

Provider Insider

Alabama Medicaid Bulletin

July 2023

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COVID-19 UNWINDING – PROVIDER UPDATES AND CHANGES TO SERVICES

Per federal guidance, the COVID-19 public health emergency (PHE) ended on May 11, 2023. Therefore, some flexibilities the Alabama Medicaid Agency (Medicaid) implemented due to the COVID-19 PHE ended at that time. Medicaid intends to keep providers updated on changes that will be forthcoming during the return to normal operations.

Medicaid continues to work with the Centers for Medicare and Medicaid Services (CMS) to end some flexibilities implemented during the COVID-19 PHE (unwinding). Medicaid provides notice of changes through additional notices via State Plan Notice, Administrative Code Notice, waiver notice, or provider ALERTS.

If Medicaid continues an option that was not available before the PHE, providers will not be notified. For example, since Medicaid continues to allow sick and well-child visits to be reimbursed for the same date of service after the PHE end date, no additional notice is given.



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Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- Office Manager
- Billing Dept.
- Medical/Clinical Professionals
- Other _____

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

Below are some changes that have occurred or are forthcoming:

Effective May 12, 2023:

- Recipient signatures are required to be obtained and kept on file as verification that the recipient was present on the date of service for which the provider seeks payment. More information can be found in the Alabama Administrative Code, Chapter 1, Rule No. 560-X-1-.18 Provider and Recipient Signature Requirements.
- Medicaid discontinued reimbursement for transportation to a mass administration site to obtain COVID-19 vaccines.

Effective June 1, 2023:

- Medicaid resumed the referral requirements for EPSDT visits. Once the child has an EPSDT screening, all subsequent visits to other providers for further diagnosis or treatment must have a written referral (Form 362) from the EPSDT screening provider.
 - An EPSDT referral is required so that recipients under the age of 21 do not run out of office or hospital visits.
 - Please refer to Appendix A – Well-Child Checkup (EPSDT) of the Provider Billing Manual for billing instructions related to EPSDT services.
 - Prior Authorization requests for services that required an EPSDT referral prior to the PHE are once again required. Therefore, those prior authorizations for services requiring an EPSDT referral submitted on or after June 1, 2023 are required to include a current EPDST referral with the prior authorization.
- Medicaid discontinued the use of the CR modifier to identify COVID-19 related services or equipment. Providers should no longer bill the CR modifier for COVID-19 related services or equipment.

Effective October 1, 2024:

- Copayments will be reinstated for applicable services and recipients.

Medicaid is working with the CMS to prepare to end other flexibilities implemented during the COVID-19 PHE. Please continue to visit the <https://medicaid.alabama.gov/> for up-to-date information related to the unwinding process. If you have questions, please contact the Provider Assistance Line at (800) 688-7989.



MANAGED CARE

PCP Referrals Reminder

Medicaid no longer requires a Primary Care Physician (PCP) referral for services rendered for Medicaid recipients. However, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) referrals are required for EPSDT related services. Refer to Appendix A of the Provider Billing Manual for more information regarding EPSDT. Recipients that are in lock-in will be required to obtain a lock-in referral from their lock-in provider. To verify a recipient's lock-in status and provider, you may view the recipient's eligibility verification via the Alabama Medicaid Interactive Secure Web Portal.

BMI Requirement during Telemedicine Visits

The BMI will be required for office visits including the telemedicine visits. Refer to Chapter 112 of the Provider Billing Manual, Telemedicine Services, for general information and limitations.



ACHN UPDATES

Return to Normal Operations

The Alabama Coordinated Health Network (ACHN) Program returned to normal operations on October 1, 2022. The ACHNs now have a “hybrid” model of care coordination delivery (including face-to-face and telephonic visits with Medicaid recipients). Providers are highly encouraged to accommodate ACHN care coordinators within your offices and other facilities.

Patient-Centered Medical Home (PCMH) Recognition Bonus Payment

PCP groups may be eligible for the PCMH Bonus Payment based on actual PCMH recognition and attestation. The Agency will review attestation of PCMH recognition on an annual basis. The deadline to qualify for FY 2024 (October 1, 2023 – September 30, 2024) is October 1, 2023. **ALL** participating ACHN PCP Groups that would like to start or continue to receive the 5% PCMH bonus payment for FY 2024 must attest to the Agency by the specified deadline. The PCMH Attestation Form is available and may be accessed via the ACHN providers section of the Medicaid website at <https://medicaid.alabama.gov/> >ACHN>ACHN Providers> ACHN/PCP Forms. For questions or assistance with the PCMH attestation process, you may contact ACHN@medicaid.alabama.gov. In addition, you may refer to Chapter 40 of the Provider Billing Manual for detailed information regarding the PCMH attestation process.

