



# MedicAide

An Informational Newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare,  
Division of Medicaid

June 2018

## In This Issue

- Attention: DME Suppliers and Primary Care Physicians ..... 2
- Payment Error Rate Measurement (PERM) ..... 2
- Medicaid Program Integrity Unit..... 3
- Exciting Changes Coming for Early Intervention Services (EIS) ..... 3
- Ambulance Claims for Hospice Participants..... 4
- Provider Handbook Updates ..... 4
- Code Updates..... 5
- Changes to Timely Filing ..... 5
- NOTICE OF NEGOTIATED RULEMAKING - ADMINISTRATIVELY NECESSARY DAYS AND SWING BEDS.. 7
- NOTICE OF NEGOTIATED RULEMAKING - ORGAN TRANSPLANTS..... 8
- Drug Testing and Specimen Validity Testing Billed in Combination: Medicare Correct Coding, Diagnostic, Clinical Guidelines and Limits Apply to Medicaid. As of July 1, 2018, G0659 is covered by Idaho Medicaid. .... 9
- Drug Testing CPT/HCPCS and NCCI Limitations for CPTs 80000-89999 at Medicaid.gov .....10
- Hyperbaric Oxygen (HBO) Therapy Draft LCD Published for Review and Comments by Noridian Jurisdiction F Part B.....12
- Attention All Providers of Medical Services, ICD-10 CM Updates to National Coverage Determinations (NCDs) Applies to Idaho Medicaid Medical and Surgical Services .....12
- Provider Training Opportunities in 2018 .....14
- Medical Care Unit Contact and Prior Authorization Information.....15
- DHW Resource and Contact Information .....16
- Insurance Verification.....16
- Molina Provider and Participant Services Contact Information .....17
- Molina Provider Services Fax Numbers.....17
- Provider Relations Consultant (PRC) Information.....18

## Information Releases

**No Information Releases Available**

## Attention: DME Suppliers and Primary Care Physicians

The Idaho Medicaid DMEPOS PA Policy and Medical Criteria is available online. This policy document has been generated to provide information and guidance to DMEPOS providers who provide services to Idaho Medicaid participants. It serves to be an official communication and instruction guide established by the Department. The intention of this document is to help assist suppliers in understanding the prior authorization (PA) process and to clearly demonstrate to primary care physicians the medical criteria used in most circumstances related to DMEPOS. It is highly encouraged that providers take the time to read and review this document. This policy can be found on the DME website under the Resources tab at:

<http://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/DMEPOS.pdf>

Please email the Medical Care Unit for any questions, feedback, or suggestions to better deliver this material to you at [MedicalCareUnit@dhw.idaho.gov](mailto:MedicalCareUnit@dhw.idaho.gov).

### Payment Error Rate Measurement (PERM)

The PERM program measures improper payments in Medicaid and produces an improper payment rate for each state program. The improper payment rate is based on reviews of fee-for-service (FFS), managed care, and eligibility components of Medicaid for the Fiscal Year (FY) under review. The improper payment rate is not a "fraud rate", but simply a measurement of payments made that did not meet statutory, regulatory or administrative requirements.

The current PERM cycle is reviewing payments made by Idaho Medicaid from July 1, 2017 through June 30, 2018. Requests from PERM auditors for provider medical records associated with the sampled FFS claims will begin in May/June 2018.

Providers will have 75 calendar days from the date of the request letter to submit the record. During this 75 calendar day period, reminder phone calls and written requests will be made to providers if records are not received.

If documentation in the record submitted is incomplete to support the claim, additional documentation will be requested before the review is completed. Providers will then have 14 calendar days from the date of the request letter to submit this additional documentation.

**Errors:** All claims with no documentation or incomplete documentation from the provider will be determined to be paid in error.

**Sanctions:** If a claim is determined to be in error, Idaho Medicaid will pursue recovery of the payment for the claim.

Accurate PERM measurements cannot be produced without provider cooperation in submitting documentation. A correct finding of proper payment cannot be made without the medical record from the provider. All records are equally important, even those for low dollar claims.

