTIPSYCHOTICS,
ANTIRETROVIRALS, AND SWITCHOVERS. (IN ADDITION TO CHILDREN, LTC RECIPIENTS ARE EXCLUDED FROM THIS REDUCTION.)
0REDUCTION IN COUGH/COLD COVERED DRUGS FOR ALL RECIPIENTS: LEGEND GENERIC COUGH/COLD DRUGS WILL NO LONGER BE COVERED (LEGEND BRAND DRUGS ARE CURRENTLY NON−COVERED). CERTAIN OTC DRUGS WILL REMAIN COVERED.
EXCEPT AS SPECIFIED OTHERWISE ABOVE, THESE REDUCTIONS WILL BE EFFECTIVE FOR DATES OF SERVICE ON OR AFTER JUNE 1, 2012.

 # 5 ATTENTION: ALL PROVIDERS (124)'

ALABAMA MEDICAID IS AWARE OF AN ISSUE BROUGHT TO OUR ATTENTION THAT THERE HAS BEEN A REDUCTION IN THE NUMBER OF MEDICARE CROSSOVER CLAIMS ON THE REMITTANCE ADVICE (RA). DUE TO RECENT 5010 CHANGES MADE WITHIN OUR EDI TRANSLATOR THAT CHECKS TO ENSURE CLAIMSBALANCE PROPERLY BASED ON THE GUIDELINES OUTLINED WITHIN THE HIPAA GUIDES COBA CLAIMS ARE FAILING COMPLIANCE. ALABAMA MEDICAID HAS RELAXED SOME OF THESE EDITS FOR 837I AND 837P COBA CLAIMS AND HAS BEGUN TO REPROCESS COBA FILES THAT FAILED. HOWEVER THIS WILL PRODUCE DUPLICATE CLAIM RECORDS FOR SOME PROVIDERS AND THESE WILL APPEAR ON THE RA?S AS MULTIPLE RECORDS MAY BE SUBMITTED WITHIN AN 837I OR 837P BATCH FILE AND ONLY THE ONES THAT PASS COMPLIANCE ARE ADJUDICATED. AT THIS TIME ANY FILE THAT CONTAINS FAILED RECORDS WILL BE REPROCESSED.

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 # 6 ATTENTION: HOSPITALS (110)

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.

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.'

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 # 9 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#10 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

May 18, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION : ALL PROVIDERS (138)

AS A RESULT OF GENERAL FUND PRORATION DECLARED ON MARCH 16, 2012, THE ALABAMA MEDICAID AGENCY HAS BEEN DIRECTED TO IDENTIFY AND IMPLEMENT CUTS TO ITS OVERALL BUDGET. AFTER PROGRAM IMPACT ANALYSIS AND MULTIPLE PROVIDER MEETINGS AND COMMUNICATIONS, THE AGENCY WILL IMPLEMENT THESE CUTS IN THREE WAYS:
0REDUCTION OF PAYMENTS TO CERTAIN PROVIDER GROUPS BY 10 PERCENT
−PHYSICIANS
−DENTISTS
−PHYSICIAN LAB & X−RAY
−DURABLE MEDICAL EQUIPMENT
−INDEPENDENT LAB & X−RAY
−OTHER LICENSED PRACTITIONERS
−MATERNITY PRIMARY CONTRACTORS (EFFECTIVE FOR DATES OF SERVICE ON OR AFTER MAY 14, 2012 0REDUCTION IN SERVICES TO ADULTS (BENEFITS TO CHILDREN REMAIN UNCHANGED) 0CHANGE COVERAGE OF ROUTINE EYE EXAMS AND WORK−UP FOR REFRACTIVE ERROR TO ONCE EVERY THREE YEARS (NOW ONE EYE EXAM EVERY TWO YEARS) 0END COVERAGE OF EYEGLASSES AS A BENEFIT (NOW ONE PAIR EVERY TWO YEARS) 0LIMIT DRUGS TO ONE BRAND−NAME DRUG PER MONTH; GENERICS AND COVERED OTCs REMAIN UNLIMITED. ALLOWANCES WILL REMAIN FOR UP TO 10 BRANDS PER MONTH FOR ANTIPSYCHOTICS, ANTIRETROVIRALS, AND SWITCHOVERS. (IN ADDITION TO CHILDREN, LTC RECIPIENTS ARE EXCLUDED FROM THIS REDUCTION.) 0REDUCTION IN COUGH/COLD COVERED DRUGS FOR ALL RECIPIENTS: LEGEND GENERIC COUGH/COLDDRUGS WILL NO LONGER BE COVERED (LEGEND BRAND DRUGS ARE CURRENTLY NON−COVERED). CERTAINOTC DRUGS WILL REMAIN COVERED. EXCEPT AS SPECIFIED OTHERWISE ABOVE, THESE REDUCTIONS WILL BE EFFECTIVE FOR DATES OF SERVICE ON OR AFTER JUNE 1, 2012.

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 # 3 ATTENTION: ALL PROVIDERS (124)

ALABAMA MEDICAID IS AWARE OF AN ISSUE BROUGHT TO OUR ATTENTION THAT THERE HAS BEEN A REDUCTION IN THE NUMBER OF MEDICARE CROSSOVER CLAIMS ON THE REMITTANCE ADVICE (RA). DUE TO RECENT 5010 CHANGES MADE WITHIN OUR EDI TRANSLATOR THAT CHECKS TO ENSURE CLAIMS BALANCE PROPERLY BASED ON THE GUIDELINES OUTLINED WITHIN THE HIPAA GUIDES COBA CLAIMS ARE FAILING COMPLIANCE. ALABAMA MEDICAID HAS RELAXED SOME OF THESE EDITS FOR 837I AND 837P COBA CLAIMS AND HAS BEGUN TO REPROCESS COBA FILES THAT FAILED. HOWEVER THIS WILL PRODUCE DUPLICATE CLAIM RECORDS FOR SOME PROVIDERS AND THESE WILL APPEAR ON THE RA?S AS MULTIPLE RECORDS MAY BE SUBMITTED WITHIN AN 837I OR 837P BATCH FILE AND ONLY THE ONES THAT PASS COMPLIANCE ARE ADJUDICATED. AT THIS TIME ANY FILE THAT CONTAINS FAILED RECORDS WILL BE REPROCESSED.

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4 ATTENTION: HOSPITALS (110)

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.
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.'
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#7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (075)
VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT http://medicaid.alabama.gov/news_detail.aspx?ID=6264. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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 # 8 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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 # 9 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.**#7 ATTENTION: ALL PROVIDERS (338)**
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656
AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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 # 8 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

May 04, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: HOSPITALS (110)

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.

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.'

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 # 5 ATTENTION: ALL PROVIDERS (061)

THE MEDICAID AGENCY HAS IMPLEMENTED THE CAPABILITY WITHIN THE PROVIDER WEB PORTAL TO ALLOW YOU TO UPDATE YOUR SERVICE LOCATION CONTACT INFORMATION, PAYEE AND MAILING ADDRESSES AND PHONE NUMBERS.TO ACCESS THIS FUNCTIONALITY, AFTER SIGNING INTO THE SECURE WEB PORTAL, CLICK "PROVIDERS ON THE TOP MENU BAR. YOU WILL BE ABLE TO SEE YOUR CURRENT INFORMATION, UPDATE IT AND IMMEDIATELY SEE THE CHANGED DATA. PAPER UPDATES FOR THE ABOVE INFORMATION WILL NO LONGER BE ACCEPTED AFTER MARCH 12, 2012. YOU ARE NOT PRESENTLY ALLOWED TO UPDATE YOUR SERVICE LOCATION ADDRESS VIA THE WEB PORTAL AND MUST CONTINUE TO CONTACT PROVIDER ENROLLMENT TO MAKE THOSE CHANGES.

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#6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (075)

VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT http://medicaid.alabama.gov/news_detail.aspx?ID=6264. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656

AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE

MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

April 20, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: HOSPITALS (110)

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.

Y−YES DIAGNOSIS WAS PRESENT AT TIME OF INPATIENT ADMISSION.

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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.’

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 # 8 ATTENTION: ALL PROVIDERS (061)

THE MEDICAID AGENCY HAS IMPLEMENTED THE CAPABILITY WITHIN THE PROVIDER WEB PORTAL TO ALLOW YOU TO UPDATE YOUR SERVICE LOCATION CONTACT INFORMATION, PAYEE AND MAILING ADDRESSES AND PHONE NUMBERS.TO ACCESS THIS FUNCTIONALITY, AFTER SIGNING INTO THE SECURE WEB PORTAL, CLICK "PROVIDERS ON THE TOP MENU BAR. YOU WILL BE ABLE TO SEE YOUR CURRENT INFORMATION, UPDATE IT AND IMMEDIATELY SEE THE CHANGED DATA. PAPER UPDATES FOR THE ABOVE INFORMATION WILL NO LONGER BE ACCEPTED AFTER MARCH 12, 2012. YOU ARE NOT PRESENTLY ALLOWED TO UPDATE YOUR SERVICE LOCATION ADDRESS VIA THE WEB PORTAL AND MUST CONTINUE TO CONTACT PROVIDER ENROLLMENT TO MAKE THOSE CHANGES.

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 # 9 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (075)

VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT http://medicaid.alabama.gov/news_detail.aspx?ID=6264. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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10 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656

AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

April 06, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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5 ATTENTION: ALL PROVIDERS (061)

THE MEDICAID AGENCY HAS IMPLEMENTED THE CAPABILITY WITHIN THE PROVIDER WEB PORTAL TO ALLOW YOU TO UPDATE YOUR SERVICE LOCATION CONTACT INFORMATION, PAYEE AND MAILING ADDRESSES AND PHONE NUMBERS.

TO ACCESS THIS FUNCTIONALITY, AFTER SIGNING INTO THE SECURE WEB PORTAL, CLICK "PROVIDERS ON THE TOP MENU BAR. YOU WILL BE ABLE TO SEE YOUR CURRENT INFORMATION, UPDATE IT AND IMMEDIATELY SEE THE CHANGED DATA.

PAPER UPDATES FOR THE ABOVE INFORMATION WILL NO LONGER BE ACCEPTED AFTER MARCH 12, 2012. YOU ARE NOT PRESENTLY ALLOWED TO UPDATE YOUR SERVICE LOCATION ADDRESS VIA THE WEB PORTAL AND MUST CONTINUE TO CONTACT PROVIDER ENROLLMENT TO MAKE THOSE CHANGES.

****

 # 6 ATTENTION: ALL PROVIDERS (061)

VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT http://medicaid.alabama.gov/news_detail.aspx?ID=6264.

FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTIONON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CANTAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

March 16, 2012 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabamagov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (006)

THE COMPLIANCE DATE FOR 5010 TRANSACTIONS HAS PASSED. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ANNOUNCED THAT COVERED ENTITIES THAT ARE NOT COMPLIANT WITH 5010 WILL BE SUBJECT TO PENALTIES ON MARCH 31, 2012.
THIS IS THE FINAL CHECK WRITE (MARCH 16) BEFORE THE 4010 SHUTDOWN. THE LAST 4010 835 WILL BE MARCH 16, 2012. 4010 TRANSACTIONS WILL NOT BE PROCESSED AFTER MIDNIGHT MARCH 30, 2012.

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 # 6 ATTENTION: ALL PROVIDERS (061)

ALABAMA MEDICAID WILL COMPLETE UPDATES TO DISCONTINUE SUPPORT OF X12 4010, NCPDP INTERACTIVE 5.1, AND NCPDP BATCH 1.1 TRANSACTIONS BEGINNING MARCH 31, 2012.
TO PREPARE FOR THE TRANSITION PLEASE NOTE THE FOLLOWING SYSTEM DOWNTIMES FOR THE UAT AND PRODUCTION ENVIRONMENTS:
USER ACCEPTANCE TESTING: DOWN MARCH 28, 2012 FROM NOON TO 3:00 P.M.
PRODUCTION: DOWN MARCH 31, 2012 FROM 12:00 A.M. TO 5:00 A.M.
ANY X12 4010, NCPDP 5.1 OR NCPDP 1.1 TRANSACTIONS RECEIVED IN THESE ENVIRONMENTS, DURING
OR AFTER THIS DOWNTIME, WILL BE REJECTED. THE FOLLOWING RESPONSES WILL BE SENT DEPENDING ON THE METHOD OF TRANSMISSION:
−−X12 INTERACTIVE − MESSAGE ‘HTTP/1.1 503 SERVICE UNAVAILABLE’.
−−X12 BATCH − A TA1 WILL BE RETURNED WITH ERROR CODE 17 − INVALID VERSION.
−−NCPDP (BATCH AND INTERACTIVE) − NCPDP RESPONSE RETURNED WITH ERROR CODE 02 − M/I
VERSION/RELEASE NUMBER. BATCH RESPONSE IS AVAILABLE FOR RETRIEVAL IN DOWNLOAD DIRECTORY
−−PES − VERSION 3.0, AVAILABLE MARCH 2012, WILL BE 5010 ONLY.
−−WEB PORTAL − CURRENTLY 5010 ONLY, BUT WILL BE UNAVAILABLE DURING DOWNTIME. A BANNER
WILL BE POSTED ON THE WEB A WEEK PRIOR.
PLEASE NOTE THAT THE FINAL TWO FINANCIAL CYCLES, WHERE BOTH 4010 AND 5010 835 TRANSACTIONS WILL BE PRODUCED, OCCUR MARCH 2 AND MARCH 16. BEGINNING APRIL 6, 2012,
ONLY 5010 VERSIONS OF THE 835 TRANSACTION WILL BE PRODUCED.
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 CONTINUED PATIENCE THROUGHOUT OUR 5010 IMPLEMENTATION.# 7 ATTENTION: ALL PROVIDERS (061)
THE MEDICAID AGENCY HAS IMPLEMENTED THE CAPABILITY WITHIN THE PROVIDER WEB PORTAL

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#11 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR

MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****
#12 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

ALLOW YOU TO UPDATE YOUR SERVICE LOCATION CONTACT INFORMATION, PAYEE AND MAILING ADDRESSES AND PHONE NUMBERS.
TO ACCESS THIS FUNCTIONALITY, AFTER SIGNING INTO THE SECURE WEB PORTAL, CLICK "PROVIDERS ON THE TOP MENU BAR. YOU WILL BE ABLE TO SEE YOUR CURRENT INFORMATION, UPDATE IT AND IMMEDIATELY SEE THE CHANGED DATA.
PAPER UPDATES FOR THE ABOVE INFORMATION WILL NO LONGER BE ACCEPTED AFTER MARCH 12, 2012.
YOU ARE NOT PRESENTLY ALLOWED TO UPDATE YOUR SERVICE LOCATION ADDRESS VIA THE WEB PORTAL AND MUST CONTINUE TO CONTACT PROVIDER ENROLLMENT TO MAKE THOSE CHANGES.
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 # 8 ATTENTION: DME PROVIDERS (006)
EFFECTIVE 1/1/2010, PROCEDURE CODE E2399, NOC INTERFACE , IS NO LONGER A COVERED PROCEDURE CODE. PLEASE REVIEW THE UPDATED DME FEE SCHEDULE AT THIS LINK ON THE AGENCY'S WEBSITE,
http://www.medicaid.alabama.gov/documents/6.0_Providers/6.6_Fee_Schedules/6.6 DME_Fee_Schedule_7−1−11.pdf FOR COVERAGE, PRIOR AUTHORIZATION AND PRICING INFORMATION FOR PROCEDURE CODES.
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 # 9 ATTENTION: ALL PROVIDERS (252)
HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING
5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE
FILES OPTION VIA THE TESTING WEBSITE:
−−270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
−−276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
−−278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
−−837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
−−NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
−−835 ELECTRONIC REMITTANCE ADVICE
−−TA1 INTERCHANGE ACKNOWLEDGMENT
−−999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
−−270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
−−276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
−−NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE:
http://www.medicaid.alabama
gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx#10 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (075)
VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP
BATCH 1.2, AND CORRESPONDING PES USERS MANUAL ARE NOW AVAILABLE. ALL USERS MUST BE
USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0.