Reminder: Alabama Coordinated Health Network (ACHN) PCP Group's 24/7 Voice-To-Voice Coverage

As per the ACHN Primary Care Physician (PCP) Group's 24/7 Voice-To-Voice Coverage agreement under the ACHN program, all ACHN Provider Groups are required to have after-hours coverage. It is important for patients to be able to contact their PCP Group to receive instruction regarding care at all times, so that care is provided in the most appropriate manner relative to the patient's condition. Attachment A of the ACHN Program's PCP Enrollment Agreement and Chapter 40, Section 8.2 of the Provider Billing Manual states that the Group must provide recipients with after-hours instructions for care or referral at all times, for medical conditions, twenty-four (24) hours per day, and seven (7) days per week as defined by ACHN Policy.

Importance of Updating Provider Enrollment Files

It is important that all participating ACHN providers (group and individual) maintain their provider enrollment files with the Fiscal Agent. This includes, but is not limited to, provider specialties. Incorrect provider specialties may cause delays in provision of ACHN care coordination services for Medicaid recipients.

Attribution Report Timeline

The following table lists the time frame in which attribution reports will be available via the secure web portal for Fiscal Year 2024:

| Attribution Period | Attribution Run Month | Attribution Reports Available |
|--|-----------------------|--|
| October 1, 2023 – December 31, 2023 (Quarter 1) | August 2023 | First or second week of September 2023 |
| January 1, 2024 – March 31, 2024 (Quarter 2) | November 2023 | First or second week of December 2023 |
| April 1, 2024 – June 30, 2024 (Quarter 3) | February 2024 | First or second week of March 2024 |
| July 1, 2024 – September 30, 2024 (Quarter 4) | May 2024 | First or second week of June 2024 |

For additional information about attribution reports, you may access Chapter 40 of the Provider Billing Manual at the following link: https://medicaid.alabama.gov/content/7.0_Providers/7.6_Manuals.aspx

Alabama Coordinated Health Network (ACHN) Bonus Payments

All PCP groups, including Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs), who actively participate with the ACHN qualify to receive bonus payments. **The next quarterly bonus payments will be issued on the second checkwrite of July 2023.**

The FY 2023 ACHN Reserve Funds bonus payment is expected to be issued in August 2023.

Alabama Coordinated Health Network (ACHN) Provider Profiler Reports

Evaluation of quality and cost effectiveness will be necessary for a PCP group to manage their actual performance. It is important for the provider to review the quarterly Provider Profiler to visualize how the provider is performing throughout the year. The Provider Profiler provides the PCP with a mechanism to monitor areas that may need improvement in order to achieve quality and cost effectiveness for a higher bonus payment. The Provider Profiler will be released quarterly. More information about the Provider Profiler can be found at www.medicaid.alabama.gov >ACHN>ACHN Quality Measures. The next Provider Profiler Reports will be released in July 2023.



EPSDT REFERRED – DID YOU KNOW?

Children under the age of 21 with full Medicaid have a benefit limit of 14 physician office visits per calendar year. However, a Medicaid eligible child who has received an EPSDT screening (well-child checkup or interperiodic screening) may receive additional medically necessary visits. These services are considered above the normal benefit limitations and require a referral from an EPSDT screening provider.

If an EPSDT Referral (Form 362) is obtained, you must indicate the services as EPSDT referred when billing to bypass office visit benefit limits.

NOTE: The EP modifier should NOT be appended to indicate EPSDT referred. This modifier should only be used by participating EPSDT providers when billing initial, periodic and interperiodic screenings.

How do I indicate EPSDT referred on a CMS-1500 (Professional) claim type?

EPSDT referred is indicated on a CMS-1500 (Professional) claim form by providing the NPI of the EPSDT referring provider in block 17b and value code “1” in block 24h.

EPSDT referred is indicated electronically in the Alabama Medicaid Web Portal by providing the NPI of the EPSDT referring provider in the field titled Referring Physician and “Yes” in the field titled EPSDT Ref.

| Detail | | | | | | | |
|---------------------------------|------------|----------|--------|---------------------|------------|---------|-------------|
| Item | Status | From DOS | To DOS | Procedure | Units | Charges | Paid Amount |
| A | 1 | | | | 0 | \$0.00 | \$0.00 |
| Type data below for new record. | | | | | | | |
| Item | 1 | | | POS* | [Search] | | |
| Provider Control Number | | | | Procedure* | [Search] | | |
| Detail Status | | | | Emergency | ▼ | | |
| From DOS* | [Search] | | | EPSDT Ref | Yes ▼ | | |
| To DOS* | [Search] | | | Family Planning | ▼ | | |
| Units* | 0 | | | Copay Exemption | ▼ | | |
| Charges* | \$0.00 | | | Allowed Amount | \$0.00 | | |
| Rendering Physician* | [Search] | | | CoPay Amount | \$0.00 | | |
| Diagnosis Code Pointer* | [Search] | | | Paid Amount | \$0.00 | | |
| Modifier 1 | [Search] | | | Referring Physician | [Search] | | |
| Modifier 2 | [Search] | | | Ordering Physician | [Search] | | |
| Modifier 3 | [Search] | | | | | | |
| Modifier 4 | [Search] | | | | | | |

How do I indicate EPSDT referred on a UB-04 (Institutional) claim type?