For more information about PERM, please see our Frequently Asked Questions at:

<https://www.idmedicaid.com/Lists/FAQs/Current.aspx>

# Medicaid Program Integrity Unit

## *Provider Self-Report of Overpayments*

The Medicaid Program Integrity Unit wants to remind providers they can report overpayments with an on-line Provider Self Report Form. Some examples of when to self-report include:

- Provider's internal review process identifies services were incorrectly coded
- Provider discovers the services were provided by an unlicensed or excluded individual
- Provider's internal review process discovers services were not rendered
- Inability to process adjustments through the Molina system because claims are more than two years from the last date of claim payment or adjustment

Providers can access the Provider Self Report Form at:

<http://healthandwelfare.idaho.gov/AboutUs/FraudReportPublicAssistanceFraud/ProviderSelfReportForm/tabid/3900/Default.aspx>

After submission of the form providers will be contacted by the Medicaid Program Integrity Unit within five working days to discuss repayment.

Incentives to providers who participate in self-report:

- Extended repayment terms
- Waiver of civil monetary penalties
  - In criminal history background compliance cases civil monetary penalties will not be waived, but the Medicaid Program Unit would not expand the audit to include all employees.
- Quick resolution of overpayments

Please contact the Medicaid Program Integrity Unit at (208) 334-5754 if you have any questions.

## **Exciting Changes Coming for Early Intervention Services (EIS)**

Effective July 1, 2018, we are excited to share information with you about a collaborative project between the Division of Medicaid and the [Idaho Infant Toddler Program](#) (ITP) within the Division of Family and Community Services or FACS, which has been ongoing over the past year. The purpose of the project has been to increase screening and access to EIS for children from birth through 36 months of age. Medicaid participants, who have a developmental delay or who have a condition which may result in a developmental delay, can receive medically necessary screenings and other EIS as part of their Medicaid benefits, provided by ITP in their home or other natural environment.

To support this initiative, Idaho Medicaid and ITP have:

- Promulgated rules to better support EIS, ([IDAPA 16.03.09.585-587](#) which was approved during the 2018 session of the Idaho Legislature).
- Revised the General Provider and Participant Handbook to add a new subsection, entitled *Early Intervention Services* as part of the new EPSDT section.
- Executed an Intra-Agency Agreement between the Division of Medicaid and FACS (coming to the **Reference Material** tab on [www.idmedicaid.com](http://www.idmedicaid.com) by July 1, 2018).
- A Healthy Connection's PCP referral is not required for screening to access EIS or as the signing authority on the Individual Family Service Plan. However, the recommendation by the Healthy Connection's PCP is encouraged. A physician's recommendation is required. For a list of services that do not require a referral, refer to the [General Provider and](#)

[Participant Information](#) Provider Handbook, section titled *Services Not Requiring an HC PCP Referral*.

- Implemented a new fee schedule to support EIS services (coming to the EPSDT webpage on the IDHW website by July 1, 2018).
- Updated our Telehealth Policy and CPT code list to include EIS available service codes (watch [www.idmedicaid.com](http://www.idmedicaid.com) for more information).

Physician requirements for EIS screenings and services provided by the ITP must be in accordance with [IDAPA 16.03.09.586.01](#):

### **586. EARLY INTERVENTION SERVICES: PROGRAM REQUIREMENTS.**

Idaho Medicaid and the ITP coordinate the delivery of Early Intervention Services through an intra-agency agreement published on the Department's website. Program requirements include: (7-1-18)

**01. Physician Recommendation.** The ITP can bill for health-related services provided to eligible children when the services are documented as medically necessary and provided under the recommendation of a physician. ITP may not seek reimbursement for services provided more than thirty (30) days prior to the signed and dated physician recommendation. The recommendation is valid for up to three hundred sixty-five (365) days. (7-1-18)

Additional information about the EIS or the ITP can be found on the ITP [website](#) or if you have questions regarding these changes, email the Medicaid EPSDT Coordinator, [cindy.brock@dhw.idaho.gov](mailto:cindy.brock@dhw.idaho.gov).

## **Ambulance Claims for Hospice Participants**

Ambulance services related to the terminal illness that placed the participant on hospice are the responsibility of the hospice agency. Ambulance services unrelated to the terminal illness may be billed with a GW modifier directly to Idaho Medicaid. Effective for claims with a date of service on or after 6/01/2018 these claims should process without a prior authorization.

## **Provider Handbook Updates**

The Ambulatory Healthcare Facility handbook was updated to add:

- Updated phone numbers for durable medical equipment and surgery authorizations.

