

# Provider Insider

Alabama Medicaid Bulletin

April 2014

04/04/14 • 04/18/14 • 05/02/14 • 05/16/14 • 06/06/14 • 06/20/14 • 07/11/14 • 07/25/14 • 08/08/14 • 08/22/14 • 09/05/14 • 09/12/14

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

## Services Provided on or After - October 1, 2014



**ICD-10  
is Coming!**

**Are You  
Ready?**

The Centers for Medicare and Medicaid Services (CMS) implementation date for ICD-10 compliance is **October 1, 2014**. The compliance date is based on services provided on or after October 1, 2014. The Alabama Medicaid Agency and HPES have completed the claims processing system changes necessary to accommodate ICD-10.

According to sources at CMS, the October 1, 2014, **will not** be postponed again. The original implementation date was October 1, 2013.

As providers, if you use a vendor or clearinghouse for your claims submission, please be sure your vendor or clearinghouse is ready for ICD-10. If your vendor or clearinghouse is not ready for the ICD-10 compliance date, what contingency plan do you have in place? The Alabama Medicaid Provider Electronic Solution Software and the Alabama Medicaid web portal are compatible for ICD-10. The Alabama Medicaid Agency strongly urges providers/vendors/clearinghouses to test with us.

For more information on ICD-10, please refer to Medicaid's website at [http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.12\\_ICD-10/6.12\\_ICD-10.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD-10/6.12_ICD-10.aspx).

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## Pass It On!

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

- Office Manager
- Billing Department
- Medical/Clinical Professionals
- Other \_\_\_\_\_

## **Alabama Medicaid Cutover to the Revised CMS-1500 (02/12) Paper Claim Form**

Effective April 1, 2014, Alabama Medicaid will ONLY accept the revised version of the CMS-1500 (02/12) paper claim form. Paper claims submitted on the CMS-1500 (08/05) form after March 31, 2014, will not be processed and will be returned to the provider.

Note: HP Enterprise Services does not supply this form. Providers should obtain this form from a vendor supplying CMS-1500 forms.

**REMINDER:** Alabama Medicaid requires all claims be submitted electronically. The only time a provider should submit a paper claim is for administrative review or when attachments are required. If you have any questions, please contact the Provider Assistance Center at 1-800-688-7989.

## **REMINDER: Pharmacy “Auto-Refills” Not Allowed**

The use of automatic refills by pharmacies is not allowed by the Medicaid Agency. Prescriptions that have been filled but not picked up by the patient or patient’s authorized representative should be credited back to pharmacy stock and Medicaid through claims reversal within sixty days.

Violations of these policies may result in unauthorized charges. The pharmacy may be held liable or Medicaid may cancel the pharmacy vendor agreement.



## **ICD- Teleconference Training Information**

In order to prepare providers and vendors for the upcoming changes that will be implemented as a result of ICD-10, Alabama Medicaid will be conducting virtual teleconferences beginning April 2014. Virtual training lets you take advantage of training from the convenience of your own office - all you need is a computer and telephone. There will be two ICD-10 classes offered as described below:

- ❖ **ICD-10 General Overview** - Discuss the changes being made by Alabama Medicaid for ICD-10. Topics to be covered during the session include: Alabama Medicaid website overview, affected /unaffected transactions, provider web portal and PES software changes, claim form changes, and new and modified EOBs. Time will be available for questions and answers.
- ❖ **ICD-10 Testing** - Provide information on how the changes being made by Alabama Medicaid will affect you and the transactions you submit, as well as the types of testing that should be completed prior to the CMS ICD-10 implementation date. Specific topics to be covered include: test data set-up, tips for testing, testing contact information, ICD-10 testing dates, and testing strategies. Time will be available for questions and answers.

To register for a class, follow the instructions provided below. If you have a suggestion on a topic to be covered during the teleconference or need additional information, contact the HP ICD-10 team via email at [alabamaictesting@hp.com](mailto:alabamaictesting@hp.com).

### **Register to Attend ICD-10 Teleconference Training**

Registration is required in order to attend an ICD-10 teleconference session. You may register for one or multiple sessions. To register, access the ICD-10 Teleconference Training Information page of the Alabama Medicaid website at:

[http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.12\\_ICD-10/6.12.6\\_ICD-10\\_Teleconference\\_Training.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD-10/6.12.6_ICD-10_Teleconference_Training.aspx).