EPSDT referred is indicated on a UB-04 (Institutional) claim form by providing the NPI of the EPSDT referring provider in block 78 and condition code "A1" in block 18.

EPSDT referred is indicated in the Alabama Medicaid Web Portal by providing the NPI of the EPSDT referring in the field titled Referring Physician and "A1" in the field titled Condition.

| Attending Phys* | [Search] | Admission Date | [Search] |
|--|--------------|-------------------|--|
| Referring Phys | [Search] | Admission Hour | [Search] |
| Operating Physician | [Search] | Discharge Time | [Search] |
| Service Location | [Search] | Covered Days | 0 |
| Diagnosis | | Non Covered Days | 0 |
| Admitting Diagnosis | [Search] ▼ | District Plan | |
| Primary E-Code | [Search] ▼ | Charges | |
| Primary Diagnosis | [Search] ▼ | TPL Amount | \$0.00 |
| Patient Rsn Visit1 | [Search] ▼ | Total Charges | \$0.00 |
| Patient Rsn Visit2 | [Search] ▼ | Total Copay | \$0.00 |
| Patient Rsn Visit3 | [Search] ▼ | Total Paid Amount | \$0.00 |
| Click the link below to activate the corresponding panel: | | | |
| Condition Procedure Occurrence | | | |
| Condition | | | |
| Sequence | Condition | Description | |
| A | 1 | A1 | SERVICE RENDERED AS THE RESULT OF AN EPS |
| Type data below for new record. | | | |
| Sequence | 1 | Condition* A1 | [Search] |
| | | | <input type="button" value="delete"/> <input type="button" value="add"/> |

Important information regarding EPSDT referrals:

- The Alabama Medicaid Referral Form (Form 362) must be appropriately completed by the screening provider, including the screening date that the problem was identified and the reason for the referral.
- Providers are not required to complete written referrals to other providers in the same group, provided that all documentation by all providers in that group for a specific recipient is included in one common medical record (electronic or paper). Medical record documentation shall clearly indicate that the screening provider performed a screening, identified the problem, and the referral was made to self or to a specialist within the same group.
- Providers are required to complete written referrals to other specialists in the same group if a common medical record is not used.
- A cascading referral is used in situations where more than one consultant or specialist may be needed to provide treatment for identified condition(s). When this situation arises, the original referral form is generated by the EPDST screening provider. If the first provider determines that a recipient should be referred to another provider, it is the first provider's responsibility to provide a copy of the referral form from the screening provider to the second provider. This process continues until the condition(s) have been rectified or are in remission.
- If the EPSDT referral expires, a new referral must be obtained from the EPSDT screening provider.
- If the EPSDT screening becomes out of date, a new screening must be performed by the EPSDT screening provider, and a new referral must be obtained.
- A new EPSDT screening must be performed any time the diagnosis, plan of care (care plan, plan of treatment, treatment plan, etc.) or treatment changes. The specialist must contact the screening provider for a new screening and EPSDT referral.



DENTAL PROGRAM INFORMATION

Reimbursement Increase for Dental Services

Effective June 1, 2023, Medicaid reimburses a higher rate for certain procedure codes. For further information, please refer to the [Provider ALERT issued April 26, 2023](#).

Coverage of CDT D0140 (emergency dental treatment)

Effective May 12, 2023 Medicaid covers three units per calendar year per recipient per provider/provider group. For further information, please refer to the [Provider ALERT issued April 26, 2023](#).

Coverage Added for Pregnant Adult Recipients

Effective October 1, 2023, Alabama Medicaid will reimburse for dental services rendered to pregnant recipients who are ages 21 and older during pregnancy and during 60-days postpartum period when the services are rendered by Medicaid enrolled dental providers. Services have not changed for individuals under age 21.

Eligible recipients who delivered or whose pregnancy ended on or after July 1, 2022, have continued to receive dental services beyond the 60-days postpartum period due to the continuous enrollment mandate associated with the COVID-19 public health emergency (PHE). Effective October 1, 2024, pregnant adult recipients (age 21 and older) will only be eligible for these dental benefits during pregnancy and through the end of the month of the 60-days postpartum period when rendered by Alabama Medicaid enrolled dental providers.