The Chiropractor handbook was updated to add:

- Additional billing guidance in reimbursement.
- Two additional diagnosis codes eligible for reimbursement.

The Dietary and Nutritional Service Providers handbook experienced significant changes to consolidate information, clarify coverage and reimbursement.

The General Billing Instructions handbook was updated to add:

- Clarifications on the prior authorization process.
- Clarification that only Category I CPT codes are covered.
- Clarification that only acceptable diagnoses are ICD-10 for the World Health Organization.

The handbook Glossary was updated to add:

- A definition of physician and non-physician practitioner.

The Hospital handbook was updated to add:

- Appendices for revenue codes and bill types.
- Minor changes for formatting.
- Additional information and new location for swing beds.
- References in the Reimbursement section.

The UB-04 Instructions handbook was updated to:

- Remove hospital revenue code and bill type appendices.
- Add reference to Hospital handbook for removed appendices.

## Code Updates

### Codes being added that will be reimbursable

Code	Description	Effective Date
19355	Correction of Inverted Nipples	7/01/2018
G0659	Definitive Drug Testing	7/01/2018
S9435	Medical foods for inborn errors of metabolism	7/01/2018

### Codes that are no longer covered

Code	Description	Effective Date
9066 6	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	6/01/2018
9066 7	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	6/01/2018
9069 7	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	6/01/2018

### Prior authorization added

Code	Description	Effective Date
Q204 3	Sipuleucel-T, per infusion	5/01/2018

### Bill Type Changes

Code	Description	Effective Date
0141	Added to Hospital Lab Services	1/01/2018

## Changes to Timely Filing

Beginning July 1st, 2018, changes will be implemented on how timely filing is determined. IDAPA 16.03.09.210.01, "Medicaid Basic Plan Benefits" requires a complete and properly submitted claim within 12 months of service for consideration of payment. To ensure compliance with this

rule Idaho Medicaid will no longer accept EDI rejection reports and return to provider (RTP) letters as adequate documentation of timely filing. Claims must receive an internal control number (ICN) to be considered properly submitted for timely filing.

**Exception – Retroactive Eligibility**

If a participant receives retroactive eligibility, timely filing will be calculated 12 months from the date a Notice of Action was issued approving Medicaid eligibility. A request for review under retroactive eligibility will need to be attached to the claim with documentation such as the Notice of Action, or a letter from the provider attesting to when and how they were informed of the retroactive Medicaid coverage.

**Exception – Medicare Dually Eligible Participants**

Claims for participants with Medicare are determined to be timely filed if they are within 6 months from the date of payment or denial on the Medicare Remittance Notice (MRN); unless the claim was denied for an unacceptable denial code as listed in section 2.11.5.4 of the General Billing Instructions. Previously only paid claims were eligible for an extended timely filing period.

**Claim Adjustments**

Adjustments must be within two years from the starting date of service, or in the case of Medicare crossover claims the date of payment or denial on the MRN.

**Unusual Circumstances**

We expect the impact to providers to be minimal as 97% of all claims are paid within 4 months of the date of service. We do understand, however, that there may be extenuating circumstances that don't fit the standard processes. We're happy to work through any unusual situation through our claims review process.

# NOTICE OF NEGOTIATED RULEMAKING - ADMINISTRATIVELY NECESSARY DAYS AND SWING BEDS

The Department invites interested stakeholders to participate in negotiated rulemaking in this chapter, IDAPA 16.03.09, "Medicaid Basic Plan Benefits." The purpose of the changes being proposed for IDAPA 16.03.09 is to update and revise rules for swing bed limitations and administratively necessary days to address patient needs.

**MEETING SCHEDULE:** A public meeting on the negotiated rulemaking will be held as follows:

## PUBLIC (LIVE) MEETING

**Tuesday, June 26, 2018 - 11:00 a.m. (MDT)**

**Department of Health & Welfare  
Medicaid Central Office  
3232 Elder Street  
Conference Room D-East  
Boise, ID 83705**

**TELECONFERENCE CALL-IN  
10:00 a.m. (PDT) / 11:00 a.m. (MDT)**

**Toll Free: 1-(877)-820-7831  
Participant Code: 701700**

**METHOD OF PARTICIPATION:** Persons wishing to participate in the negotiated rulemaking may do any of the following:

1. Attend or call in to the negotiated rulemaking meetings as scheduled above;
2. Provide oral or written recommendations, or both, at the negotiated rulemaking meetings; or
3. Submit written recommendations and comments to this address on or before **Friday, June 29, 2018:**