Select the registration link associated with the session, date, and time you wish to attend. We encourage you to register today. Once your registration has been received, a confirmation e-mail will be sent along with both conference line and Virtual Room link instructions. We encourage testing your connectivity prior to the start of the session to confirm that you are able to successfully connect.

The following table outlines the teleconference sessions currently available.

<b>Class</b>	<b>Date</b>	<b>Time</b>
ICD-10 General Overview	April 22, 2014	10:00 - 11:00 AM
ICD-10 General Overview	May 14, 2014	2:00 - 3:00 PM
ICD-10 General Overview	June 11, 2014	10:00 - 11:00 AM
ICD-10 Testing	April 22, 2014	2:00 - 3:00 PM
ICD-10 Testing	May 14, 2014	10:00 - 11:00 AM
ICD-10 Testing	June 11, 2014	2:00 - 3:00 PM

## ***Vendor and Provider Surveys on ICD-10 Readiness***

**Providers: Please read and pass this information along to your software vendors.**

Alabama Medicaid and HP would like software vendors to log on to the Medicaid website between April 1 and April 30, 2014 to complete a brief survey on ICD-10 readiness.

The surveys should take less than five minutes to complete and will provide Medicaid with information on provider and vendor readiness to implement ICD-10. The survey is located at the following link:

[http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.12\\_ICD-10/6.12.1\\_ICD-10\\_Surveys.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD-10/6.12.1_ICD-10_Surveys.aspx).

A similar survey for providers will be available between May 9 and May 28, 2014. HP has implemented the changes related to ICD-10, but will not accept nor require ICD-10 codes until October 1, 2014. Please stay abreast of updates by visiting the ICD-10 page on the Medicaid website located at the following link:

[http://www.medicaid.alabama.gov/CONTENT/6.0\\_Providers/6.12\\_ICD-10/6.12\\_ICD-10.aspx](http://www.medicaid.alabama.gov/CONTENT/6.0_Providers/6.12_ICD-10/6.12_ICD-10.aspx). If you have any questions about ICD-10 please send an email to [alabamaictesting@hp.com](mailto:alabamaictesting@hp.com).



## **ALABAMA** *Perinatal Excellence* **COLLABORATIVE**

### ***APEC Provides Evidence-based Protocols, OB Care Resources***

A little more than two years after a group of physicians and state health leaders launched a statewide initiative to improve perinatal outcomes and ultimately the health and welfare of women and infants throughout Alabama, the Alabama Perinatal Excellence Collaborative (APEC) has emerged as an exemplary resource for obstetric care and other providers throughout the state of Alabama.

The cornerstone of this effort in Alabama is the group's goal to develop and implement evidence-based obstetric care protocols, according to Alabama Medicaid Medical Director Robert Moon, M.D. He noted that APEC's ultimate goal is to improve pregnancy outcomes by providing OB care practitioners with evidence-based practice protocols and decision trees, identifying meaningful quality benchmarks, developing data collection measures, reviewing quality data and providing feedback to individual providers and institutions and developing mechanisms to help providers in achieving benchmarks.

APEC was developed in mid-2012 as a joint effort between Alabama Medicaid's Maternity Care Program, the Alabama Department of Public Health, the University of Alabama at Birmingham, the University of South Alabama, and community care providers to lower infant mortality and improve maternal and infant health.

To view APEC protocols go to the Alabama Medicaid website listed below or go to the APEC website at [peace-p.org](http://peace-p.org) (Pregnancy Education Activation Communication Enhancement for Providers). [Peace-p.org](http://peace-p.org) provides an avenue for easy access to the protocols and direct contact with APEC leaders via your personal computer, tablet, or smart phone.

Medicaid website for the APEC Protocols is:

[http://medicaid.alabama.gov/CONTENT/4.0\\_Programs/4.4.0\\_Medical\\_Services/4.4.7.5\\_APEC.aspx](http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.4.0_Medical_Services/4.4.7.5_APEC.aspx).

## **Tobacco Cessation Counseling Services for Pregnant Women**

Beginning January 1, 2014, the Alabama Medicaid Agency covers a new smoking cessation benefit for Medicaid-eligible pregnant women. Medicaid will reimburse for up to four face-to-face counseling sessions in a 12-month period. The reimbursement period will begin in the prenatal period and continue through the postpartum period (60 days after delivery or pregnancy end). Documentation must support each counseling session.

Additional information regarding this mandate can be accessed at <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD11-007.pdf>.