The requirements for receiving payment for dental services are:

1. Verify eligibility (Keep verification in the patient's record).
2. Get written attestation (self-report) from the recipient that they are pregnant.
3. Attestation must include recipient's signature, estimated date of delivery, and date signed (keep in the dental records).
4. File D9999 on the claim (this pregnancy indicator must be filed on the claim for it to be paid).

For additional questions, please view the Provider ALERTs:

- [Dental Coverage for Pregnant Adults" posted October 1, 2022](#).
- [Maternity Dental Benefit Coverage" posted March 21, 2023](#).

End of Personal Protective Equipment (PPE) Reimbursement

Effective May 12, 2023, Medicaid discontinued the \$20 PPE reimbursement. For further information, please refer to the [Provider ALERT issued April 26, 2023](#).



TELEMEDICINE

The Alabama Medicaid Agency (Medicaid) implemented a Telemedicine Policy effective June 1, 2023. The Telemedicine Policy and detailed information in Chapter 112 is included in the July 2023 publication of the Provider Billing Manual.

2023 Telemedicine Policy:

https://medicaid.alabama.gov/content/4.0_Programs/4.1_Covered_Services.aspx

Additionally, the following Telemedicine allowances were discontinued effective May 31, 2023:

- Use of the modifier “CR” (catastrophe/disaster related) and place of service “02” on claims
- Interprofessional Telephone/Internet/Electronic Health Record Consultations: CPT codes
- 99446 – 99449 and 99451 – 99452
- Allowances for Telemedicine during COVID that are not included in the Telemedicine Policy

Medicaid will continue to allow audio-only telecommunications to be reimbursed at parity for dates of services rendered through September 30, 2023. On October 1, 2023, new rates for audio-only telecommunications will be established.

This audio-only telecommunications method can only be used in lieu of the audio and video telecommunications method where telemedicine services are approved by Medicaid.

Providers must place the ‘FQ’ modifier on the claim to designate that the service was rendered via an audio-only telecommunications method.

**FQ- THE SERVICE WAS FURNISHED USING AUDIO-ONLY COMMUNICATION TECHNOLOGY.*

Providers with billing questions should contact the Gainwell Technologies Provider Assistance Center at: 1-800-688-7989. Please refer to the [Provider ALERT issued on April 26, 2023](#).



CHANGES TO HEPATITIS C PRIOR AUTHORIZATION (PA) CRITERIA

Effective October 1, 2022, the Alabama Medicaid Agency removed the requirement of absence of alcohol and illicit drug use by recipients for the prior approval of antiviral drugs used in the treatment of hepatitis C. A copy of the patient's drug and alcohol screening lab report will no longer be required. All other criteria remain, including the patient consent form with the patient's and physician's signature, which must be submitted with requests.

The updated Prior Authorization (PA) request form and criteria booklet should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. Updated forms and criteria can be found here: https://medicaid.alabama.gov/content/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Forms.aspx

Providers requesting PAs by mail or fax should send requests to:

Kepro
Medicaid Pharmacy Administrative Services
P.O. Box 3570, Auburn, AL 36831
Fax: 1-800-748-0116
Phone: 1-800-748-0130

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescriber believes medical justification should be considered, the prescriber must document this on the form or submit a written letter of medical justification along with the PA form to Kepro. Additional information may be requested. Staff physicians will review this information.

Additionally, state partners are encouraged to share this information with their constituents, clients, stakeholders, members, and/or licensees by posting the information on the homepage of websites and via other regular communication channels.

Questions related to this policy update can be directed to the Alabama Medicaid Clinical Services Division at (334) 242-5050.

GAINWELL TECHNOLOGIES PROVIDER REPRESENTATIVES

Provider Representatives may be reached by dialing 1-855-523-9170 and entering the appropriate seven-digit extension.



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Alabama Medicaid Bulletin

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The release of funds is normally the second Monday after the checkwrite (remittance advice) date.
Please verify direct deposit status with your bank. As always, the release of direct deposit and checks depends on the availability of funds.

CHECKWRITE SCHEDULE REMINDER:

- January 6, 2023
 - January 20, 2023
 - February 3, 2023
 - February 10, 2023
 - February 24, 2023
 - March 10, 2023
 - March 24, 2023
 - April 7, 2023
 - April 21, 2023
 - May 5, 2023
 - May 19, 2023
 - June 2, 2023
 - June 23, 2023
 - July 7, 2023
 - July 21, 2023
 - August 4, 2023
 - August 18, 2023
 - September 1, 2023
 - September 15, 2023
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