Send to:  
Idaho Department of Health and Welfare  
Division of Medicaid  
Attn: William Deseron, Policy Analyst  
P.O. Box 83720  
Boise, ID 83720-0009

Hand deliver to:  
Idaho Department of Health and Welfare  
Division of Medicaid  
Attn: William Deseron, Policy Analyst  
3232 Elder Street  
Boise, ID 83705

For assistance on technical questions concerning this negotiated rulemaking, contact William Deseron at (208) 364- 1967 or e-mail [William.Deseron@dhw.idaho.gov](mailto:William.Deseron@dhw.idaho.gov).

All written comments on the negotiated rules must be directed to the contact person specified above under "Method of Participation" and must be delivered on or before **Friday, June 29, 2018.**

# NOTICE OF NEGOTIATED RULEMAKING - ORGAN TRANSPLANTS

The Department invites interested stakeholders to participate in negotiated rulemaking on this chapter, IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits." The purpose of the changes being proposed for IDAPA 16.03.10 is to update and revise rules for organ transplants.

**MEETING SCHEDULE:** A public meeting on the negotiated rulemaking will be held as follows:

## PUBLIC (LIVE) MEETING

**Tuesday, June 26, 2018 - 10:00 a.m. (MDT)**

**Department of Health & Welfare  
Medicaid Central Office  
3232 Elder Street  
Conference Room D-East  
Boise, ID 83705**

**TELECONFERENCE CALL-IN  
9:00 a.m. (PDT) / 10:00 a.m. (MDT)**

**Toll Free: 1-(877)-820-7831  
Participant Code: 701700**

**METHOD OF PARTICIPATION:** Persons wishing to participate in the negotiated rulemaking may do any of the following:

1. Attend or call in to the negotiated rulemaking meetings as scheduled above;
2. Provide oral or written recommendations, or both, at the negotiated rulemaking meetings; or
3. Submit written recommendations and comments to this address on or before **Friday, June 29, 2018:**

Send to:  
Idaho Department of Health and Welfare  
Division of Medicaid  
Attn: William Deseron, Policy Analyst  
P.O. Box 83720  
Boise, ID 83720-0009

Hand deliver to:  
Idaho Department of Health and Welfare  
Division of Medicaid  
Attn: William Deseron, Policy Analyst  
3232 Elder Street  
Boise, ID 83705

For assistance on technical questions concerning this negotiated rulemaking, contact William Deseron at (208) 364- 1967 or e-mail: [William.Deseron@dhw.idaho.gov](mailto:William.Deseron@dhw.idaho.gov).

All written comments on the negotiated rules must be directed to the contact person specified above under "Method of Participation" and must be delivered on or before **Friday, June 29, 2018.**

## **Drug Testing and Specimen Validity Testing Billed in Combination: Medicare Correct Coding, Diagnostic, Clinical Guidelines and Limits Apply to Medicaid. As of July 1, 2018, G0659 is covered by Idaho Medicaid.**

G0659 long description - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes

In the September 2013 issue of MedicAide Idaho Medicaid published the article Medicaid Program Integrity: Correct Billing for Drug Screening with Multiplex Drug Test Kit.

In the November 2017 issue of MedicAide, Laboratory Tests: Controlled Substances/Drug Testing and Non-Covered Testing for Legal Purposes. Local Coverage Determination (LCD): Controlled Substance Monitoring and Drugs of Abuse Testing (L36707)

Daily limits apply to all drug testing codes as found at Medicaid.gov NCCI (National Correct Coding Initiative). The billing provider is responsible for all limits that are not NCCI system limitations, in the CCI tables and the CCI manuals.

Physician or Non-Physician Practitioner may order laboratory tests within their scope of practice and licensure. Idaho Medicaid applies the standard of Section 1862(a)(1)(A) of the Social Security Act which provides that payment may not be made for services that are not reasonable and necessary. **Clinical laboratory services must be ordered and used by the physician or non-physician practitioner who is treating the beneficiary.** Lab test may be ordered by an enrolled Idaho Medicaid provider who will use the results in the diagnosis and treatment of a participant's medical condition. The ordering provider must maintain documentation of medical necessity and the lab test results in the medical record.