Face-to-face counseling services must be provided by or under the supervision of a physician; or by any health care professional who is legally authorized to furnish such services under State law within their scope of practice and who is authorized to provide Medicaid covered services other than tobacco cessation services.

**Outpatient hospitals, physicians, nurse practitioners, nurse midwives, health departments, federally qualified health care centers (FQHCs), rural health clinics, opticians, optometrists, and pharmacies may provide this service if enrolled as a Medicaid provider.**

The following CPT Codes are applicable:

- ◆ **99406** Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes
- ◆ **99407** Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

The following diagnosis codes are applicable and must be billed on the claim (UB-04 or CMS-1500 claim form) in order to be reimbursed by Medicaid:

<b>V220-V222</b> - Normal pregnancy	<b>V230-V233</b> - Supervision of high-risk pregnancy
<b>V2341-V237</b> - Pregnancy with other poor obstetric history	<b>V242</b> - Routine postpartum follow-up
<b>AND</b>	
<b>3051</b> - Tobacco use disorder	

**Pharmacies must bill for these specific services through their DME NPI.**

**NOTE:** Although this policy was effective as of January 1, 2014, system changes have not been made to allow claim payment. As soon as system changes are implemented, an ALERT will be sent out to providers.

### **Attention Plan First Providers**

To assure compliance with standards and appropriateness of care as outlined in the Plan First 1115 Research and Demonstration Waiver, effective April 1, 2014, the Alabama Medicaid Agency will conduct reviews of Plan First Providers' medical records.

Random sampling methodology will be used to determine the audit sample. Some reviews may be conducted on-site while others may be completed as desk-reviews by requesting records to be mailed to the Alabama Medicaid Agency, Managed Care Division. The request for records will be generated through official written notice from Medicaid and will include all details for record submission. If an on-site review is indicated, arrangements will be made via telephone communication with official written confirmation.

If you have additional questions, please contact:

- Yulonda Morris, Quality Review Coordinator at 334-353-3227 or via e-mail at [Yulonda.morris@medicaid.alabama.gov](mailto:Yulonda.morris@medicaid.alabama.gov)
- or
- Ruth Harris, Program Manager for Plan First at 334-353-3562 or via e-mail at [Ruth.harris@medicaid.alabama.gov](mailto:Ruth.harris@medicaid.alabama.gov).

## Long Acting Reversible Contraception (LARC)

Effective for dates of service April 1, 2014, and thereafter, Alabama Medicaid will cover long acting birth control in the inpatient hospital setting **immediately** after a delivery or up to the time of the inpatient discharge for postpartum women, or in an outpatient setting **immediately** after discharge from the inpatient hospital. The cost of the device or drug implant will be captured in the hospital's cost. The insertion of the device/drug implant will be billable to Medicaid by both the physician and hospital for reimbursement.

### Inpatient Hospital Setting:

The hospital will continue to bill Medicaid for inpatient delivery services. The hospital must use an ICD-9 delivery diagnosis code within the range 630 – 67914 **and** must use the ICD-9 surgical code 69.7 (insertion contraceptive device) to document LARC services provided after the delivery.

**NOTE:** No additional payment will be made to the hospital for LARC inpatient services. The hospital must capture the cost of the device or drug implant in the hospital's cost.

### Outpatient Hospital Setting:

When a postpartum woman is discharged from the hospital, she may receive a LARC in the outpatient hospital setting immediately after discharge from the inpatient hospital. The hospital should bill on a UB-04 claim form using one code from each of the following: \*Modifier "FP" is required on 11981 and 11983.

#### Procedure codes:

- 58300 Insertion of IUD
- 11981-FP\* Insertion, non-biodegradable drug delivery implant
- 11983-FP\* Removal with reinsertion, non-biodegradable drug delivery implant

#### ICD-9 diagnosis codes:

- V255 Encounter for contraceptive management, insertion of implantable subdermal contraceptive
- V2511 Insertion of intrauterine contraceptive device
- V2502 Initiate contraceptive NEC
- V251 Insertion of IUD

**NOTE:** The inpatient claim **must** be in Medicaid's system in order for outpatient services to be paid. The inpatient and outpatient hospital must capture the cost of the device through the cost report.

### Physician Billing for LARC Services Provided in the Inpatient/Outpatient Hospital Settings:

The physician should bill Medicaid utilizing a CMS 1500 claim form and one code from each of the following:

#### Procedure codes:

- 58300 Insertion of IUD
- 11981-FP\* Insertion, non-biodegradable drug delivery implant
- 11983-FP\* Removal with reinsertion, non-biodegradable drug delivery implant

\*Modifier "FP" is required on 11981 and 11983.