EXISTING USERS CAN UPGRADE FROM VERSION 2.16. FOR MORE INFORMATION, SEE ALERT 6264 ON THE ALABAMA MEDICAID WEBSITE AT
http://medicaid.alabama.gov/news_detail.aspx?ID=6264.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

March 2, 2012 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****
 # 2 ATTENTION: ALL PROVIDERS (2012-006)
THE COMPLIANCE DATE FOR 5010 TRANSACTIONS HAS PASSED. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ANNOUNCED THAT COVERED ENTITIES THAT ARE NOT COMPLIANT WITH 5010 WILL BE SUBJECT TO PENALTIES ON MARCH 31, 2012.
THERE IS ONLY ONE CHECK WRITE REMAINING (MARCH 16) BEFORE THE 4010 SHUTDOWN. THE LAST 4010 835 WILL BE MARCH 16, 2012.
4010 TRANSACTIONS WILL NOT BE PROCESSED AFTER MIDNIGHT MARCH 30, 2012.
****
 # 3 ATTENTION: ALL PHYSICIANS (2011-075)
EFFECTIVE 1/1/2012, J0897, DENOSUMAB 1 MG, WILL BE COVERED FOR FULL MEDICAID WITH THE FOLLOWING RESTRICTIONS:
DIAGNOSIS CODES 174.0-174.9 (WITH V07.52 AS SECONDARY DIAGNOSIS), 185 (WITH V07.59 AS SECONDARY DIAGNOSIS), 198.5, 733.10-733.19, 170.0-170.9.
MAX QUANTITY 120, AGES 18-999. THE HP SYSTEM HAS BEEN MODIFIED TO ACCEPT CLAIMS WITH THE APPROVED DIAGNOSIS CODES FOR J0897. FOR QUESTIONS CONTACT HP PROVIDER ASSISTANCE AT 1-800-688-7989.
****
 # 4 ATTENTION: ALL PROVIDERS (2012 - 061)
ALABAMA MEDICAID WILL COMPLETE UPDATES TO DISCONTINUE SUPPORT OF X12 4010, NCPDP INTERACTIVE 5.1, AND NCPDP BATCH 1.1 TRANSACTIONS BEGINNING MARCH 31, 2012.
TO PREPARE FOR THE TRANSITION PLEASE NOTE THE FOLLOWING SYSTEM DOWNTIMES FOR THE UAT AND PRODUCTION ENVIRONMENTS:
USER ACCEPTANCE TESTING: DOWN MARCH 28, 2012 FROM NOON TO 3:00 P.M.
PRODUCTION: DOWN MARCH 31, 2012 FROM 12:00 A.M. TO 5:00 A.M.
ANY X12 4010, NCPDP 5.1 OR NCPDP 1.1 TRANSACTIONS RECEIVED IN THESE ENVIRONMENTS, DURING OR AFTER THIS DOWNTIME, WILL BE REJECTED. THE FOLLOWING RESPONSES WILL BE SENT DEPENDING ON THE METHOD OF TRANSMISSION:• X12 INTERACTIVE – MESSAGE ‘HTTP/1.1 503 SERVICE UNAVAILABLE’.
• X12 BATCH – A TA1 WILL BE RETURNED WITH ERROR CODE 17 – INVALID VERSION.
• NCPDP (BATCH AND INTERACTIVE) – NCPDP RESPONSE RETURNED WITH ERROR CODE 02 – M/I VERSION/RELEASE NUMBER. BATCH RESPONSE IS AVAILABLE FOR RETRIEVAL IN DOWNLOAD DIRECTORY.
• PES –VERSION 3.0, AVAILABLE MARCH 2012, WILL BE 5010 ONLY.
• WEB PORTAL – CURRENTLY 5010 ONLY, BUT WILL BE UNAVAILABLE DURING DOWNTIME. A BANNER WILL BE POSTED ON THE WEB A WEEK PRIOR.
PLEASE NOTE THAT THE FINAL TWO FINANCIAL CYCLES, WHERE BOTH 4010 AND

5010 835 TRANSACTIONS WILL BE PRODUCED, OCCUR MARCH 2 AND MARCH 16.
BEGINNING APRIL 6, 2012, ONLY 5010 VERSIONS OF THE 835 TRANSACTION WILL BE PRODUCED.
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 CONTINUED PATIENCE THROUGOUT OUR 5010 IMPLEMENTATION.
****

 # 5 ATTENTION: ALL PROVIDERS (2012-061)

THE MEDICAID AGENCY HAS IMPLEMENTED THE CAPABILITY WITHIN THE PROVIDER WEB PORTAL TO ALLOW YOU TO UPDATE YOUR SERVICE LOCATION CONTACT INFORMATION, PAYEE AND MAILING ADDRESSES AND PHONE NUMBERS.
TO ACCESS THIS FUNCTIONALITY, AFTER SIGNING INTO THE SECURE WEB PORTAL, CLICK “PROVIDERS” ON THE TOP MENU BAR. YOU WILL BE ABLE TO SEE YOUR CURRENT INFORMATION, UPDATE IT AND IMMEDIATELY SEE THE CHANGED DATA.
PAPER UPDATES FOR THE ABOVE INFORMATION WILL NO LONGER BE ACCEPTED AFTER MARCH 12, 2012.
YOU ARE NOT PRESENTLY ALLOWED TO UPDATE YOUR SERVICE LOCATION ADDRESS VIA THE WEB PORTAL AND MUST CONTINUE TO CONTACT PROVIDER ENROLLMENT TO MAKE THOSE CHANGES.
****

 # 7 ATTENTION: DME PROVIDERS (2012-006)

EFFECTIVE 1/1/2010, PROCEDURE CODE E2399, NOC INTERFACE , IS NO LONGER A COVERED PROCEDURE CODE. PLEASE REVIEW THE UPDATED DME FEE SCHEDULE AT THIS LINK ON THE AGENCY'S WEBSITE,
http://www.medicaid.alabama.gov/documents/6.0_Providers/6.6_Fee_Schedules/6.6_DME_Fee_Schedule_7-1-11.pdf
FOR COVERAGE, PRIOR AUTHORIZATION AND PRICING INFORMATION FOR PROCEDURE CODES.
****

 # 8 ATTENTION: ALL PROVIDERS (2011-252)

HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx

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 # 9 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2011-126)

VERSION 3.0 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, TO SUPPORT X12 5010 AND NCPDP BATCH 1.2, AND CORRESPONDING PES USERS MANUAL, WILL BE AVAILABLE MARCH 2012. ALL USERS MUST BE USING VERSION 3.0 BEGINNING MARCH 31, 2012. NEW USERS CAN INSTALL VERSION 3.0. EXISTING USERS CAN UPGRADE FROM VERSION 2.16.

TO PREPARE FOR VERSION 3.0, EXISTING USERS MUST HAVE UPGRADED TO VERSION 2.16. THE UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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#10 ATTENTION: ALL PROVIDERS (2009-338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

#11 ATTENTION: ALL PROVIDERS (2009-093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE JANUARY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

February 17, 2012 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****
 # 2 ATTENTION: ALL PROVIDERS (2012-006)
THE COMPLIANCE DATE FOR 5010 TRANSACTIONS HAS PASSED. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ANNOUNCED THAT COVERED ENTITIES THAT ARE NOT COMPLIANT WITH 5010 WILL BE SUBJECT TO PENALTIES ON MARCH 31, 2012.
THERE ARE ONLY TWO CHECK WRITES REMAINING (MARCH 2 AND MARCH 16) BEFORE THE 4010 SHUTDOWN. THE LAST 4010 835 WILL BE MARCH 16, 2012.
4010 TRANSACTIONS WILL NOT BE PROCESSED AFTER MIDNIGHT MARCH 30, 2012.
****
 # 3 ATTENTION: DME PROVIDERS (2012-34)
EFFECTIVE IMMEDIATELY, ALL MASTECTOMY FITTERS MUST BE LICENSED BY THE ALABAMA BOARD OF PROSTHETISTS AND ORTHOTISTS.
FOR INFORMATION REGARDING THE LAW AND RULE FOR MASTECTOMY FITTERS IN THE STATE OF ALABAMA, GO TO THE ALABAMA STATE BOARD OF PROSTHETISTS AND ORTHTOTISTS WEB SITE AT www.apob.alabama.gov. CLICK ON LAW AND REFER TO SECTIONS 34-25A-3, 34-25A-5, 34-25A-7, AND 34-25A-13.1. CLICK ON RULES AND GO TO CHAPTER 746-X-8 LICENSURE OF MASTECTOMY FITTERS, AS IT SETS FORTH REQUIREMENTS FOR LICENSURE OF ANY INDIVIDUAL WHO DESIRES TO BE A MASTECTOMY FITTER AS DEFINED IN THE CODE OF ALABAMA 1975
RONNIE EZELL
, SECTION 34-25A-
3(6).IF YOU HAVE ANY QUESTIONS REGARDING LICENSURE OF MASTECTOMY FITTERS, PLEASE CONTACT:
EXECUTIVE DIRECTOR
ALABAMA STATE BOARD OF PROTHETISTS AND ORTHOTISTS
(OFFICE) 334-420-1111
(EMAIL) rezell113@aol.com
****
 # 4 ATTENTION: ALL PROVIDERS: (2012-006)
ON JANUARY 9, 2012, THE ALABAMA MEDICAID AGENCY WILL IMPLEMENTED AN ELECTRONIC PROVIDER ENROLLMENT APPLICATION. PAPER APPLICATIONS RECEIVED THROUGH JANUARY 23, 2012, WILL CONTINUE TO BE PROCESSED. ANY PAPER APPLICATIONS RECEIVED ON OR AFTER JANUARY 24, 2012 WILL NO LONGER BE ACCEPTED, AND PROVIDERS WILL BE REQUIRED TO USE THE WEB PORTAL APPLICATION TO ENROLL WITH MEDICAID.
****
 # 5 ATTENTION: DME PROVIDERS (006)
EFFECTIVE 1/1/2010, PROCEDURE CODE E2399, NOC INTERFACE , IS NO LONGER A COVERED PROCEDURE CODE. PLEASE REVIEW THE UPDATED DME FEE SCHEDULE

AT THIS LINK ON THE AGENCY'S WEBSITE,
http://www.medicaid.alabama.gov/documents/6.0_Providers/6.6_Fee_Schedules/6.6_DME_Fee_Schedule_7-1-11.pdf
FOR COVERAGE, PRIOR AUTHORIZATION AND PRICING INFORMATION FOR PROCEDURE CODES.
****

 # 6 TO: ALL PROVIDERS (2011-252)

HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
****

 # 7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2011-126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
****

 # 8 ATTENTION: ALL PROVIDERS (2009-338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL

REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

 # 9 ATTENTION: ALL PROVIDERS (2009-093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE JANUARY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

February 3, 2012 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****
 # 2 ATTENTION: DME PROVIDERS (2012-34)
EFFECTIVE IMMEDIATELY, ALL MASTECTOMY FITTERS MUST BE LICENSED BY THE ALABAMA BOARD OF PROSTHETISTS AND ORTHOTISTS.
FOR INFORMATION REGARDING THE LAW AND RULE FOR MASTECTOMY FITTERS IN THE STATE OF ALABAMA, GO TO THE ALABAMA STATE BOARD OF PROSTHETISTS AND ORTHTOTISTS WEB SITE AT www.apob.alabama.gov. CLICK ON LAW AND REFER TO SECTIONS 34-25A-3, 34-25A-5, 34-25A-7, AND 34-25A-13.1. CLICK ON RULES AND GO TO CHAPTER 746-X-8 LICENSURE OF MASTECTOMY FITTERS, AS IT SETS FORTH REQUIREMENTS FOR LICENSURE OF ANY INDIVIDUAL WHO DESIRES TO BE A MASTECTOMY FITTER AS DEFINED IN THE CODE OF ALABAMA 1975
RONNIE EZELL
, SECTION 34-25A-
3(6).IF YOU HAVE ANY QUESTIONS REGARDING LICENSURE OF MASTECTOMY FITTERS, PLEASE CONTACT:
EXECUTIVE DIRECTOR
ALABAMA STATE BOARD OF PROTHETISTS AND ORTHOTISTS
(OFFICE) 334-420-1111
b(EMAIL) rezell113@aol.com
****
 # 3 ATTENTION: ALL UB CLAIM BILLERS (2012-020)
DUE TO A SYSTEM ERROR, SOME 5010 UB CLAIMS INCORRECTLY DENIED FOR EOB 1020 (MISSING ATTENDING PROVIDER NUMBER), AND 1820 (PATIENT FIRST REQUIRES A REFERRAL). IF YOU BELIEVE YOUR 5010 CLAIM(S) INCORRECTLY DENIED FOR ONE OF THESE ERRORS, PLEASE RESUBMIT THE CLAIM(S).
****
 # 4 ATTENTION: HOSPICE PROVIDERS (2012- 020)
EFFECTIVE IMMEDIATELY, HOSPICE RECIPIENTS IN AN INSTITUTION WITH ANOTHER INSURANCE THAT PAYS FOR ROUTINE CARE WILL REQUIRE A MEDICAL REVIEW. PER ADMINISTRATIVE CODE RULE NO. 560-X-51-.04. RECIPIENT ELIGIBILITY, “MEDICAID ELIGIBILITY FOR THE HOSPICE PROGRAM, FOR RECIPIENTS WHO ARE NOT DUALLY ELIGIBLE FOR MEDICARE, IS BASED UPON FINANCIAL AND MEDICAL CRITERIA.” IF APPROVED, PLEASE REFER TO THE FIRST “NOTE” BOX ON PAGE 14 OF CHAPTER 18, HOSPICE OF THE BILLING MANUAL AT THIS LINK FOR BILLING INSTRUCTIONS:
http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.6_Provider_Manual_2012/6.7.6.1_January_2012/6.7.6.1_Jan12_18.pdfCHAPTER 18, HOSPICE, IN THE BILLING MANUAL WILL REFLECT THIS
INFORMATION IN THE APRIL 2012 UPDATE.
****