The lab must keep a record of the physician's/non-physician practitioner's order.

On March 29, 2018, Medicare released a Medicare Learning Network (MLN) Matters Number: SE18001, article to review and remind all providers who submit claims for specimen validity testing done in conjunction with drug testing. The article contains no policy changes, but serves as a reminder to laboratories and providers of current Medicare and Idaho Medicaid requirements. Idaho Medicaid providers should make sure their billing and clinical staffs are aware of these instructions.

Per the MLN SE18001:

Current coding for testing for drugs of abuse relies on a structure of "screening" (known as "presumptive" testing) and "quantitative" or "definitive" testing that identifies the specific drug and quantity in the patient.

Beginning January 1, 2017, presumptive drug testing may be reported with CPT codes 80305-80307. These codes differ based on the level of complexity of the testing methodology. Only one code from this code range may be reported per date of service.

As mentioned in the National Correct Coding Initiative Policy Manual, Chapter 10, Section E, beginning January 1, 2016, definitive drug testing may be reported with HCPCS codes G0480-G0483. These codes differ based on the number of drug classes including metabolites tested. Only one code from this code range may be reported per date of service.

Per MLN SE08001 regarding G0659 and 80307:

The work performed in G0659 approximates the work performed in CPT code 80307. Providers performing validity testing on urine specimens utilized for drug testing shall not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

Presumptive Drug Testing codes are found on the Idaho DHW Fee Schedule for Physicians and DME providers (at idmedicaid.com) and the short descriptors are below.

All providers submitting claims for all services, must use the long descriptors when choosing a CPT/HCPCS to accurately describe the service to the highest level of specificity, when submitting to Idaho Medicaid. Providers can reference the MLN SE18001, or their official coding resources for the long descriptions of the CPTs below.

**80305:** drug test prsmv read direct optical obs pr date  
**80306:** drug tst prsmv read instrmnt asstd dir opt obs  
**80307:** drug tst prsmv instrmnt chem analyzers pr date

Definitive Drug testing codes as found on the Idaho DHW Fee Schedule for Physicians and DME providers (at idmedicaid.com) the short descriptors are below. Providers can reference the MLN SE18001, or their official coding resources for the long descriptions of the HCPCS below:

**G0480:** Drug test(s) def 1-7 classes  
**G0481:** Drug test(s) def 8-14 classes  
**G0482:** Drug test(s) def 15-21 classes  
**G0483:** Drug test def 22 or more classes  
**G0659:** Drug test def simple all cl (effective date of 7/1/2018 for Idaho Medicaid)

## **Drug Testing CPT/HCPCS and NCCI Limitations for CPTs 80000-89999 at Medicaid.gov**

Per the NCCI Policy Manual, Chapter 10, 2018, CPT 80000 - 89999, NCCI information for the drug testing CPT and HCPCS in this article:

### **E. Drug Testing**

1. HCPCS code G0434 (drug screen..., by CLIA waived test or moderate complexity test, per patient encounter) is utilized to report urine drug screening performed by a test that is CLIA waived or CLIA moderate complex. The code is reported with only one (1) unit of service regardless of the number of drugs screened. HCPCS code G0431 (drug screen... by high complexity test method..., per patient encounter) is utilized to report drug urine screening performed by a CLIA high complexity test method. This code is also reported

with only one (1) unit of service regardless of the number of drugs screened. If a provider performs urine drug screening, it is generally not necessary for that provider to send an additional specimen from the patient to another laboratory for urine drug screening for the same drugs.

(HCPCS codes G0431 and G0434 were deleted January 1, 2016.)

For Calendar Year 2016, urine drug presumptive testing should have been reported with HCPCS codes G0477-G0479 or with CPT codes 80300-80304. These codes differ based on the level of complexity of the testing methodology. Only one code from the G code range should have been reported per date of service. Codes 80300-80304 should not have been reported on the same date of service as codes G0477-G0479. Codes 80300-80304 and G0477-G0479 were deleted January 1, 2017.