#### ICD-9 diagnosis codes:

- V255 Encounter for contraceptive management, insertion of implantable subdermal contraceptive
- V2511 Insertion of intrauterine contraceptive device
- V2502 Initiate contraceptive NEC
- V251 Insertion of IUD

#### Place of Service:

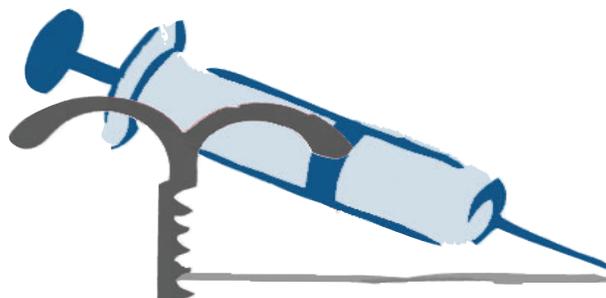
- 21 Inpatient hospital setting
- 22 Outpatient hospital setting

There are no changes to contraceptive management services currently furnished in the physician's office setting. These services will continue to be billed as you do today.

**NOTE:** The Alabama Medicaid Agency covers permanent sterilization only if the recipient has signed a consent form at least 30 days before the procedure is performed.

For questions regarding hospital billing contact Solomon Williams, Associate Director, Institutional Services at 334-353-3206 or via e-mail at [solomon.williams@medicaid.alabama.gov](mailto:solomon.williams@medicaid.alabama.gov).

For questions regarding physician billing contact Jessie Burris, Program Manager, Physicians Program, at 334-242-5014 or via e-mail at [jessie.burris@medicaid.alabama.gov](mailto:jessie.burris@medicaid.alabama.gov).



## Sterilization Consent Forms

It is the responsibility of the performing surgeon to submit a legible completed copy of the sterilization consent form after the surgery. Consent forms should not be submitted to HP prior to the surgery date. Consent forms should be mailed to:

**HPES**  
**P.O. Box 244032**  
**Montgomery, AL 36124-4032**  
**Attn: Medical Policy Unit/Consent Forms**

HP will **NOT** pay any claims to ANY provider until a correctly completed appropriate form is on file at HP. **All blanks on the consent form must be appropriately completed before Medicaid pays the provider for the sterilization procedure.** The only exception is the "Race and Ethnicity," and the "Title of the person obtaining consent" designations which are optional. Clarification of the completion of the sterilization consent form reflecting CMS regulations and Alabama Medicaid policy (refer to the current Appendix C of the Alabama Medicaid Provider Manual and 42CFR50 Revised January 1, 2014) is located on [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

Consent forms submitted to HP with missing and/or invalid information in non-correctable fields (signature and date of recipient and person obtaining consent) of the consent form will be denied by HP and not returned to the provider. Before sending the consent form to HP, it is imperative that the **date of surgery** be clarified by reviewing the operative note to remedy claim denials due to incorrect date of surgery.



### Top Reasons for Sterilization Consent Forms Returned to Provider:

1. Consent form not legible.
2. Consent form is incomplete.
3. Consent form sent prior to surgery.
4. Missing, invalid or incomplete recipient ID.
5. Stamped physician signature without initials.
6. Patient's date of birth not the same on the claim and consent form.
7. Interpreter's Statement does not contain N/A if an interpreter was not used.
8. Expected date of delivery not provided when the sterilization procedure is performed less than the required 30-day waiting period.
9. Expected date of delivery is recorded but indicator for premature delivery or emergency surgery is not checked.
10. Date of sterilization not the same on the claim and on the consent form.
11. Facility name not on the consent form.

### Top Reasons for Consent Form Denial:

1. Missing, incomplete or obscured recipient signature.
2. Missing or invalid date of recipient signature.
3. Recipient under age 21 on date consent form was signed.
4. Missing signature of person obtaining consent.
5. Missing or invalid date of signature of person obtaining consent, including date of procedure, or any later date.
6. Person obtaining sterilization consent signed before recipient or the same date of surgery or after.
7. Missing interpreter signature (if one was used).
8. Missing or invalid date of interpreter signature, including any date other than the date the recipient signed (if one was used).
9. Sterilization performed less than **72 hours** after the date of the individual's signature in cases of premature delivery or emergency abdominal surgery.
10. Less than **30 days** or more than **180 days** elapsed from recipient signature date to surgery date and/or premature delivery date is less than 30 days from signature date.