 # 5 ATTENTION: ALL PROVIDERS: (2012-006)
ON JANUARY 9, 2012, THE ALABAMA MEDICAID AGENCY WILL IMPLEMENT AN ELECTRONIC PROVIDER ENROLLMENT APPLICATION. PAPER APPLICATIONS RECEIVED THROUGH JANUARY 23, 2012, WILL CONTINUE TO BE PROCESSED. ANY PAPER APPLICATIONS RECEIVED **ON OR AFTER JANUARY 24, 2012 WILL NO LONGER BE ACCEPTED, AND PROVIDERS WILL BE REQUIRED TO USE THE WEB PORTAL APPLICATION TO ENROLL WITH MEDICAID.**
****

 # 6 ATTENTION: ALL PROVIDERS (2012-006)
THE COMPLIANCE DATE FOR 5010 TRANSACTIONS HAS PASSED. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ANNOUNCED THAT COVERED ENTITIES THAT ARE NOT COMPLIANT WITH 5010 WILL BE SUBJECT TO PENALTIES ON MARCH 31, 2012.
****

 # 7 ATTENTION: DME PROVIDERS (006)
EFFECTIVE 1/1/2010, PROCEDURE CODE E2399, NOC INTERFACE , IS NO LONGER A COVERED PROCEDURE CODE. PLEASE REVIEW THE UPDATED DME FEE SCHEDULE AT THIS LINK ON THE AGENCY'S WEBSITE,
http://www.medicaid.alabama.gov/documents/6.0_Providers/6.6_Fee_Schedules/6.6_DME_Fee_Schedule_7-1-11.pdf FOR COVERAGE, PRIOR AUTHORIZATION AND PRICING INFORMATION FOR PROCEDURE CODES.
****

 # 8 ATTENTION: PHYSICIANS (2011-336)
REGARDING: BILLING SUBSTITUTE PHYSICIAN SERVICES
THE REGULAR PHYSICIAN SHALL IDENTIFY THE SERVICES OF A SUBSTITUTE PHYSICIAN BY ENTERING HCPCS MODIFIER Q5 (SERVICE FURNISHED BY A SUBSTITUTE PHYSICIAN UNDER A RECIPROCAL ARRANGEMENT) OR HCPCS MODIFIER Q6 (SERVICE FURNISHED BY A LOCUM TENENS PHYSICIAN) AFTER THE PROCEDURE CODE.
****

 # 9 ATTENTION: DME PROVIDERS OF AUGMENTATIVE/ALTERNATIVE
COMMUNICATION DEVICES (ACDS) (2011-336)
PROVIDERS ARE STRONGLY ENCOURAGED TO USE FORM 480, FOUND ON THE AGENCY’S WEBSITE AT,
http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.1_Billing/5.4.1_FILLABLE_ACD_Eval_Report_Form_3-29-11.pdf THIS FORM PROVIDES SPACE TO DOCUMENT THE NECESSARY INFORMATION REQUIRED AND SHOULD ALLOW FOR MORE EFFICIENT REVIEW OF ACD REQUESTS.
****

#10 ATTENTION: ALL PROVIDERS (2011-336)

EFFECTIVE JANUARY 1, 2012, PROCEDURE CODES 80100, 80101, AND 80104 WILL BE LIMITED TO ONE PER DAY, PER RECIPIENT, PER PROVIDER FOR EACH PROCEDURE CODE. PROVIDERS WITHIN THE SAME GROUP PRACTICE ARE CONSIDERED A SINGLE PROVIDER.
****

#11 ATTENTION: NURSING HOME PROVIDERS (2011-321)

EFFECTIVE WITH THE DECEMBER 2011 RETROSPECTIVE REVIEW, QUALIS HEALTH

(MEDICAID'S CONTRACTOR) WILL BE FAXING THE REQUEST FOR RECORDS TO THE FACILITIES. THE FACILITY MUST FAX BACK CONFIRMATION OF RECEIPT. RECORDS MUST STILL BE MAILED **TO HP WITH A COMPLETED COVERSHEET. PLEASE CALL QUALIS HEALTH AT 1-888-213-7576 FOR QUESTIONS ABOUT THIS PROCESS.**
****

#12 TO: ALL PROVIDERS (2011-252)

HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx**********
****

#13 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2011-126)
VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
****

#14 ATTENTION: ALL PROVIDERS (2009-338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND

FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#15 ATTENTION: ALL PROVIDERS (2009-093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE JANUARY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
****

January 20, 2012 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: ALL UB CLAIM BILLERS (2012-020)

DUE TO A SYSTEM ERROR, SOME 5010 UB CLAIMS INCORRECTLY DENIED FOR EOB 1020 (MISSING ATTENDING PROVIDER NUMBER), AND 1820 (PATIENT FIRST REQUIRES A REFERRAL). IF YOU BELIEVE YOUR 5010 CLAIM(S) INCORRECTLY DENIED FOR ONE OF THESE ERRORS, PLEASE RESUBMIT THE CLAIM(S).

****

 # 3 ATTENTION: HOSPICE PROVIDERS (2012- 020)

EFFECTIVE IMMEDIATELY, HOSPICE RECIPIENTS IN AN INSTITUTION WITH ANOTHER INSURANCE THAT PAYS FOR ROUTINE CARE WILL REQUIRE A MEDICAL REVIEW. PER ADMINISTRATIVE CODE RULE NO. 560-X-51-.04. RECIPIENT ELIGIBILITY, “MEDICAID ELIGIBILITY FOR THE HOSPICE PROGRAM, FOR RECIPIENTS WHO ARE NOT DUALLY ELIGIBLE FOR MEDICARE, IS BASED UPON FINANCIAL AND MEDICAL CRITERIA.” IF APPROVED, PLEASE REFER TO THE FIRST “NOTE” BOX ON PAGE 14 OF CHAPTER 18, HOSPICE OF THE BILLING MANUAL AT THIS LINK FOR BILLING INSTRUCTIONS:
http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.6_Provider_Manual_2012/6.7.6.1_January_2012/6.7.6.1_Jan12_18.pdf
CHAPTER 18, HOSPICE, IN THE BILLING MANUAL WILL REFLECT THIS INFORMATION IN THE APRIL 2012 UPDATE.

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 # 4 ATTENTION: ALL PROVIDERS: (2012-006)

ON JANUARY 9, 2012, THE ALABAMA MEDICAID AGENCY WILL IMPLEMENT AN ELECTRONIC PROVIDER ENROLLMENT APPLICATION. PAPER APPLICATIONS RECEIVED THROUGH JANUARY 23, 2012, WILL CONTINUE TO PROCESSED. ANY PAPER APPLICATIONS RECEIVED ON OR AFTER JANUARY 24, 2012 WILL NO LONGER BE ACCEPTED, AND PROVIDERS WILL BE REQUIRED TO USE THE WEB PORTAL APPLICATION TO ENROLL WITH MEDICAID.

5 ATTENTION: ALL PROVIDERS (2012-006)

THE COMPLIANCE DATE FOR 5010 TRANSACTIONS HAS PASSED. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ANNOUNCED THAT COVERED ENTITIES THAT ARE NOT COMPLIANT WITH 5010 WILL BE SUBJECT TO PENALTIES ON MARCH 31, 2012.

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 # 6 ATTENTION: DME PROVIDERS (006)

EFFECTIVE 1/1/2010, PROCEDURE CODE E2399, NOC INTERFACE , IS NO LONGER A COVERED PROCEDURE CODE. PLEASE REVIEW THE UPDATED DME FEE SCHEDULE AT THIS LINK ON THE AGENCY'S WEBSITE,
http://www.medicaid.alabama.gov/documents/6.0_Providers/6.6_Fee_Schedules/6.6_DME_Fee_Sch
edule_7-1-11.pdf FOR COVERAGE, PRIOR AUTHORIZATION AND PRICING INFORMATION FOR PROCEDURE CODES.

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 # 7 ATTENTION: PHYSICIANS (2011-336)

REGARDING: BILLING SUBSTITUTE PHYSICIAN SERVICES
THE REGULAR PHYSICIAN SHALL IDENTIFY THE SERVICES OF A SUBSTITUTE PHYSICIAN BY ENTERING HCPCS MODIFIER Q5 (SERVICE FURNISHED BY A SUBSTITUTE PHYSICIAN UNDER A RECIPROCAL ARRANGEMENT) OR HCPCS MODIFIER Q6 (SERVICE FURNISHED BY A LOCUM TENENS PHYSICIAN) AFTER THE PROCEDURE CODE.

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 # 8 ATTENTION: DME PROVIDERS OF AUGMENTATIVE/ALTERNATIVE

COMMUNICATION DEVICES (ACDS) (2011-336)
PROVIDERS ARE STRONGLY ENCOURAGED TO USE FORM 480, FOUND ON THE AGENCY'S WEBSITE AT,
http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.1_Billing/5.4.1_FILLABLE_ACD_Eval_Report_Form_3-29-11.pdf THIS FORM PROVIDES SPACE TO DOCUMENT THE NECESSARY INFORMATION REQUIRED AND SHOULD ALLOW FOR MORE EFFICIENT REVIEW OF ACD REQUESTS.

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 # 9 ATTENTION: ALL PROVIDERS (2011-336)

EFFECTIVE JANUARY 1, 2012, PROCEDURE CODES 80100, 80101, AND 80104 WILL BE LIMITED TO ONE PER DAY, PER RECIPIENT, PER PROVIDER FOR EACH PROCEDURE CODE. PROVIDERS WITHIN THE SAME GROUP PRACTICE ARE CONSIDERED A SINGLE PROVIDER.

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#10 ATTENTION: DENTISTS (2011-321)

EFFECTIVE JANUARY 1, 2012, THE REIMBURSEMENT RATE FOR PROCEDURE CODE D3332 (INCOMPLETE ENDODONTIC TREATMENT) WILL BE REDUCED FROM $354.00 TO $177.00. THIS SERVICE IS FOR INCOMPLETE ENDODONTIC TREATMENT OF A PERMANENT TOOTH DUE TO THE TOOTH BECOMING INOPERABLE OR UNRESTORABLE. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE DENTAL PROGRAM, OR NIKKI SCOTT, ASSOCIATE DIRECTOR, CLINIC SERVICES AT 334-353-5263.

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#11 ATTENTION: NURSING HOME PROVIDERS (2011-321)

EFFECTIVE WITH THE DECEMBER 2011 RETROSPECTIVE REVIEW, QUALIS HEALTH (MEDICAID'S CONTRACTOR) WILL BE FAXING THE REQUEST FOR RECORDS TO THE FACILITIES. THE FACILITY MUST FAX BACK CONFIRMATION OF RECEIPT. RECORDS MUST STILL BE MAILED TO HP WITH A COMPLETED COVERSHEET. PLEASE CALL QUALIS HEALTH AT 1-888-213-7576 FOR QUESTIONS ABOUT THIS PROCESS.

#12 TO: ALL PROVIDERS (2011-252)

HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:

- 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
- 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
- 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
- 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
- NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS

• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
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#13 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2011-126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF
4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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#14 ATTENTION: ALL PROVIDERS (2009-338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#15 ATTENTION: ALL PROVIDERS (2009-093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE JANUARY 2012 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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January 6, 2012 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****

 # 2 ATTENTION: ALL PROVIDERS (2012-006)
THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED MONDAY, JANUARY 16, 2012 . THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.
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 # 3 ATTENTION: All Providers: (2012-006)
ON JANUARY 9, 2012, THE ALABAMA MEDICAID AGENCY WILL IMPLEMENT AN ELECTRONIC PROVIDER ENROLLMENT APPLICATION. PAPER APPLICATIONS RECEIVED THROUGH JANUARY 23, 2012, WILL CONTINUE TO PROCESSED. ANY PAPER APPLICATIONS RECEIVED ON OR AFTER JANUARY 24, 2012 WILL NO LONGER BE ACCEPTED, AND PROVIDERS WILL BE REQUIRED TO USE THE WEB PORTAL APPLICATION TO ENROLL WITH MEDICAID.

 # 4 ATTENTION: ALL PROVIDERS (2012-006)
THE COMPLIANCE DATE FOR 5010 TRANSACTIONS HAS PASSED. THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) ANNOUNCED THAT COVERED ENTITIES THAT ARE NOT COMPLIANT WITH 5010 WILL BE SUBJECT TO PENALTIES ON MARCH 31, 2012.
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 # 5 ATTENTION: ALL PHYSICIANS (2011-336)
REGARDING: BILLING SUBSTITUTE PHYSICIAN SERVICES
THE REGULAR PHYSICIAN SHALL IDENTIFY THE SERVICES OF A SUBSTITUTE PHYSICIAN BY ENTERING HCPCS MODIFIER Q5 (SERVICE FURNISHED BY A SUBSTITUTE PHYSICIAN UNDER A RECIPROCAL ARRANGEMENT) OR HCPCS MODIFIER Q6 (SERVICE FURNISHED BY A LOCUM TENENS PHYSICIAN) AFTER THE PROCEDURE CODE.
****

 # 6 ATTENTION: DME PROVIDERS OF AUGMENTATIVE/ALTERNATIVE
COMMUNICATION DEVICES (ACDS) (2011-336)
PROVIDERS ARE STRONGLY ENCOURAGED TO USE FORM 480, FOUND ON THE AGENCY'S WEBSITE AT,
http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.1_Billing/5.4.1_FILLABLE_ACD_Eval_Report_Form_3-29-11.pdf THIS FORM PROVIDES SPACE TO DOCUMENT THE NECESSARY INFORMATION REQUIRED AND SHOULD ALLOW FOR MORE EFFICIENT REVIEW OF ACD REQUESTS.
****

 # 7 ATTENTION: ALL PROVIDERS (2011-336)
EFFECTIVE JANUARY 1, 2012, PROCEDURE CODES 80100, 80101, AND 80104 WILL BE LIMITED TO ONE PER DAY, PER RECIPIENT, PER PROVIDER FOR EACH PROCEDURE CODE. PROVIDERS WITHIN THE SAME GROUP PRACTICE ARE CONSIDERED A SINGLE PROVIDER.
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 # 8 ATTENTION: ALL DENTISTS (2011-321)
EFFECTIVE JANUARY 1, 2012, THE REIMBURSEMENT RATE FOR PROCEDURE CODE D3332 (INCOMPLETE ENDODONTIC TREATMENT) WILL BE REDUCED FROM $354.00 TO $177.00. THIS SERVICE IS FOR INCOMPLETE ENDODONTIC TREATMENT OF A PERMANENT TOOTH DUE TO THE TOOTH BECOMING INOPERABLE OR UNRESTORABLE. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE DENTAL PROGRAM, OR NIKKI SCOTT, ASSOCIATE DIRECTOR, CLINIC SERVICES AT 334-353-5263.
****

 # 9 ATTENTION: NURSING HOME PROVIDERS (2011-321)
EFFECTIVE WITH THE DECEMBER 2011 RETROSPECTIVE REVIEW, QUALIS HEALTH (MEDICAID'S CONTRACTOR) WILL BE FAXING THE REQUEST FOR RECORDS TO THE FACILITIES. THE FACILITY MUST FAX BACK CONFIRMATION OF RECEIPT. RECORDS MUST STILL BE MAILED TO HP WITH A COMPLETED COVERSHEET. PLEASE CALL QUALIS HEALTH AT 1-888-213-7576 FOR QUESTIONS ABOUT THIS PROCESS.
#10 TO: ALL PROVIDERS (2011-252)
HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
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• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
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• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE:
http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
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#11 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (2011-126)
VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION

3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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#12 ATTENTION: ALL PROVIDERS (2009-338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#13 ATTENTION: ALL PROVIDERS (2009-093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE OCTOBER 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

December 17, 2011 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
BANNER # 2
ORIGINATOR: SMJ
ALL RA INDICATOR: YES
TO DATE: 12/31/2299
****

 # 2 ATTENTION: EYE CARE PROVIDERS (337)
EFFECTIVE DECEMBER 1, 2010, PROCEDURE CODE V2020 (VISION SERVICES FRAMES PURCHASE) WILL HAVE A MAXIMUM REIMBURSEMENT RATE OF $13.95 PER 1 UNIT.
BANNER # 45
ORIGINATOR: BNP
ALL RA INDICATOR: NO
AUDIENCE: SP 190 (OPTICIANS); SP 180 (OPTOMETRISTS); SP 330 (OPTHALMOLOGISTS)
TO DATE: 12/31/2299
****

 # 3 TO: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
BANNER # 43
ORIGINATOR: BNP
ALL RA INDICATOR: YES
TO DATE: 12/31/2299
****

 # 4 ATTENTION: ALL PROVIDERS (295)
EFFECTIVE FOR CLAIMS RECEIVED ON OR AFTER JANUARY 17, 2011 – ALL CLAIMS MUST BE SUBMITTED WITH THE RECIPIENT'S CURRENT MEDICAID ID NUMBER WHICH BEGINS WITH A "5."
AS A RESULT OF ACT 2006-611, IN JANUARY 2007 THE MEDICAID ID NUMBERS (WHICH CONTAINED THE SOCIAL SECURITY NUMBER) FOR ALL RECIPIENTS WERE CONVERTED TO NEW MEDICAID NUMBERS.
CLAIMS RECEIVED ON OR AFTER JANUARY 17, 2011 WILL BE DENIED IF SUBMITTED WITH THE OLD MEDICAID ID NUMBER WHICH BEGINS WITH "000."
BANNER # 41
ORIGINATOR: BNP/GMC
ALL RA INDICATOR: YES
TO DATE: 12/31/2299

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 # 5 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

BANNER # 7

ORIGINATOR: C. CROCKETT/BNP

ALL RA INDICATOR: YES

TO DATE: 12/31/2299

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 # 6 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

BANNER # 9

ORIGINATOR:

ALL RA INDICATOR: YES

TO DATE: 12/31/2299

December 02, 2011 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY
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 # 2 ATTENTION: ALL PROVIDERS (336)
THE ALABAMA MEDICAID AGENCY WILL BE CLOSED THE FOLLOWING DAYS IN OBSERVANCE OF THE HOLIDAYS: DECEMBER 23, 2011, DECEMBER 26, 2011, AND JANUARY 2, 2012.
HP ENTERPRISE SERVICES WILL BE CLOSED DECEMBER 26, 2011 AND JANUARY 2, 2012. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE DURING THIS TIME FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.
****

 # 3 ATTENTION: ALL PHYSICIANS (336)
REGARDING: BILLING SUBSTITUTE PHYSICIAN SERVICES
THE REGULAR PHYSICIAN SHALL IDENTIFY THE SERVICES OF A SUBSTITUTE PHYSICIAN BY ENTERING HCPCS MODIFIER Q5 (SERVICE FURNISHED BY A SUBSTITUTE PHYSICIAN UNDER A RECIPROCAL ARRANGEMENT) OR HCPCS MODIFIER Q6 (SERVICE FURNISHED BY A LOCUM TENENS PHYSICIAN) AFTER THE PROCEDURE CODE.
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 # 4 ATTENTION: DME PROVIDERS OF AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICES (ACDS) (336)
PROVIDERS ARE STRONGLY ENCOURAGED TO USE FORM 480, FOUND ON THE AGENCY'S WEBSITE
AT, http://medicaid.alabama.gov/documents/5.0_Resources/5.4_Forms_Library/5.4.1_Billing/5.4.1_FILLABLE_ACD_Eval_Report_Form_3-29-11.pdf THIS FORM PROVIDES SPACE TO DOCUMENT THE NECESSARY INFORMATION REQUIRED AND SHOULD ALLOW FOR MORE EFFICIENT REVIEW OF ACD REQUESTS.
****

 # 5 ATTENTION: ALL PROVIDERS (336)
EFFECTIVE JANUARY 1, 2012, PROCEDURE CODES 80100, 80101, AND 80104 WILL BE LIMITED TO ONE PER DAY, PER RECIPIENT, PER PROVIDER FOR EACH PROCEDURE CODE. PROVIDERS WITHIN THE SAME GROUP PRACTICE ARE CONSIDERED A SINGLE PROVIDER.
**********#

6 ATTENTION: ALL DENTISTS (321)
EFFECTIVE JANUARY 1, 2012, THE REIMBURSEMENT RATE FOR PROCEDURE CODE D3332 (INCOMPLETE ENDODONTIC TREATMENT) WILL BE REDUCED FROM $354.00 TO $177.00. THIS SERVICE IS FOR INCOMPLETE ENDODONTIC TREATMENT OF A PERMANENT TOOTH DUE TO THE TOOTH BECOMING INOPERABLE OR UNRESTORABLE. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE DENTAL PROGRAM, OR NIKKI SCOTT, ASSOCIATE DIRECTOR, CLINIC SERVICES AT 334-353-5263.

****

 # 7 ATTENTION: ALL HOSPITALS (321)

ZERO PAID VISITS PAST 3 REIMBURSEABLE NON CERTIFIED ER VISITS: EFFECTIVE OCTOBER 1, 2011, HOSPITALS SHALL NOT BE PAID MORE THAN THREE NON-CERTIFIED EMERGENCY ROOM VISITS PER YEAR, BUT THE COSTS OF PROVIDING ADDITIONAL CARE SHALL BE ACCOUNTED FOR AND REPORTED TO ALABAMA MEDICAID AS A COST OF PROVIDING CARE TO MEDICAID ELIGIBLE RECIPIENTS.

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 # 8 ATTENTION: NURSING HOME PROVIDERS (321)

EFFECTIVE WITH THE DECEMBER 2011 RETROSPECTIVE REVIEW, QUALIS HEALTH (MEDICAID'S CONTRACTOR) WILL BE FAXING THE REQUEST FOR RECORDS TO THE FACILITIES. THE FACILITY MUST FAX BACK CONFIRMATION OF RECEIPT. RECORDS MUST STILL BE MAILED

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TO HP WITH A COMPLETED COVERSHEET.
PLEASE CALL QUALIS HEALTH AT 1-888-213-7576 FOR QUESTIONS ABOUT THIS PROCESS.

 # 9 ATTENTION: NURSING HOME PROVIDERS (308)

EFFECTIVE WITH THE NOVEMBER 2011 AUDIT, PENALTIES FOR TIMELINESS WILL BE BASED UPON THE DATE THAT HP RECEIVES A RECORD WITH THE COVERSHEET AS THE FIRST PAGE, CORRECTLY COMPLETED, WHICH CAN BE ADDED ELECTRONICALLY. PROVIDER-CORRECTABLE ERRORS, SUCH AS MISSING THE 13TH DIGIT OF THE RECIPIENT'S MEDICAID ID, WILL RESULT IN HP RETURNING THE RECORD TO THE PROVIDER. PLEASE ALSO ENSURE THAT THE COVER SHEET IS ON TOP. FAILURE TO MAIL A RECORD TO HP THAT CAN BE ADDED SUCCESSFULLY MAY RESULT IN A LATE PENALTY.

****

#10 ATTENTION: ALL PROVIDERS (308)

ALABAMA MEDICAID COMPLETED UPDATES TO SUPPORT 5010 AND NCPDP D.0 TRANSACTIONS OVER THE VETERAN'S DAY WEEKEND. AT THIS TIME THE FOLLOWING ARE AVAILABLE:

• TRANSACTIONS CAN BE SUBMITTED AS X12 4010 OR X12 5010 / NCPDP 5.1, OR NCPDP D.0.
• PES 2.16 WILL SUPPORT 4010 UNTIL PES 3.0 IS RELEASED. PES 3.0 WILL SUPPORT 5010 TRANSACTIONS. NOTIFICATION WILL BE MADE WHEN PES 3.0 IS AVAILABLE.
• WEB PORTAL DIRECT DATA ENTRY WILL NOW REFLECT CHANGES SO AS ONLY X12 5010 AND NCPDP D.0 ARE SUBMITTED.
• REMITTANCE ADVICE (835) WILL BE AVAILABLE IN BOTH X12 4010 AND X12 5010. • OTHER RESPONSES WILL BE RETURNED IN THE SAME VERSION AS WAS 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_501
THANK YOU FOR YOUR PATIENCE DURING OUR TRANSITION TO 5010 AND NCPDP D.0.

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#11 TO: ALL PROVIDERS (252)

HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.

THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:

• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION

THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
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• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS

FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx

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#12 ATTENTION PHARMACY PROVIDERS (280)

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.

EFFECTIVE OCTOBER 17, 2011, THE ALABAMA MEDICAID AGENCY WILL NO LONGER RECOGNIZE PHYSICIAN LICENSE NUMBER 19776 ON ANY CLAIMS. PHARMACY PROVIDERS SHOULD COORDINATE WITH THEIR SOFTWARE VENDORS TO VALIDATE PHYSICIAN LICENSE NUMBER 19776 OR ANY OTHER 'PSEUDO NUMBER' IS NOT HARD CODED IN THEIR SYSTEM FOR ALABAMA MEDICAID CLAIMS PROCESSING.

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.

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#13 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.

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#14 ATTENTION: ALL PHYSICIANS (203)

*** * * INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE * * ***

WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE

MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.
TO DATE: 12/31/2299

****

#15 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE.
WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL
ADDRESS: AlabamaSystemsEMC@hp.com.

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#16 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

#17 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE OCTOBER 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

November 18, 2011 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. THE PAYMENTS FOR THE NOVEMBER 18, 2011 CHECKWRITE WILL BE RELEASED ON WEDNESDAY NOVEMBER 30, 2011. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK.

****

 # 2 ATTENTION: ALL DENTISTS (321)

EFFECTIVE JANUARY 1, 2012, THE REIMBURSEMENT RATE FOR PROCEDURE CODE D3332 (INCOMPLETE ENDODONTIC TREATMENT) WILL BE REDUCED FROM $354.00 TO $177.00. THIS SERVICE IS FOR INCOMPLETE ENDODONTIC TREATMENT OF A PERMANENT TOOTH DUE TO THE TOOTH BECOMING INOPERABLE OR UNRESTORABLE. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE DENTAL PROGRAM, OR NIKKI SCOTT, ASSOCIATE DIRECTOR, CLINIC SERVICES AT 334-353-5263.

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 # 3 ATTENTION: ALL HOSPITALS (321)

ZERO PAID VISITS PAST 3 REIMBURSEABLE NON CERTIFIED ER VISITS: EFFECTIVE OCTOBER 1, 2011, HOSPITALS SHALL NOT BE PAID MORE THAN THREE NON-CERTIFIED EMERGENCY ROOM VISITS PER YEAR, BUT THE COSTS OF PROVIDING ADDITIONAL CARE SHALL BE ACCOUNTED FOR AND REPORTED TO ALABAMA MEDICAID AS A COST OF PROVIDING CARE TO MEDICAID ELIGIBLE RECIPIENTS.

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 # 4 ATTENTION: NURSING HOME PROVIDERS (321)

EFFECTIVE WITH THE DECEMBER 2011 RETROSPECTIVE REVIEW, QUALIS HEALTH (MEDICAID'S CONTRACTOR) WILL BE FAXING THE REQUEST FOR RECORDS TO THE FACILITIES. THE FACILITY MUST FAX BACK CONFIRMATION OF RECEIPT. RECORDS MUST STILL BE MAILED

****

TO HP WITH A COMPLETED COVERSHEET.
PLEASE CALL QUALIS HEALTH AT 1-888-213-7576 FOR QUESTIONS ABOUT THIS PROCESS.

 # 5 ATTENTION: NURSING HOME PROVIDERS (308)

EFFECTIVE WITH THE NOVEMBER 2011 AUDIT, PENALTIES FOR TIMELINESS WILL BE BASED UPON THE DATE THAT HP RECEIVES A RECORD WITH THE COVERSHEET AS THE FIRST PAGE, CORRECTLY COMPLETED, WHICH CAN BE ADDED ELECTRONICALLY. PROVIDER-CORRECTABLE ERRORS, SUCH AS MISSING THE 13TH DIGIT OF THE RECIPIENT'S MEDICAID ID, WILL RESULT IN HP RETURNING THE RECORD TO THE PROVIDER. PLEASE ALSO ENSURE THAT THE COVER SHEET IS ON TOP. FAILURE TO MAIL A RECORD TO HP THAT CAN BE ADDED SUCCESSFULLY MAY RESULT IN A LATE PENALTY.
AUDIENCE: PT 03 (Nursing Homes)**********

 # 6 ATTENTION: ALL PROVIDERS (308)

ALABAMA MEDICAID COMPLETED UPDATES TO SUPPORT 5010 AND NCPDP D.0 TRANSACTIONS OVER THE VETERAN'S DAY WEEKEND. AT THIS TIME THE FOLLOWING ARE AVAILABLE:

• TRANSACTIONS CAN BE SUBMITTED AS X12 4010 OR X12 5010 / NCPDP 5.1, OR NCPDP D.0.