Beginning January 1, 2017, urine drug presumptive testing may be reported with CPT codes 80305-80307. These codes differ based on the level of complexity of the testing methodology. Only one code from this code range may be reported per date of service. Beginning January 1, 2016, urine drug definitive testing could have been reported with HCPCS codes G0480-G0483 or CPT codes 80320-80377 or 83992. The G codes differ based on the number of drug classes including metabolites tested. Only one code from the G code range may be reported per date of service. Codes 80320-80377 or 83992 *shall* not be reported on the same date of service as codes G0480-G0483.

2. Providers performing validity testing on urine specimens utilized for drug testing *shall* not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

And,

18. Beginning January 1, 2017, urine drug presumptive testing may be reported with CPT codes 80305-80307. These codes differ based on the level of complexity of the testing methodology. Only one code from this code range may be reported per date of service. Beginning January 1, 2016, urine drug definitive testing could have been reported with HCPCS codes G0480-G0483 or CPT codes 80320-80377 or 83992. The G codes differ based on the number of drug classes including metabolites tested. Only one code from the G code range may be reported per date of service. Codes 80320-80377 or 83992 *shall* not be reported on the same date of service as codes G0480-G0483.

19. *Urine drug definitive testing HCPCS code G0659 was implemented July 1, 2017. This code is reported "per day" and shall not be reported with more than one UOS per day.*

The NCCI Policy Manual, Chapter 12, 2018, HCPCS A0000 – V9999, includes the information below for drug testing CPT and HCPCS listed in this article:

Beginning January 1, 2016, urine drug definitive testing may be reported with HCPCS codes G0480-G0483 or CPT codes 80320-80377 or 83992. The G codes differ based on the number of drug classes including metabolites tested. Only one code from the G code range may be reported per date of service. Codes 80320-80377 or 83992 *shall* not be reported on the same date of service as codes G0480-G0483. *Urine drug definitive testing HCPCS code G0659 was implemented January 1, 2017. This code is reported "per day" and shall not be reported with more than one UOS per day.*

The National Correct Coding Initiative Policy Manual for Medicaid is found at <https://www.medicaid.gov/medicaid/program-integrity/ncci/reference-documents/index.html>

The complete updated Medicaid National Correct Coding Initiative (NCCI) edit files are posted at Medicaid.gov at the beginning of each calendar quarter.

<https://www.medicaid.gov/medicaid/program-integrity/ncci/edit-files/index.html>

The Office of the Inspector General (OIG) of the Department of Health and Human Services (HHS) recently completed a report that illustrated improper payments for specimen validity tests as part of urine drug testing. To review that report, visit <https://oig.hhs.gov/oas/reports/region9/91602034.pdf>

All Current Procedural Terminology (CPT) codes and descriptors are copyrighted by the American Medical Association

## **Hyperbaric Oxygen (HBO) Therapy Draft LCD Published for Review and Comments by Noridian Jurisdiction F Part B**

Idaho Medicaid follows Noridian JF Hyperbaric Oxygen Therapy policy. The current LCD Draft (DL36686) is available for review at CMS.gov. Idaho Medicaid providers of hyperbaric oxygen services may review the draft and participate in the comment period which is open until August 8, 2016. Medicare NCD 20.29 Hyperbaric Oxygen Therapy should also be referenced by Idaho Medicaid providers. CMS Transmittal TN1580 national policy does not cover the topical application of oxygen as stated in NCD 20.29.

All Idaho Medicaid providers of hyperbaric oxygen services should keep themselves and their staff informed of and following Medicare/Noridian JF policies for coverage and limitations of hyperbaric oxygen therapy. More information and guidance, please refer to Noridian JF.

## **Attention All Providers of Medical Services, ICD-10 CM Updates to National Coverage Determinations (NCDs) Applies to Idaho Medicaid Medical and Surgical Services**

CMS released a revised MLN, MM10318, on January 19, 2018, *ICD-10 and Other Coding Revisions to National Coverage Determinations (NCDs)*. **Unless Idaho Medicaid has published a unique policy**, these NCD updates are also Idaho Medicaid policy, coverage and criteria guidance. When Idaho Medicaid shares a same service/benefit with Medicare and Noridian, Idaho applies Medicare NCD and Noridian JF and D policy and Local Coverage Determinations (LCDs). Some national service coding guidance may not apply when Idaho Medicaid's payment methodology differs from Medicare/Noridian.