## Outpatient Hospital-Based Clinic Visits

Effective January 1, 2014, CMS made changes to the CY 2014 Hospital Outpatient prospective payment system for hospital outpatient clinic visits, which the Alabama Medicaid Agency will follow effective for dates of service April 1, 2014, and thereafter.

CMS's policy calls for hospital to bill for all outpatient hospital clinic visits using a single HCPCS code, G0463 (Hospital outpatient clinic visit for assessment and management of a patient), which replaces CPT E&M codes 99201 - 99205 and 99211 - 99215.

**Effective for dates of service April 1, 2014**, and thereafter, HCPCS code G0463 (Hospital Outpatient Clinic Visit for Assessment and Management of a Patient) will replace CPT E&M codes 99201 - 99205 and 99211 - 99215 for outpatient hospital-based clinic visits.

**For claims with dates of service through March 31, 2014**, the hospital will continue to bill the CPT E&M codes 99201 - 99205 and 99211-99215 for outpatient hospital-based clinic visits.

**For claims with dates of service April 1, 2014**, and thereafter the hospital will bill G0463 for outpatient hospital-based clinic visits.

For questions, please contact: Solomon Williams, Associate Director, Institutional Services at 334-353-3206 or via email at [Solomon.williams@medicaid.alabama.gov](mailto:Solomon.williams@medicaid.alabama.gov).



## REMINDER: All Nursing Facility Providers

A nursing facility provider that fails to provide the required documentation or additional information for audit reviews as requested by the Agency or its designee within ten working days from receipt of the faxed letters shall be charged a penalty of one hundred dollars per recipient record per day for each calendar day after the established due date unless an extension request has been received and granted. The penalty will not be a reimbursable Medicaid cost. **The Agency may approve an extension for good cause. Requests for an extension should be submitted in writing by the nursing facility Administrator to the Clinical Services & Support Division, Medical & Quality Review Unit with supporting documentation.**

Mail the request to:  
Medical & Quality Review Unit  
501 Dexter Avenue  
P.O. Box 5624  
Montgomery, Alabama 36103-5624

Providers should request an extension as soon as it is determined that the requested record(s) will be late.

## Coming Soon! Digital Submission of Certain Medical Records

Providers will be soon be able to fax or upload Hospice, Long Term Care (LTC), Inpatient Psychiatric (IP), Post Hospital Extended Care (PEC) Bed and Swing Bed medical records for review via the Forms menu of the Alabama Medicaid Interactive Web Portal. Providers will be able to access a listing of digital LTC forms currently only available in paper within the Forms Library of the Alabama Medicaid Website. The recipient's 12-digit Alabama Medicaid number, providers' NPI number, and recipient first and last name will be required to submit medical records for review. Additionally, Source of Admission is required for Psychiatric records.

The required format for document upload is that of PDF. If a provider does not have the capability to create PDF versions of the medical records, a fax cover sheet will be provided on the Alabama Medicaid Interactive Web Portal for the submission of documentation via fax.

Please note an Alabama Medicaid Interactive Web Portal account is required to access this functionality.

**More information on the availability date of this new functionality will be available this summer!**





# Alabama Medicaid Bulletin

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## ***Perplexed with Filing Claims for Unclassified J Codes?***

Appendix H of the Medicaid Provider Manual indicates the following J codes should be used for unlisted, unclassified drugs:

- J3490 - Unclassified Drugs
- J3590- Unclassified Biologics
- J9999 - Not otherwise classified, antineoplastic/chemotherapy drugs.

Providers should submit a red drop-out, paper claim with the complete name of the drug, total dosage that was administered and a National Drug Code (NDC) number on the claim.

An attachment with the description of the drug should be included with the name of the drug, total dosage given, the purpose the medication is being given, and any other pertinent information. Please be sure to search the Physician Drug List to see if the drug is possibly under a generic name. The claims containing the unclassified procedure code must be sent to:

HP  
Attn: Medical Policy  
PO Box 244032  
Montgomery, AL 36124-4032

Note: If the medication is being given for “off label use,” (a medication prescribed for use other than for the use approved by the FDA), additional supporting documentation should be submitted with the claim including a letter of medical necessity, medical records pertinent to the use of the drug, peer-reviewed literature, and any other documentation that would justify the need to cover.