• PES 2.16 WILL SUPPORT 4010 UNTIL PES 3.0 IS RELEASED. PES 3.0 WILL SUPPORT 5010 TRANSACTIONS. NOTIFICATION WILL BE MADE WHEN PES 3.0 IS AVAILABLE.
• WEB PORTAL DIRECT DATA ENTRY WILL NOW REFLECT CHANGES SO AS ONLY X12 5010 AND NCPDP D.0 ARE SUBMITTED.
• REMITTANCE ADVICE (835) WILL BE AVAILABLE IN BOTH X12 4010 AND X12 5010.
• OTHER RESPONSES WILL BE RETURNED IN THE SAME VERSION AS WAS 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 DURING OUR TRANSITION TO 5010 AND NCPDP D.0.**********

 # 7 TO: ALL PROVIDERS (252)

HIPAA X12 5010 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
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 # 8 ATTENTION PHARMACY PROVIDERS (280)

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.
EFFECTIVE OCTOBER 17, 2011, THE ALABAMA MEDICAID AGENCY WILL NO LONGER RECOGNIZE PHYSICIAN LICENSE NUMBER 19776 ON ANY CLAIMS. PHARMACY PROVIDERS SHOULD COORDINATE WITH THEIR SOFTWARE VENDORS TO VALIDATE PHYSICIAN LICENSE NUMBER 19776 OR ANY OTHER 'PSEUDO

NUMBER' IS NOT HARD CODED IN THEIR SYSTEM FOR ALABAMA MEDICAID CLAIMS PROCESSING.
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.
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 # 9 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.
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 # 10 ATTENTION: ALL PHYSICIANS (203)
*****INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE*****

WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.
TO DATE: 12/31/2299
****

 # 11 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE.
WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL
ADDRESS: AlabamaSystemsEMC@hp.com.
****

#12 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

#13 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE OCTOBER 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

November 4, 2011 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
TO DATE: 12/31/2299
****

 # 2 ATTENTION: NURSING HOME PROVIDERS (308)
EFFECTIVE WITH THE NOVEMBER 2011 AUDIT, PENALTIES FOR TIMELINESS WILL BE BASED UPON THE DATE THAT HP RECEIVES A RECORD WITH THE COVERSHEET AS THE FIRST PAGE, CORRECTLY COMPLETED, WHICH CAN BE ADDED ELECTRONICALLY. PROVIDER-CORRECTABLE ERRORS, SUCH AS MISSING THE 13TH DIGIT OF THE RECIPIENT'S MEDICAID ID, WILL RESULT IN HP RETURNING THE RECORD TO THE PROVIDER. PLEASE ALSO ENSURE THAT THE COVER SHEET IS ON TOP. FAILURE TO MAIL A RECORD TO HP THAT CAN BE ADDED SUCCESSFULLY MAY RESULT IN A LATE PENALTY.
****

 # 3 ATTENTION: ALL PROVIDERS (308)
TOTAL SYSTEM OUTAGE EXPECTED:
WHEN: FRIDAY, NOVEMBER 11, 2011 BEGINNING AT 9:00 PM CENTRAL TIME
TO
MONDAY, NOVEMBER 14, 2011 AT 6:00 AM CENTRAL TIME
ALABAMA MEDICAID WILL INSTALL UPDATES TO SUPPORT 5010 AND NCPDP D.0 TRANSACTIONS OVER THE VETERAN'S DAY WEEKEND AS PART OF OVERALL SYSTEM UPGRADES.
DUE TO THIS UPGRADE, THE SYSTEM WILL BE UNAVAILABLE BETWEEN 9:00 PM FRIDAY, NOVEMBER 11, 2011 AND 6:00 AM, MONDAY, NOVEMBER 14, 2011. DURING THIS TIME, THERE WILL BE NO CLAIMS AND ELIGIBILITY PROCESSINGS 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 2.16 WILL SUPPORT 4010 UNTIL PES 3.0 IS RELEASED. PES 3.0 WILL SUPPORT 5010 TRANSACTIONS. NOTIFICATION WILL BE MADE WHEN IT IS AVAILABLE.
• WEB PORTAL DIRECT DATA ENTRY WILL NOW REFLECT CHANGES SO AS ONLY X12 5010 AND NCPDP D.0 ARE SUBMITTED.
• 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 WAS

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.
****

 # 4 ATTENTION PHARMACY PROVIDERS (280)

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.
EFFECTIVE OCTOBER 17, 2011, THE ALABAMA MEDICAID AGENCY WILL NO LONGER RECOGNIZE PHYSICIAN LICENSE NUMBER 19776 ON ANY CLAIMS. PHARMACY PROVIDERS SHOULD COORDINATE WITH THEIR SOFTWARE VENDORS TO VALIDATE PHYSICIAN LICENSE NUMBER 19776 OR ANY OTHER 'PSEUDO NUMBER' IS NOT HARD CODED IN THEIR SYSTEM FOR ALABAMA MEDICAID CLAIMS PROCESSING.
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.**********

 # 5 ATTENTION: AIR AND GROUND AMBULANCE PROVIDERS (252)
*** * * REMINDER * * ***

WHEN SUBMITTING A PRIOR AUTHORIZATION ON FORM 342 THE DIAGNOSIS DESCRIPTION AND
ALSO, WHEN SUBMITTING PRIOR AUTHORIZATIONS FOR AIR TRANSPORTATION OR NON-EMERGENCY AMBULANCE TRANSPORTATION ALL FORMS AND DOCUMENTATION SHOULD BE ON THE CORRECT FORMS (I.E., AN EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON THE EMERGENCY FORM AND A NONEMERGENCY TRANSPORT SHOULD BE SUBMITTED ON A NON-EMERGENCY TRANSPORT FORM) TO ENSURE APPROPRIATE REVIEW.
DIAGNOSIS CODE SHOULD BOTH BE ENTERED CORRECTLY ON THE FORM OR THE PA WILL DENY.
****

 # 6 TO: ALL PROVIDERS (252)

HIPAA 5010 X12 AND NCPDP D.0 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 AND NCPDP TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE

• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE
• 837 PROFESSIONAL, INSTITUTIONAL AND DENTAL CLAIM SUBMISSION
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
• 835 ELECTRONIC REMITTANCE ADVICE
• TA1 INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING INTERACTIVELY:
• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• NCPDP D.0 B1, B2, E1 PHARMACY SUBMISSIONS
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx**# 7**

ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.

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 # 8 ATTENTION: ALL PHYSICIANS (203)

*****INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE*****

WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.

****

 # 9 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE.
WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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#10 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

#11 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE OCTOBER 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.
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October 21, 2011 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: PHARMACY PROVIDERS (280)

IF YOU RECEIVED AN OVERPAYMENT LETTER FROM OPTUMINSIGHT AND DISAGREE WITH THE FINDINGS, YOU HAVE UNTIL NOVEMBER 30, 2011 TO SUBMIT DOCUMENTATION FOR AN INFORMAL REVIEW.

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 # 3 ATTENTION PHARMACY PROVIDERS (280)

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.

EFFECTIVE OCTOBER 17, 2011, THE ALABAMA MEDICAID AGENCY WILL NO LONGER RECOGNIZE PHYSICIAN LICENSE NUMBER 19776 ON ANY CLAIMS. PHARMACY PROVIDERS SHOULD COORDINATE WITH THEIR SOFTWARE VENDORS TO VALIDATE PHYSICIAN LICENSE NUMBER 19776 OR ANY OTHER 'PSEUDO NUMBER' IS NOT HARD CODED IN THEIR SYSTEM FOR ALABAMA MEDICAID CLAIMS PROCESSING.

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.

****

 # 4 ATTENTION: AIR AND GROUND AMBULANCE PROVIDERS (252)

* * * REMINDER * * *

WHEN SUBMITTING A PRIOR AUTHORIZATION ON FORM 342 THE DIAGNOSIS DESCRIPTION AND

ALSO, WHEN SUBMITTING PRIOR AUTHORIZATIONS FOR AIR TRANSPORTATION OR NON-EMERGENCY AMBULANCE TRANSPORTATION ALL FORMS AND DOCUMENTATION SHOULD BE ON THE CORRECT FORMS (I.E., AN EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON THE EMERGENCY FORM AND A NONEMERGENCY TRANSPORT SHOULD BE SUBMITTED ON A NON-EMERGENCY TRANSPORT FORM) TO ENSURE APPROPRIATE REVIEW.

DIAGNOSIS CODE SHOULD BOTH BE ENTERED CORRECTLY ON THE FORM OR THE PA WILL DENY.

****

 # 5 TO: ALL PROVIDERS (252)

HIPAA 5010 X12 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS.
TESTING 5010 TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.
THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR
TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:

• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE
• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE **NEW BEGINNING OCTOBER 12TH*
• TA1INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION

THE FOLLOWING TRANSACTION TYPES WILL BE AVAILABLE FOR TESTING
COMPLIANCE ONLY BEGINNING OCTOBER 12TH THROUGH THE TRADE FILES
OPTION VIA THE TESTING WEBSITE. PLEASE SUBMIT THESE TRANSACTIONS
WITH AN ISA15 INTERCHANGE USAGE INDICATOR VALUE OF A 'T'. ONLY A TA1
OR 999 WILL BE RETURNED FOR THESE TRANSACTIONS AT THIS TIME:

• 837 PROFESSIONAL CLAIM SUBMISSION
• 837 INSTITUTIONAL CLAIM SUBMISSION
• 837 DENTAL CLAIM SUBMISSION

FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID
WEBSITE: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
****

 # 6 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF
THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO
UNTIL FURTHER NOTICE.
****

 # 7 ATTENTION: ALL PHYSICIANS (203)

INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE
WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL
CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223)
FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE
MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.
****

 # 8 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE
AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED
FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,'
SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL
DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE.
WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE
ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0.
VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO
ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION
OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT
THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL
ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 9 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

 # 10 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE OCTOBER 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

October 7, 2011 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: PHARMACY PROVIDERS (280)

IF YOU RECEIVED AN OVERPAYMENT LETTER FROM OPTUMINSIGHT AND DISAGREE WITH THE FINDINGS, YOU HAVE UNTIL NOVEMBER 30, 2011 TO SUBMIT DOCUMENTATION FOR AN INFORMAL REVIEW.

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 # 3 ATTENTION PHARMACY PROVIDERS (280)

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.

EFFECTIVE OCTOBER 17, 2011, THE ALABAMA MEDICAID AGENCY WILL NO LONGER RECOGNIZE PHYSICIAN LICENSE NUMBER 19776 ON ANY CLAIMS. PHARMACY PROVIDERS SHOULD COORDINATE WITH THEIR SOFTWARE VENDORS TO VALIDATE PHYSICIAN LICENSE NUMBER 19776 OR ANY OTHER 'PSEUDO NUMBER' IS NOT HARD CODED IN THEIR SYSTEM FOR ALABAMA MEDICAID CLAIMS PROCESSING.

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.

****

 # 4 ATTENTION: AIR AND GROUND AMBULANCE PROVIDERS (252)

* * * REMINDER * * *

WHEN SUBMITTING A PRIOR AUTHORIZATION ON FORM 342 THE DIAGNOSIS DESCRIPTION AND

ALSO, WHEN SUBMITTING PRIOR AUTHORIZATIONS FOR AIR TRANSPORTATION OR NON-EMERGENCY AMBULANCE TRANSPORTATION ALL FORMS AND DOCUMENTATION SHOULD BE ON THE CORRECT FORMS (I.E., AN EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON THE EMERGENCY FORM AND A NONDIAGNOSISEMERGENCY TRANSPORT SHOULD BE SUBMITTED ON A NON-EMERGENCY TRANSPORT FORM) TO ENSURE APPROPRIATE REVIEW.

****

 # 5 TO: ALL PROVIDERS (252)

HIPAA 5010 X12 TESTING IS NOW AVAILABLE FOR PROVIDERS AND VENDORS. TESTING 5010 TRANSACTIONS IS REQUIRED AND HIGHLY ENCOURAGED.

THE FOLLOWING TRANSACTION TYPES ARE CURRENTLY AVAILABLE FOR TESTING THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE:

• 270 ELIGIBILITY REQUEST/271 ELIGIBILITY RESPONSE

• 276 CLAIM STATUS REQUEST/277 CLAIM STATUS RESPONSE
• 278 PRIOR AUTHORIZATION REQUEST AND RESPONSE **NEW BEGINNING OCTOBER 12TH*
• TA1INTERCHANGE ACKNOWLEDGMENT
• 999 FUNCTIONAL ACKNOWLEDGMENT TRANSACTION
THE FOLLOWING TRANSACTION TYPES WILL BE AVAILABLE FOR TESTING COMPLIANCE ONLY BEGINNING OCTOBER 12TH THROUGH THE TRADE FILES OPTION VIA THE TESTING WEBSITE. PLEASE SUBMIT THESE TRANSACTIONS WITH AN ISA15 INTERCHANGE USAGE INDICATOR VALUE OF A 'T'. ONLY A TA1 OR 999 WILL BE RETURNED FOR THESE TRANSACTIONS AT THIS TIME:
• 837 PROFESSIONAL CLAIM SUBMISSION
• 837 INSTITUTIONAL CLAIM SUBMISSION
• 837 DENTAL CLAIM SUBMISSION
FOR FURTHER INFORMATION, PLEASE VISIT THE MEDICAID WEBSITE: http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.5_HIPAA_5010.aspx
****

 # 6 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.
****

 # 7 ATTENTION: ALL PHYSICIANS (203)
*****INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE*****

WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.
****

 # 8 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16.
THE NEW 5010 VERSION OF PES WILL SOON BE AVAILABLE IN VERSION 3.0. VERSION 3.0 WILL NOT BE AVAILABLE UNTIL ALABAMA MEDICAID IS READY TO ACCEPT 5010 PRODUCTION TRANSACTIONS.
TO SUCCESSFULLY UPGRADE FROM 4010 PES TO 5010 PES THE LATEST VERSION OF 4010 MUST BE INSTALLED WHICH IS VERSION 2.16.
FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
****

 # 9 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN

TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

 # 10 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE OCTOBER 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

September 9, 2011 EOP Mini-Messages

 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: AIR AND GROUND AMBULANCE PROVIDERS (252)

*** * * REMINDER * * ***

WHEN SUBMITTING A PRIOR AUTHORIZATION ON FORM 342 THE DIAGNOSIS DESCRIPTION AND
ALSO, WHEN SUBMITTING PRIOR AUTHORIZATIONS FOR AIR TRANSPORTATION OR NONEMERGENCY
AMBULANCE TRANSPORTATION ALL FORMS AND DOCUMENTATION
SHOULD BE ON THE CORRECT FORMS (I.E., AN EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON THE EMERGENCY FORM AND A NON-EMERGENCY TRANSPORT SHOULD BE SUBMITTED ON A NON-EMERGENCY TRANSPORT FORM) TO ENSURE APPROPRIATE REVIEW.
DIAGNOSIS CODE SHOULD BOTH BE ENTERED CORRECTLY ON THE
FORM OR THE PA WILL DENY.

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 # 3 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.

****

 # 4 ATTENTION: NURSING HOME, HOSPICE, PEC AND SWING BED PROVIDERS (217)

*****REMINDER*****

ALL RECORDS SHOULD BE SENT TO HP WITH THE CORRECT COVER SHEET FOUND ON THE AGENCY'S WEBSITE AT THIS LINK,
http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.3_LTC_Forms.aspx
EFFECTIVE AUGUST 8, 2011 RECORDS RECEIVED BY HP WITHOUT A COVER SHEET, OR THE INCORRECT COVER SHEET WILL BE RETURNED TO THE PROVIDER. FOR NURSING HOME PROVIDERS, THIS MAY RESULT IN PENALTIES FOR TIMELINESS FOR THE MONTHLY AUDIT.

**********# 5

ATTENTION: HOSPICE PROVIDERS (203)

EFFECTIVE JULY 14, 2011, REVISION TO FORM 165B – HOSPICE RECIPIENT STATUS CHANGE, WILL BE AVAILABLE FOR USE. THE FOLLOWING MEDICAID ONLY RECIPIENT CATEGORIES WERE ADDED:
-READMISSION AFTER UNRELATED HOSPITAL STAY
-DISCHARGE/REVOKE/DEATH
FORM 165B MAY BE ACCESSED, COMPLETED ELECTRONICALLY, AND PRINTED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov
SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT CHERYL CARDWELL AT (334) 242-5578.

 # 6 ATTENTION: ALL PHYSICIANS (203)
*****INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE*****
WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.
*****

August 19, 2011 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.