It is the billing provider's responsibility to render services in compliance with all policy limitations, including medically necessary diagnosis. The Idaho Medicaid MMIS/claim processing system does not process most claims against lists of diagnosis. For policy unique to Idaho, Medicaid may publish a diagnosis list, specific to Idaho for some services, such as for children or another specific benefit group (refer to [idmedicaid.com](http://idmedicaid.com)).

When the Idaho Medicaid MMIS Handbook, or other Idaho Medicaid communication does not state coverage specifics, Idaho uses CMS and Noridian guidance and policy for coverage. It is the provider's responsibility to render services within the diagnostic and clinical criteria of CMS and Noridian guidance. All claims submitted to Idaho Medicaid are subject to post payment review which includes but is not limited to, evaluation of appropriate medically necessary diagnosis to service rendered.

CMS/Medicare has recently updated multiple references to valid ICD-10 CM. Noridian JF and D often update policy and coverage documents. These updates from CMS and Noridian can be followed as posted at CMS.gov or Noridian.com and through free weekly newsletters.

Idaho Medicaid providers and their staff should be familiar with CMS/Medicare and Noridian updates. Idaho Medicaid post-payment review of services, benefits, and claims include policy and criteria from CMS/Medicare and Noridian for shared services/benefits, even for participants who do not have Medicare as primary coverage.

Idaho Medicaid's payment methodology for some services is unique and some coding requirements may not always align with Medicare/Noridian. Idaho Medicaid has different rules and policy for some provider types and specialties from Medicare. As much as possible, Idaho Medicaid aligns with Medicare/Noridian as the national standard for billing, correct coding, documentation standards, diagnostic and clinical criteria, and standards for reasonable and necessary services. Idaho Medicaid's goal in aligning with Medicare/Noridian allows providers who also submit claims to Medicare, or provide services also covered by Medicare, to more easily find guidance and compliance requirements. When the Idaho Medicaid Provider Handbook, or other Idaho Medicaid documentation does not state policy, or payment methodology that is unique to Idaho Medicaid, providers can find guidance at CMS.gov, Medicaid.gov, and Noridian.com.

The goal of Idaho Medicaid may be summarized as in the CMS document below, found at Medicaid.gov,

**Medicaid Program; Face-to-Face Requirements for Home Health Services; Policy Changes and Clarifications Related to Home Health (CMS-2348-F) Final Rule, Fact Sheet**

...this rule aligns with Medicare to the greatest extent possible which will help to streamline beneficiaries' access to needed items and maximize consistency in service delivery, as well as reduce administrative burden on the provider community.

## Provider Training Opportunities in 2018

You are invited to attend the following webinars offered by Molina Medicaid Solutions Regional Provider Relations Consultants.

### June: Long Term Care

This training will walk Long Term Care providers through the process of signing up for a trading partner account, viewing prior authorizations, creating patient rosters, verifying eligibility, accessing remittance advice reports, and submitting and reviewing claims.

Training is delivered at the times shown in the table below. Each session is open to any region but space is limited to 25 participants per session, so please choose the session that works best with your schedule. To register for training, or to learn how to register, visit [www.idmedicaid.com](http://www.idmedicaid.com).

	June	July	August
	Long Term Care	Durable Medical Equipment	Eligibility
10:00 - 11:00 AM MT	6/19/2018	7/17/2018	8/15/2018
	6/20/2018	7/18/2018	8/16/2018
	6/21/2018	7/19/2018	8/21/2018
2:00 - 3:00 PM MT	6/7/2018	7/11/2018	8/8/2018
	6/13/2018	7/12/2018	8/9/2018
	6/19/2018	7/17/2018	8/16/2018
	6/20/2018	7/19/2018	8/21/2018

If you would prefer one-on-one training in your office with your Regional Provider Relations Consultant, please feel free to contact them directly. Provider Relations Consultant contact information can be found on page [18](#) of this newsletter.

# Medical Care Unit Contact and Prior Authorization Information

## Prior Authorizations, Forms, and References

To learn about prior authorization (PA) requirements, QIO review, or print request forms, go to the medical service area webpage at [www.medunit.dhw.idaho.gov](http://www.medunit.dhw.idaho.gov). Prior authorization request forms containing the "fax to" number can be found at [www.idmedicaid.com](http://www.idmedicaid.com). Click on **Forms** under the References section and you will see the PA request forms under the DHW Forms heading. If you prefer to mail in your form, the mailing address is:

Medicaid Medical Care Unit  
P.O. Box 83720  
Boise, ID 83720-0009

**Note:** The Medical Care Unit (MCU) does not give authorizations for services over the telephone or for services which do not require a prior authorization.