****

 # 3 ATTENTION: NURSING HOME, HOSPICE, PEC AND SWING BED PROVIDERS (217)
*****REMINDER*****

ALL RECORDS SHOULD BE SENT TO HP WITH THE CORRECT COVER SHEET FOUND ON THE AGENCY'S WEBSITE AT THIS LINK,
http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.3_LTC_Forms.aspx
EFFECTIVE AUGUST 8, 2011 RECORDS RECEIVED BY HP WITHOUT A COVER SHEET, OR THE INCORRECT COVER SHEET WILL BE RETURNED TO THE PROVIDER. FOR NURSING HOME PROVIDERS, THIS MAY RESULT IN PENALTIES FOR TIMELINESS FOR THE MONTHLY AUDIT.

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 # 4 ATTENTION: HOSPICE PROVIDERS (203)

EFFECTIVE JULY 14, 2011, REVISION TO FORM 165B – HOSPICE RECIPIENT STATUS CHANGE, WILL BE AVAILABLE FOR USE. THE FOLLOWING MEDICAID ONLY RECIPIENT CATEGORIES WERE ADDED:
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-DISCHARGE/REVOKE/DEATH
FORM 165B MAY BE ACCESSED, COMPLETED ELECTRONICALLY, AND PRINTED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov
SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT CHERYL CARDWELL AT (334) 242-5578.

****

 # 5 ATTENTION: ALL PHYSICIANS (203)

INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE
WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.

**********# 6

ATTENTION: ALL PROVIDERS (168)

ALABAMA MEDICAID HAS AN E-MAIL ADDRESS FOR PROVIDERS TO USE TO NOTIFY THE AGENCY WHEN A RECONSIDERATION OF A DENIED PA IS READY FOR REVIEW. PLEASE SEND E-MAIL TO parecon@medicaid.alabama.gov. PLEASE CONTINUE TO SEND RECONSIDERATION DOCUMENTS, WITH THE PA DENIAL LETTER TO HP ENTERPRISE SERVICES, 301 TECHNACENTER DRIVE, MONTGOMERY AL 36117 OR FAX TO (334)215-4140.

****

 # 7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)
*** * * N E W S O F T W A R E V E R S I O N 2.16* * ***
VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
****

 # 8 TO: ALL PROVIDERS (323)
ARE YOU READY FOR 5010 TRANSACTIONS EFFECTIVE JANUARY 1, 2012? THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START IN THE NEAR FUTURE. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
****

 # 9 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#10 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE JULY 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

August 5, 2011 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: ALL HOSPITALS (217)

HOSPITALS WILL NOT RECEIVE RATE LETTERS IN EITHER JUNE OR OCTOBER OF THIS YEAR. THE RATES THAT ARE CURRENTLY IN EFFECT WILL REMAIN SO UNTIL FURTHER NOTICE.

****

 # 3 ATTENTION: NURSING HOME, HOSPICE, PEC AND SWING BED PROVIDERS (217)
*****REMINDER*****

ALL RECORDS SHOULD BE SENT TO HP WITH THE CORRECT COVER SHEET FOUND ON THE AGENCY'S WEBSITE AT THIS LINK,
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 # 4 ATTENTION: HOSPICE PROVIDERS (203)

EFFECTIVE JULY 14, 2011, REVISION TO FORM 165B – HOSPICE RECIPIENT STATUS CHANGE, WILL BE AVAILABLE FOR USE. THE FOLLOWING MEDICAID ONLY RECIPIENT CATEGORIES WERE ADDED:
-READMISSION AFTER UNRELATED HOSPITAL STAY
-DISCHARGE/REVOKE/DEATH
FORM 165B MAY BE ACCESSED, COMPLETED ELECTRONICALLY, AND PRINTED FROM THE MEDICAID WEBSITE AT www.medicaid.alabama.gov
SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT CHERYL CARDWELL AT (334) 242-5578.

****

 # 5 ATTENTION: ALL PHYSICIANS (203)
*****INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE*****

WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.

****

 # 6 ATTENTION: ALL PROVIDERS (168)

ALABAMA MEDICAID HAS AN E-MAIL ADDRESS FOR PROVIDERS TO USE TO NOTIFY THE AGENCY WHEN A RECONSIDERATION OF A DENIED PA IS READY FOR REVIEW. PLEASE SEND E-MAIL TO parecon@medicaid.alabama.gov. PLEASE CONTINUE TO SEND RECONSIDERATION DOCUMENTS, WITH THE PA DENIAL LETTER TO HP ENTERPRISE SERVICES, 301 TECHNACENTER DRIVE, MONTGOMERY AL 36117 OR FAX TO (334)215-4140.

****

 # 7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)
*** * * N E W S O F T W A R E V E R S I O N 2.16* * ***
VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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 # 8 TO: ALL PROVIDERS (323)
ARE YOU READY FOR 5010 TRANSACTIONS EFFECTIVE JANUARY 1, 2012? THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START IN THE NEAR FUTURE. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
****

 # 9 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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#10 ATTENTION: ALL PROVIDERS (093)
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July 22, 2011 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: HOSPICE PROVIDERS (203)

EFFECTIVE JULY 14, 2011, REVISION TO FORM 165B – HOSPICE RECIPIENT STATUS CHANGE, WILL BE AVAILABLE FOR USE. THE FOLLOWING MEDICAID ONLY RECIPIENT CATEGORIES WERE ADDED:

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--- DISCHARGE/REVOKE/DEATH

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****

 # 3 ATTENTION: ALL PHYSICIANS (203)

INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE

WHEN BILLING FOR INITIAL INPATIENT NEONATAL AND PEDIATRIC CRITICAL CARE CODES (99468, 99471, AND 99475) AND INITIAL HOSPITAL CARE (99221-99223) FOR THE SAME RECIPIENT AND SAME DATE OF SERVICE, PLEASE APPEND THE MOST APPROPRIATE MODIFIER TO THE INITIAL HOSPITAL CARE CODE.

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 # 4 ATTENTION: ALL PROVIDERS (168)

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**********# 5

ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

* * * N E W S O F T W A R E V E R S I O N 2.16* * *

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****

 # 6 TO: ALL PROVIDERS (323)

ARE YOU READY FOR 5010 TRANSACTIONS EFFECTIVE JANUARY 1, 2012? THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START IN THE

NEAR FUTURE. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
****

 # 7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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July 8, 2011 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: ALL PROVIDERS (168)

ALABAMA MEDICAID HAS AN E-MAIL ADDRESS FOR PROVIDERS TO USE TO NOTIFY THE AGENCY WHEN A RECONSIDERATION OF A DENIED PA IS READY FOR REVIEW. PLEASE SEND E-MAIL TO parecon@medicaid.alabama.gov. PLEASE CONTINUE TO SEND RECONSIDERATION DOCUMENTS, WITH THE PA DENIAL LETTER TO HP ENTERPRISE SERVICES, 301 TECHNACENTER DRIVE, MONTGOMERY AL 36117 OR FAX TO (334)215-4140.

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 # 3 ATTENTION: ALL PROVIDERS (154)

AS PART OF THE NATIONAL HITECH ACT, EDUCATION ASSISTANCE IS AVAILABLE TO TRAIN HEALTH CARE AND IT PROFESSIONALS TO IMPLEMENT ELECTRONIC HEALTH RECORDS (EHRS). FOR MORE INFORMATION ABOUT WORKFORCE DEVELOPMENT TRAINING, PLEASE VISIT: http://hitregiond.pittcc.edu

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 # 4 ATTENTION: ALL PROVIDERS (154)

THE ALABAMA MEDICAID AGENCY HAS ESTABLISHED A FACEBOOK PAGE TO BETTER INFORM THE GENERAL PUBLIC ABOUT MANY OF THE CURRENT TOPICS AND ISSUES THE AGENCY IS ADDRESSING. THE PAGE ALSO OFFERS INSIGHT ON HOW THE AGENCY IMPACTS HEALTH CARE IN THE STATE, AS WELL AS HIGHLIGHT AGENCY PERSONNEL AND ACTIVITIES.

TO ENSURE YOU RECEIVE TIMELY UPDATES, PLEASE GO TO THE AGENCY'S PAGE AND CLICK ON "LIKE." THE PAGE CAN BE FOUND AT www.facebook.com/pages/Alabama-Medicaid-Agency/141645862533621.

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 # 5 ATTENTION: ALL PHYSICIANS, RHCS, FQHCS, AND NURSE PRACTITIONERS (126)

EFFECTIVE MAY 21, 2011 PROCEDURE CODE Q0091 (SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY) WILL REQUIRE A "90" MODIFIER TO BE PROCESSED AND CONSIDERED FOR PAYMENT.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

* * * N E W S O F T W A R E V E R S I O N 2.16* * *

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 7 TO: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
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 # 8 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

 # 9 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE JULY 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

June 17, 2011 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (168)

ALABAMA MEDICAID HAS AN E-MAIL ADDRESS FOR PROVIDERS TO USE TO NOTIFY THE AGENCY WHEN A RECONSIDERATION OF A DENIED PA IS READY FOR REVIEW. PLEASE SEND E-MAIL TO parecon@medicaid.alabama.gov. PLEASE CONTINUE TO SEND RECONSIDERATION DOCUMENTS, WITH THE PA DENIAL LETTER TO HP ENTERPRISE SERVICES, 301 TECHNACENTER DRIVE, MONTGOMERY AL 36117 OR FAX TO (334)215-4140.

****

 # 3 ATTENTION: ALL PROVIDERS (154)

AS PART OF THE NATIONAL HITECH ACT, EDUCATION ASSISTANCE IS AVAILABLE TO TRAIN HEALTH CARE AND IT PROFESSIONALS TO IMPLEMENT ELECTRONIC HEALTH RECORDS (EHRS). FOR MORE INFORMATION ABOUT WORKFORCE DEVELOPMENT TRAINING, PLEASE VISIT: http://hitregiond.pittcc.edu

****

 # 4 ATTENTION: ALL PROVIDERS (154)

THE ALABAMA MEDICAID AGENCY HAS ESTABLISHED A FACEBOOK PAGE TO BETTER INFORM THE GENERAL PUBLIC ABOUT MANY OF THE CURRENT TOPICS AND ISSUES THE AGENCY IS ADDRESSING. THE PAGE ALSO OFFERS INSIGHT ON HOW THE AGENCY IMPACTS HEALTH CARE IN THE STATE, AS WELL AS HIGHLIGHT AGENCY PERSONNEL AND ACTIVITIES.

TO ENSURE YOU RECEIVE TIMELY UPDATES, PLEASE GO TO THE AGENCY'S PAGE AND CLICK ON "LIKE." THE PAGE CAN BE FOUND AT www.facebook.com/pages/Alabama-Medicaid-Agency/141645862533621.

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 # 5 ATTENTION: ALL OPTOMETRISTS AND OPTICIANS (126)

+++EYEGLASSES REPLACEMENT DUE TO STORM/TORNADOS OF APRIL 27, 2011+++

IN THE EVENT THAT EYEGLASSES WERE DAMAGED OR LOST IN THE STORMS OF APRIL 27, 2011, PROVIDERS SHOULD SUBMIT A 342 FORM (PRIOR AUTHORIZATION) TO HP AS PER THE USUAL PROCESS (FAX HARD COPY/SUBMIT ELECTRONICALLY/MAIL). 1. DOCUMENT ON THE 342 FORM THE REASON FOR THE REQUEST, 2. NO MEDICAL DOCUMENTATION IS NECESSARY, 3. EMAIL ONE OF THE AGENCY STAFF BELOW WHEN PA HAS BEEN SUBMITTED SO THAT THE APPROVAL CAN BE EXPEDITED.

Dodie.Teel@medicaid.alabama.gov (334-242-5149) OR Theresa.Carlos@medicaid.alabama.gov (334-353-3711) OR Sheila.McDaniel@medicaid.alabama.gov (334-242-2366).

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 # 6 ATTENTION: ALL PHYSICIANS, RHCS, FQHCS, AND NURSE PRACTITIONERS (126)

EFFECTIVE MAY 21, 2011 PROCEDURE CODE Q0091 (SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY) WILL REQUIRE A "90" MODIFIER TO BE PROCESSED AND CONSIDERED FOR PAYMENT.

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 # 7

ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)
* * * N E W S O F T W A R E V E R S I O N 2.16* * *
VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK 'PROVIDERS,' SELECT 'PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@hp.com.
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 # 8 ATTENTION ALL PROVIDERS (077)
EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN "ACTIVE USER LETTER" ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT.
SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• 837P
•
– IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF "0" INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
837I
•
– IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE "AJ" INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
NCPDP – IN THE CLAIM SEGMENT FIELD 461-EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF "4", INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL
UB-04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• UB-04
•
– IN FORM LOCATORS 18- 28, ENTER A CONDITION CODE "AJ" INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
PES
•
– IN CONDITION CODE FIELD, ENTER A VALUE OF "AJ"
WEB
• SYSTEM CHANGES ARE IN PLACE FOR MEDICAL AND PHARMACY CLAIMS SUBMITTED VIA THE WEB. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST ENTER A YES IN THE COPAY EXEMPTION FIELD IF THE MEDICAID RECIPIENT IS A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER FROM THE INDIAN HEALTH SERVICES.
– IN CONDITION CODE FIELD, ENTER A VALUE OF "AJ"
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 # 9 TO: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
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 # 10 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

 # 11 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE APRIL 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

June 3, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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2 ATTENTION: REHABILITATIVE OPTION PROVIDERS (DMH, DHR, and DYS)
PROCEDURE CODES 90862 HE AND 90862 HF THAT HAVE BEEN UTILIZED FOR PHYSICIAN MEDICAL ASSESSMENT AND TREATMENT WILL NO LONGER BE ACTIVE. THESE CODES ARE BEING REPLACED WITH PROCEDURE CODES H0004 HE AND H0004 HF FOR DATES OF SERVICE 10/01/10 AND THEREAFTER. FOR ANY FURTHER QUESTIONS, CONTACT KAREN SMITH AT 334-353-4945 OR VIA E-MAIL AT karen.watkins-smith@medicaid.alabama.gov.

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3 ATTENTION: ALL OPTOMETRISTS AND OPTICIANS (126)
+++EYEGLASSES REPLACEMENT DUE TO STORM/TORNADOS OF APRIL 27, 2011+++
IN THE EVENT THAT EYEGLASSES WERE DAMAGED OR LOST IN THE STORMS OF APRIL 27, 2011, PROVIDERS SHOULD SUBMIT A 342 FORM (PRIOR AUTHORIZATION) TO HP AS PER THE USUAL PROCESS (FAX HARD COPY/SUBMIT ELECTRONICALLY/MAIL). 1. DOCUMENT ON THE 342 FORM THE REASON FOR THE REQUEST, 2. NO MEDICAL DOCUMENTATION IS NECESSARY, 3. EMAIL ONE OF THE AGENCY STAFF BELOW WHEN PA HAS BEEN SUBMITTED SO THAT THE APPROVAL CAN BE EXPEDITED. Dodie.Teel@medicaid.alabama.gov (334-242-5149) OR Theresa.Carlos@medicaid.alabama.gov (334-353-3711) OR Sheila.McDaniel@medicaid.alabama.gov (334-242-2366).

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4 ATTENTION: ALL PHYSICIANS, RHCS, FQHCS, AND NURSE PRACTITIONERS (126)
EFFECTIVE MAY 21, 2011 PROCEDURE CODE Q0091 (SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY) WILL REQUIRE A “90” MODIFIER TO BE PROCESSED AND CONSIDERED FOR PAYMENT.

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5 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)
* * * N E W S O F T W A R E V E R S I O N 2.16* * *
VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMCHELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds.com.

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6 ATTENTION: ALL PROVIDERS (077)
EFFECTIVE NOVEMBER 9, 2010, MEDICAID INTRODUCED THE NCCI EDITS INTO THE MEDICAID CLAIMS PROCESSING SYSTEM. THESE EDITS WERE SET AS “INFORMATION” EDITS. BEGINNING 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 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
PLEASE SEE THE ALERT DATED 3/25/11 FOR MORE INFORMATION ABOUT THE NATIONAL CORRECT CODING INITIATIVES (NCCI) EDITS APPEALS PROCESS. THE APRIL PROVIDER INSIDER ALSO CONTAINS THE APPEALS PROCEDURES.
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7 ATTENTION ALL PROVIDERS (077)
EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN “ACTIVE USER LETTER” ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT.
SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• 837P – IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF “0” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• 837I – IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• NCPDP – IN THE CLAIM SEGMENT FIELD 461-EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF “4”, INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL UB-04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• UB-04 – IN FORM LOCATORS 18- 28, ENTER A CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• PES – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”
• WEB – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”SYSTEM CHANGES IN WORK FOR MEDICAL AND PHARMACY CLAIMS SUBMITTED VIA
THE WEB AND ARE EXPECTED TO BE COMPLETED BY JUNE 1, 2011.
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8 TO: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
****
9 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES

(ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#10 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE APRIL 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

May 20, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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2 ATTENTION: ALL PROVIDERS (126)

THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED MAY 30, 2011 IN OBSERVANCE OF MEMORIAL DAY. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

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3 ATTENTION: REHABILITATIVE OPTION PROVIDERS (DMH, DHR, and DYS) (140)

PROCEDURE CODES 90862-HE AND 90862-HF THAT HAVE BEEN UTILIZED FOR PHYSICIAN MEDICAL ASSESSMENT AND TREATMENT WILL NO LONGER BE ACTIVE. THESE CODES ARE BEING REPLACED WITH PROCEDURE CODES H0004-HE AND H0004-HF FOR DATES OF SERVICE OCTOBER 01, 2010 AND THEREAFTER. FOR ANY FURTHER QUESTIONS, CONTACT KAREN SMITH AT 334-353-4945 OR VIA E-MAIL AT karen.watkinssmith@ medicaid.alabama.gov.

4 ATTENTION: ALL OPTOMETRISTS AND OPTICIANS (126)

+++EYEGLASSES REPLACEMENT DUE TO STORM/TORNADOS OF APRIL 27, 2011+++

IN THE EVENT THAT EYEGLASSES WERE DAMAGED OR LOST IN THE STORMS OF APRIL 27, 2011, PROVIDERS SHOULD SUBMIT A 342 FORM (PRIOR AUTHORIZATION) TO HP AS PER THE USUAL PROCESS (FAX HARD COPY/SUBMIT ELECTRONICALLY/MAIL). 1. DOCUMENT ON THE 342 FORM THE REASON FOR THE REQUEST, 2. NO MEDICAL DOCUMENTATION IS NECESSARY, 3. EMAIL ONE OF THE AGENCY STAFF BELOW WHEN PA HAS BEEN SUBMITTED SO THAT THE APPROVAL CAN BE EXPEDITED. Dodie.Teel@medicaid.alabama.gov (334-242-5149) OR Theresa.Carlos@medicaid.alabama.gov (334-353-3711) OR Sheila.McDaniel@medicaid.alabama.gov (334-242-2366).

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5 ATTENTION: ALL PHYSICIANS, RHCS, FQHCS, AND NURSE PRACTITIONERS (126)

EFFECTIVE MAY 21, 2011 PROCEDURE CODE Q0091 (SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY) WILL REQUIRE A “90” MODIFIER TO BE PROCESSED AND CONSIDERED FOR PAYMENT.

**********# 6

ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

* * * N E W S O F T W A R E V E R S I O N 2.16* * *

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds.com.

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7 ATTENTION: ALL PROVIDERS (077)
EFFECTIVE NOVEMBER 9, 2010, MEDICAID INTRODUCED THE NCCI EDITS INTO THE MEDICAID CLAIMS PROCESSING SYSTEM. THESE EDITS WERE SET AS “INFORMATION” EDITS. BEGINNING 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 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
PLEASE SEE THE ALERT DATED 3/25/11 FOR MORE INFORMATION ABOUT THE NATIONAL CORRECT CODING INITIATIVES (NCCI) EDITS APPEALS PROCESS. THE APRIL PROVIDER INSIDER ALSO CONTAINS THE APPEALS PROCEDURES.
****
8 ATTENTION ALL PROVIDERS (077)
EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN “ACTIVE USER LETTER” ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT.
SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• 837P – IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF “0” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• 837I – IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• NCPDP – IN THE CLAIM SEGMENT FIELD 461-EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF “4”, INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL
UB-04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• UB-04 – IN FORM LOCATORS 18- 28, ENTER A CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• PES – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”
• WEB – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”
SYSTEM CHANGES ARE IN PLACE FOR MEDICAL AND PHARMACY CLAIMS SUBMITTED VIA THE WEB. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST ENTER A YES IN THE COPAY EXEMPTION FIELD IF THE MEDICAID RECIPIENT IS A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER FROM THE INDIAN HEALTH SERVICES.
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9 TO: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS

AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
****

#10 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#11 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE APRIL 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

May 6, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

2 ATTENTION: ALL PROVIDERS (126)

THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED MAY 30, 2011 IN OBSERVANCE OF MEMORIAL DAY. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

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3 ATTENTION: ALL OPTOMETRISTS AND OPTICIANS (126)

+++EYEGLASSES REPLACEMENT DUE TO STORM/TORNADOS OF APRIL 27, 2011+++

IN THE EVENT THAT EYEGLASSES WERE DAMAGED OR LOST IN THE STORMS OF APRIL 27, 2011, PROVIDERS SHOULD SUBMIT A 342 FORM (PRIOR AUTHORIZATION) TO HP AS PER THE USUAL PROCESS (FAX HARD COPY/SUBMIT ELECTRONICALLY/MAIL). 1. DOCUMENT ON THE 342 FORM THE REASON FOR THE REQUEST, 2. NO MEDICAL DOCUMENTATION IS NECESSARY, 3. EMAIL ONE OF THE AGENCY STAFF BELOW WHEN PA HAS BEEN SUBMITTED SO THAT THE APPROVAL CAN BE EXPEDITED. Dodie.Teel@medicaid.alabama.gov (334-242-5149) OR Theresa.Carlos@medicaid.alabama.gov (334-353-3711) OR Sheila.McDaniel@medicaid.alabama.gov (334-242-2366).

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4 ATTENTION: ALL PHYSICIANS, RHCS, FQHCS, AND NURSE PRACTITIONERS (126)

EFFECTIVE MAY 21, 2011 PROCEDURE CODE Q0091 (SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY) WILL REQUIRE A “90” MODIFIER TO BE PROCESSED AND CONSIDERED FOR PAYMENT.**********

5 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (126)

* * * N E W S O F T W A R E V E R S I O N 2.16* * *

VERSION 2.16 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK ‘PROVIDERS,' SELECT ‘PROVIDER ELECTRONIC SOLUTIONS SOFTWARE.’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, TO DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.15 BEFORE ATTEMPTING TO UPGRADE TO 2.16. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds.com.

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6 ATTENTION: AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICE (ACD) PROVIDERS (88)

EFFECTIVE IMMEDIATELY, THE ACD FORM 480 LOCATED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov, UNDER BOTH “PROVIDERS” AND “RESOURCES,” IS THE REQUIRED EVALUATION FORM THAT THE SPEECH LANGUAGE PATHOLOGIST (SLP)

MUST FILL OUT FOR CONSIDERATION OF ACD APPROVALS. THE INSTRUCTIONS FOR THE FORM ARE ALSO ON THE WEBSITE.
****
7 ATTENTION: ALL PHARMACISTS AND PHYSICIANS (077)
EFFECTIVE OCTOBER 5, 2010, ALABAMA MEDICAID IMPLEMENTED A DRUG/NDC LOOKUP SYSTEM. THE SYSTEM ALLOWS PROVIDERS TO SEARCH FOR A DRUG BY NAME OR BY NDC, AND WILL PROVIDE COVERAGE AND PRICING INFORMATION FOR OUTPATIENT PHARMACY CLAIMS. PRESCRIBERS/PROVIDERS CAN ALSO ACCESS THE SYSTEM TO VERIFY COVERAGE OF AN NDC FOR THE BILLING OF A HCPCS CODE. PLEASE NOTE FOR HCPCS THAT PRICING, PRIOR AUTHORIZATION REQUIREMENTS, AND MAXIMUM QUANTITY LIMITS DO NOT APPLY, BUT THE DRUG COVERAGE FIELD DOES APPLY. TO ACCESS THE NDC DRUG LOOKUP SYSTEM, PLEASE VISIT THE ALABAMA MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV AND CLICK ON THE “DRUG LOOK UP” LINK UNDER PHARMACY SERVICES.
****
8 ATTENTION: ALL PROVIDERS (077)
EFFECTIVE NOVEMBER 9, 2010, MEDICAID INTRODUCED THE NCCI EDITS INTO THE MEDICAID CLAIMS PROCESSING SYSTEM. THESE EDITS WERE SET AS “INFORMATION” EDITS. BEGINNING 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 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#TopOfPagePLEASE SEE THE ALERT DATED 3/25/11 FOR MORE INFORMATION ABOUT THE NATIONAL
CORRECT CODING INITIATIVES (NCCI) EDITS APPEALS PROCESS. THE APRIL PROVIDER INSIDER ALSO CONTAINS THE APPEALS PROCEDURES.
****
9 ATTENTION ALL PROVIDERS (077)
EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN “ACTIVE USER LETTER” ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT.
SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• 837P – IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF “0” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• 837I – IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• NCPDP – IN THE CLAIM SEGMENT FIELD 461-EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF “4”, INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL UB-04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• UB-04 – IN FORM LOCATORS 18- 28, ENTER A CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER

LETTER.

- PES – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”
- WEB – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”

SYSTEM CHANGES IN WORK FOR MEDICAL AND PHARMACY CLAIMS SUBMITTED VIA THE WEB AND ARE EXPECTED TO BE COMPLETED BY JUNE 1, 2011.

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#10 TO: ALL PROVIDERS (323)

THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.

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#11 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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#12 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE APRIL 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

April 15, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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2 ATTENTION: AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICE (ACD) PROVIDERS (88)

EFFECTIVE IMMEDIATELY, THE ACD FORM 480 LOCATED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov, UNDER BOTH “PROVIDERS” AND “RESOURCES,” IS THE REQUIRED EVALUATION FORM THAT THE SPEECH LANGUAGE PATHOLOGIST (SLP) MUST FILL OUT FOR CONSIDERATION OF ACD APPROVALS. THE INSTRUCTIONS FOR THE FORM ARE ALSO ON THE WEBSITE.

****

3 ATTENTION: ALL PHARMACISTS AND PHYSICIANS (077)

EFFECTIVE OCTOBER 5, 2010, ALABAMA MEDICAID IMPLEMENTED A DRUG/NDC LOOKUP SYSTEM. THE SYSTEM ALLOWS PROVIDERS TO SEARCH FOR A DRUG BY NAME OR BY NDC, AND WILL PROVIDE COVERAGE AND PRICING INFORMATION FOR OUTPATIENT PHARMACY CLAIMS. PRESCRIBERS/PROVIDERS CAN ALSO ACCESS THE SYSTEM TO VERIFY COVERAGE OF AN NDC FOR THE BILLING OF A HCPCS CODE. PLEASE NOTE FOR HCPCS THAT PRICING, PRIOR AUTHORIZATION REQUIREMENTS, AND MAXIMUM QUANTITY LIMITS DO NOT APPLY, BUT THE DRUG COVERAGE FIELD DOES APPLY. TO ACCESS THE NDC DRUG LOOKUP SYSTEM, PLEASE VISIT THE ALABAMA MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV AND CLICK ON THE “DRUG LOOK UP” LINK UNDER PHARMACY SERVICES.

****

4 ATTENTION: ALL PROVIDERS (077)

EFFECTIVE NOVEMBER 9, 2010, MEDICAID INTRODUCED THE NCCI EDITS INTO THE MEDICAID CLAIMS PROCESSING SYSTEM. THESE EDITS WERE SET AS “INFORMATION” EDITS. BEGINNING 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 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

PLEASE SEE THE ALERT DATED 3/25/11 FOR MORE INFORMATION ABOUT THE NATIONAL CORRECT CODING INITIATIVES (NCCI) EDITS APPEALS PROCESS. THE APRIL PROVIDER INSIDER ALSO CONTAINS THE APPEALS PROCEDURES.

**********# 5 ATTENTION ALL PROVIDERS (077)

EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN “ACTIVE USER LETTER” ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT.

SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND

NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:

- 837P – IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF “0” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
- 837I – IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
- NCPDP – IN THE CLAIM SEGMENT FIELD 461-EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF “4”, INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.

ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL UB-04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:

- UB-04 – IN FORM LOCATORS 18- 28, ENTER A CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
- PES – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”
- WEB – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”

SYSTEM CHANGES ARE NOT IN PLACE FOR MEDICAL AND PHARMACY CLAIMS SUBMITTED VIA PAPER, PES, OR WEB AT THIS TIME. SYSTEM CHANGES ARE IN WORK AND ARE EXPECTED TO BE COMPLETED NO LATER THAN MAY 1, 2011.

****

6 TO: ALL PROVIDERS (323)

THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.

**********# 7

ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

****

8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE APRIL 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

April 1, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO www.medicaid.alabama.gov TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

2 ATTENTION: AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICE (ACD) PROVIDERS (88)

EFFECTIVE IMMEDIATELY, THE ACD FORM 480 LOCATED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov, UNDER BOTH “PROVIDERS” AND “RESOURCES,” IS THE REQUIRED EVALUATION FORM THAT THE SPEECH LANGUAGE PATHOLOGIST (SLP) MUST FILL OUT FOR CONSIDERATION OF ACD APPROVALS. THE INSTRUCTIONS FOR THE FORM ARE ALSO ON THE WEBSITE.

****

3 ATTENTION: ALL PHARMACISTS AND PHYSICIANS (077)

EFFECTIVE OCTOBER 5, 2010, ALABAMA MEDICAID IMPLEMENTED A DRUG/NDC LOOKUP SYSTEM. THE SYSTEM ALLOWS PROVIDERS TO SEARCH FOR A DRUG BY NAME OR BY NDC, AND WILL PROVIDE COVERAGE AND PRICING INFORMATION FOR OUTPATIENT PHARMACY CLAIMS. PRESCRIBERS/PROVIDERS CAN ALSO ACCESS THE SYSTEM TO VERIFY COVERAGE OF AN NDC FOR THE BILLING OF A HCPCS CODE. PLEASE NOTE FOR HCPCS THAT PRICING, PRIOR AUTHORIZATION REQUIREMENTS, AND MAXIMUM QUANTITY LIMITS DO NOT APPLY, BUT THE DRUG COVERAGE FIELD DOES APPLY. TO ACCESS THE NDC DRUG LOOKUP SYSTEM, PLEASE VISIT THE ALABAMA MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV AND CLICK ON THE “DRUG LOOK UP” LINK UNDER PHARMACY SERVICES.

**********# 4

ATTENTION: ALL PROVIDERS (077)

EFFECTIVE NOVEMBER 9, 2010, MEDICAID INTRODUCED THE NCCI EDITS INTO THE MEDICAID CLAIMS PROCESSING SYSTEM. THESE EDITS WERE SET AS “INFORMATION” EDITS. BEGINNING MARCH 23, 2011, THESE EDITS WILL BE SET TO DENY FOR ANY SERVICES THAT DO NOT MEET THE NCCI EDIT CRITERIA AND WERE FURNISHED ON OR AFTER OCTOBER 1, 2010.

THE 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

AN ALERT WILL BE FORTHCOMING WITH THE APPEALS PROCESS PROCEDURES. THE APRIL PROVIDER INSIDER WILL ALSO CONTAIN THE APPEALS PROCEDURES.

****

5 ATTENTION ALL PROVIDERS (077)

EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN “ACTIVE USER LETTER” ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT.

SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE

PROVIDER MUST:
• 837P – IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF “0” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• 837I – IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• NCPDP – IN THE CLAIM SEGMENT FIELD 461-EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF “4”, INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL UB-04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
• UB-04 – IN FORM LOCATORS 18- 28, ENTER A CONDITION CODE “AJ” INDICATING CO-PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
• PES – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”
• WEB – IN CONDITION CODE FIELD, ENTER A VALUE OF “AJ”SYSTEM CHANGES ARE NOT IN PLACE FOR MEDICAL AND PHARMACY CLAIMS
SUBMITTED VIA PAPER, PES, OR WEB AT THIS TIME. SYSTEM CHANGES ARE IN WORK AND ARE EXPECTED TO BE COMPLETED NO LATER THAN MAY 1, 2011.
****
6 ATTENTION: ALL PROVIDERS (035):
TELEPHONE NUMBER (205) 834-3330 IS NO LONGER A VALID TELEPHONE NUMBER TO REACH HP ENTERPRISE SERVICES. THIS NUMBER NOW BELONGS TO A PRIVATE INDIVIDUAL. THE TELEPHONE NUMBER FOR HP ENTERPRISE SERVICES IS 1-800-688-7989 (AL, FL, MS, GA,TN) OR 334-215-0111 (ALL OTHER AREAS). ADDITIONAL CONTACT INFORMATION CAN BE FOUND ON THE MEDICAID WEBSITE, WWW.MEDICAID.ALABAMA.GOV UNDER CONTACTS. PLEASE UPDATE YOUR TELEPHONE DIRECTORY ACCORDINGLY.
****
7 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)
ALERT -- IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND IMMEDIATELY.
****
8 ATTENTION: EYE CARE PROVIDERS (337)
EFFECTIVE DECEMBER 1, 2010, PROCEDURE CODE V2020 (VISION SERVICES FRAMES PURCHASE) HAS A MAXIMUM REIMBURSEMENT RATE OF $13.95 PER 1 UNIT.
**********# 9 TO: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE "PROVIDER INSIDER" PUBLICATIONS.
****
#10 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE

MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656) AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

#11 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT www.medicaid.alabama.gov. THE APRIL 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

March 18, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

3 ATTENTION: ALL PROVIDERS (077)

EFFECTIVE NOVEMBER 9, 2010, MEDICAID INTRODUCED THE NCCI EDITS INTO THE MEDICAID CLAIMS PROCESSING SYSTEM. THESE EDITS WERE SET AS 'INFORMATION' EDITS. BEGINNING MARCH 23, 2011, THESE EDITS WILL BE SET TO DENY FOR ANY SERVICES THAT DO NOT MEET THE NCCI EDIT CRITERIA AND WERE FURNISHED ON OR AFTER OCTOBER 1, 2010. THE 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 AN ALERT WILL BE FORTHCOMING WITH THE APPEALS PROCESS PROCEDURES. THE APRIL PROVIDER INSIDER WILL ALSO CONTAIN THE APPEALS PROCEDURES.

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4 ATTENTION ALL 1500 BILLERS AND HOSPITALS (077)

EFFECTIVE IMMEDIATELY, NATIVE AMERICAN INDIANS THAT PRESENT AN 'ACTIVE USER LETTER' ISSUED BY INDIAN HEALTH SERVICES (HIS) WILL BE EXEMPT FROM THE MEDICAID REQUIRED COPAYMENT. SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE MEDICAL, INSTITUTIONAL, AND PHARMACY CLAIMS WHEN SUBMITTED VIA THE 837P, 837I, AND NCPCP TRANSACTIONS. TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
−837P − IN LOOP 2400, SV115 FIELD, ENTER A VALUE OF '0' INDICATING CO−PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
−837I − IN LOOP 2300, SEGMENT, CONDITION INFORMATION, ENTER CONDITION CODE 'AJ' INDICATING CO−PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
−NCPDP − IN THE CLAIM SEGMENT FIELD 461−EU, PRIOR AUTHORIZATION TYPE CODE, ENTER A VALUE OF '4,' INDICATING CO−PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
ALSO, SYSTEM CHANGES ARE IN PLACE FOR IMMEDIATE FILING OF THE INSTITUTIONAL UB−04 PAPER, PES, AND WEB CLAIMS SUBMISSIONS: TO EXEMPT THE CLAIM FROM THE REQUIRED COPAYMENT, THE PROVIDER MUST:
−UB−04 − IN FORM LOCATORS 18− 28, ENTER A CONDITION CODE 'AJ' INDICATING CO−PAY EXEMPTION FOR A NATIVE AMERICAN INDIAN WITH AN ACTIVE USER LETTER.
−PES − IN CONDITION CODE FIELD, ENTER A VALUE OF 'AJ'
−WEB − IN CONDITION CODE FIELD, ENTER A VALUE OF 'AJ'
SYSTEM CHANGES ARE NOT IN PLACE FOR MEDICAL AND PHARMACY CLAIMS SUBMITTED VIA PAPER, PES, OR WEB AT THIS TIME. SYSTEM CHANGES ARE IN WORK AND ARE EXPECTED TO BE COMPLETED NO LATER THAN MAY 1, 2011.**********

5 ATTENTION: ALL PROVIDERS (295)

EFFECTIVE FOR CLAIMS RECEIVED AFTER JANUARY 17, 2011 − ALL CLAIMS MUST BE

SUBMITTED WITH THE RECIPIENT'S CURRENT MEDICAID ID NUMBER WHICH BEGINS WITH A '5.' AS A RESULT OF ACT 2006−611, IN JANUARY 2007 THE MEDICAID ID NUMBERS (WHICH CONTAINED THE SOCIAL SECURITY NUMBER) FOR ALL RECIPIENTS WERE CONVERTED TO NEW MEDICAID NUMBERS. A GRACE PERIOD HAS BEEN GRANTED UNTIL FEBRUARY 25, 2011, CLAIMS RECEIVED ON OR AFTER FEBRUARY 25, 2011 WILL BE DENIED IF SUBMITTED WITH THE OLD MEDICAID ID NUMBER WHICH BEGINS WITH '000.'
****
6 ATTENTION: ALL PROVIDERS (035)
TELEPHONE NUMBER (205) 834−3330 IS NO LONGER A VALID TELEPHONE NUMBER TO REACH HP ENTERPRISE SERVICES. THIS NUMBER NOW BELONGS TO A PRIVATE INDIVIDUAL. THE TELEPHONE NUMBER FOR HP ENTERPRISE SERVICES IS 1−800−688−7989 (AL, FL, MS, GA, TN) OR 334−215−0111 (ALL OTHER AREAS). ADDITIONAL CONTACT INFORMATION CAN BE FOUND ON THE MEDICAID WEBSITE (www.medicaid.alabama.gov) UNDER CONTACTS. PLEASE UPDATE YOUR TELEPHONE DIRECTORY ACCORDINGLY.
****
7 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)
− − ALERT − −
IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND IMMEDIATELY.
****
9 ATTENTION: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE PROVIDER INSIDER" PUBLICATIONS.
****
#10 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****
#11 ATTENTION: ALL PROVIDERS (093)
THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

March 4, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****

2 ATTENTION: ALL PROVIDERS (295)
EFFECTIVE FOR CLAIMS RECEIVED AFTER JANUARY 17, 2011 − ALL CLAIMS MUST BE SUBMITTED WITH THE RECIPIENT'S CURRENT MEDICAID ID NUMBER WHICH BEGINS WITH A '5.' AS A RESULT OF ACT 2006−611, IN JANUARY 2007 THE MEDICAID ID NUMBERS (WHICH CONTAINED THE SOCIAL SECURITY NUMBER) FOR ALL RECIPIENTS WERE CONVERTED TO NEW MEDICAID NUMBERS. A GRACE PERIOD HAS BEEN GRANTED UNTIL FEBRUARY 25, 2011, CLAIMS RECEIVED ON OR AFTER FEBRUARY 25, 2011 WILL BE DENIED IF SUBMITTED WITH THE OLD MEDICAID ID NUMBER WHICH BEGINS WITH '000.'
****

3 ATTENTION: ALL PROVIDERS (035)
TELEPHONE NUMBER (205) 834−3330 IS NO LONGER A VALID TELEPHONE NUMBER TO REACH HP ENTERPRISE SERVICES. THIS NUMBER NOW BELONGS TO A PRIVATE INDIVIDUAL. THE TELEPHONE NUMBER FOR HP ENTERPRISE SERVICES IS 1−800−688−7989 (AL, FL, MS, GA, TN) OR 334−215−0111 (ALL OTHER AREAS). ADDITIONAL CONTACT INFORMATION CAN BE FOUND ON THE MEDICAID WEBSITE (www.medicaid.alabama.gov) UNDER CONTACTS. PLEASE UPDATE YOUR TELEPHONE DIRECTORY ACCORDINGLY.
****

4 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)
− − ALERT − −
IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND IMMEDIATELY.
****

6 ATTENTION: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE PROVIDER INSIDER" PUBLICATIONS.
****

7 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THEMAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
****

8 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

February 18, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****

2 ATTENTION: ALL PROVIDERS (295)
EFFECTIVE FOR CLAIMS RECEIVED AFTER JANUARY 17, 2011 − ALL CLAIMS MUST BE SUBMITTED WITH THE RECIPIENT'S CURRENT MEDICAID ID NUMBER WHICH BEGINS WITH A '5.' AS A RESULT OF ACT 2006−611, IN JANUARY 2007 THE MEDICAID ID NUMBERS (WHICH CONTAINED THE SOCIAL SECURITY NUMBER) FOR ALL RECIPIENTS WERE CONVERTED TO NEW MEDICAID NUMBERS. A GRACE PERIOD HAS BEEN GRANTED UNTIL FEBRUARY 25, 2011, CLAIMS RECEIVED ON OR AFTER FEBRUARY 25, 2011 WILL BE DENIED IF SUBMITTED WITH THE OLD MEDICAID ID NUMBER WHICH BEGINS WITH '000.'
****

3 ATTENTION: ALL PROVIDERS (035)
TELEPHONE NUMBER (205) 834−3330 IS NO LONGER A VALID TELEPHONE NUMBER TO REACH HP ENTERPRISE SERVICES. THIS NUMBER NOW BELONGS TO A PRIVATE INDIVIDUAL. THE TELEPHONE NUMBER FOR HP ENTERPRISE SERVICES IS 1−800−688−7989 (AL, FL, MS, GA, TN) OR 334−215−0111 (ALL OTHER AREAS). ADDITIONAL CONTACT INFORMATION CAN BE FOUND ON THE MEDICAID WEBSITE (www.medicaid.alabama.gov) UNDER CONTACTS. PLEASE UPDATE YOUR TELEPHONE DIRECTORY ACCORDINGLY.
****

5 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)
− − ALERT − −
IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND IMMEDIATELY.
****

6 ATTENTION: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE PROVIDER INSIDER PUBLICATIONS.
**********# 7
ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THEMAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
**********# 8
ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2011 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

February 4, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****

2 ATTENTION: ALL PROVIDERS (295)
EFFECTIVE FOR CLAIMS RECEIVED AFTER JANUARY 17, 2011 − ALL CLAIMS MUST BE SUBMITTED WITH THE RECIPIENT'S CURRENT MEDICAID ID NUMBER WHICH BEGINS WITH A '5.' AS A RESULT OF ACT 2006−611, IN JANUARY 2007 THE MEDICAID ID NUMBERS (WHICH CONTAINED THE SOCIAL SECURITY NUMBER) FOR ALL RECIPIENTS WERE CONVERTED TO NEW MEDICAID NUMBERS. A GRACE PERIOD HAS BEEN GRANTED UNTIL FEBRUARY 25, 2011, CLAIMS RECEIVED ON OR AFTER FEBRUARY 25, 2011 WILL BE DENIED IF SUBMITTED WITH THE OLD MEDICAID ID NUMBER WHICH BEGINS WITH '000.'
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3 ATTENTION: ALL PROVIDERS (035)
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****

4 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)
− − ALERT − −
IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND IMMEDIATELY.
****

6 ATTENTION: ALL PROVIDERS (323) THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE PROVIDER INSIDER" PUBLICATIONS.
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8 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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9 ATTENTION: ALL PROVIDERS (093)

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January 21, 2011 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THEAVAILABILITY OF FUNDS. THE RELEASE OF FUNDS IS NORMALLY THE SECOND MONDAY AFTER THE RA DATE. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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3 ATTENTION: ALL PATIENT 1ST PROVIDERS (007)
− − ALERT − −
IMPORTANT CONTRACT INFORMATION WAS MAILED TO ALL PATIENT 1ST PROVIDERS RECENTLY. PLEASE RESPOND BY FEBRUARY 1ST.

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5 ATTENTION: ALL PROVIDERS (323)
THE ALABAMA MEDICAID AGENCY IS CURRENTLY WORKING ON THE 5010 TRANSACTIONS. THE TESTING FOR THE PROVIDER AND VENDOR COMMUNITY IS EXPECTED TO START BY THE SUMMER OF 2011. ONCE A FIRM START DATE FOR TESTING HAS BEEN ESTABLISHED, THE ALABAMA MEDICAID AGENCY WILL NOTIFY PROVIDERS AND VENDORS THROUGH THE USE OF MAIL, EMAIL, WEBSITE NOTICES, AND THE PROVIDER INSIDER" PUBLICATIONS.

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7 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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