## To Check Prior Authorizations Status

Log on to your Trading Partner Account on [www.idmedicaid.com](http://www.idmedicaid.com). Choose **Form Entry**, then choose **View Authorizations**. If you are unable to identify the reason for a denied service, a Molina Medicaid Solutions representative can provide the medical reviewer's reason captured in the participant's non-clinical notes. If you are unable to view the authorization status, please review the [Trading Partner Account \(TPA\) User Guide](#) located under **User Guides** on [www.idmedicaid.com](http://www.idmedicaid.com). To speak to a Molina Medicaid Solutions representative, call 1 (866) 686-4272, option 3.

## MCU Medical Review Decisions

If you have any questions about medical review decisions, please refer to the following contact numbers or e-mail [MedicalCareUnit@dhw.idaho.gov](mailto:MedicalCareUnit@dhw.idaho.gov).

For DMEPOS PA policy, please see the DMEPOS PA Policy and Medical Criteria under the **Resources** tab on the DME page. Please review the DMEPOS PA Policy and Medical Criteria to obtain important information, policy, and guidance relating to requesting PAs for DMEPOS items. This document also includes the medical criteria used by the Department in most circumstances related to DMEPOS requests.

	Fax Number	Phone Number
Administratively Necessary Days	1 (877) 314-8779	1 (866) 205-7403
Ambulance*	1 (877) 314-8781	1 (800) 362-7648
Breast & Cervical Cancer	1 (877) 314-8779	1 (208) 364-1826
Durable Medical Equipment	1 (877) 314-8782	1 (866) 205-7403
Hospice	1 (877) 314-8779	1 (866) 205-7403
Preventive Health Assistance	1 (877) 845-3956	1 (208) 364-1843
Service Coordination	1 (877) 314-8779	1 (866) 205-7403
Surgery-Procedure-Lab	1 (877) 314-8779	1 (866) 205-7403
Therapy: OT, PT, SLP	1 (877) 314-8779	1 (866) 205-7403
Vision	1 (877) 314-8779	1 (866) 205-7403

\* Idaho Medicaid contracts with Medical Transportation Management (MTM) for all non-emergency medical transportation services. Please go to <http://www.mtm-inc.net/idaho/> or call 1 (877) 503-1261 for more information.

## DHW Resource and Contact Information

<b>DHW Website</b>	<a href="http://www.healthandwelfare.idaho.gov">www.healthandwelfare.idaho.gov</a>
<b>Idaho CareLine</b>	2-1-1 1 (800) 926-2588
<b>Medicaid Program Integrity Unit</b>	P.O. Box 83720 Boise, ID 83720-0036 <a href="mailto:prvfraud@dhw.idaho.gov">prvfraud@dhw.idaho.gov</a> Fax: 1 (208) 334-2026
<b>Telligen</b>	1 (866) 538-9510 Fax: 1 (866) 539-0365 <a href="http://IDMedicaid.Telligen.com">http://IDMedicaid.Telligen.com</a>
<b>Healthy Connections Regional Health Resource Coordinators</b>	
<b>Region I Coeur d'Alene</b>	1 (208) 666-6766 1 (800) 299-6766
<b>Region II Lewiston</b>	1 (208) 799-5088 1 (800) 799-5088
<b>Region III Caldwell</b>	1 (208) 455-7244 1 (208) 642-7006 1 (800) 494-4133
<b>Region IV Boise</b>	1 (208) 334-0717 1 (208) 334-0718 1 (800) 354-2574
<b>Region V Twin Falls</b>	1 (208) 736-4793 1 (800) 897-4929
<b>Region VI Pocatello</b>	1 (208) 235-2927 1 (800) 284-7857
<b>Region VII Idaho Falls</b>	1 (208) 528-5786 1 (800) 919-9945
<b>In Spanish (en Español)</b>	1 (800) 378-3385

## Insurance Verification

<b>HMS</b> PO Box 2894 Boise, ID 83701	1 (800) 873-5875 1 (208) 375-1132 Fax: 1 (208) 375-1134
--	---

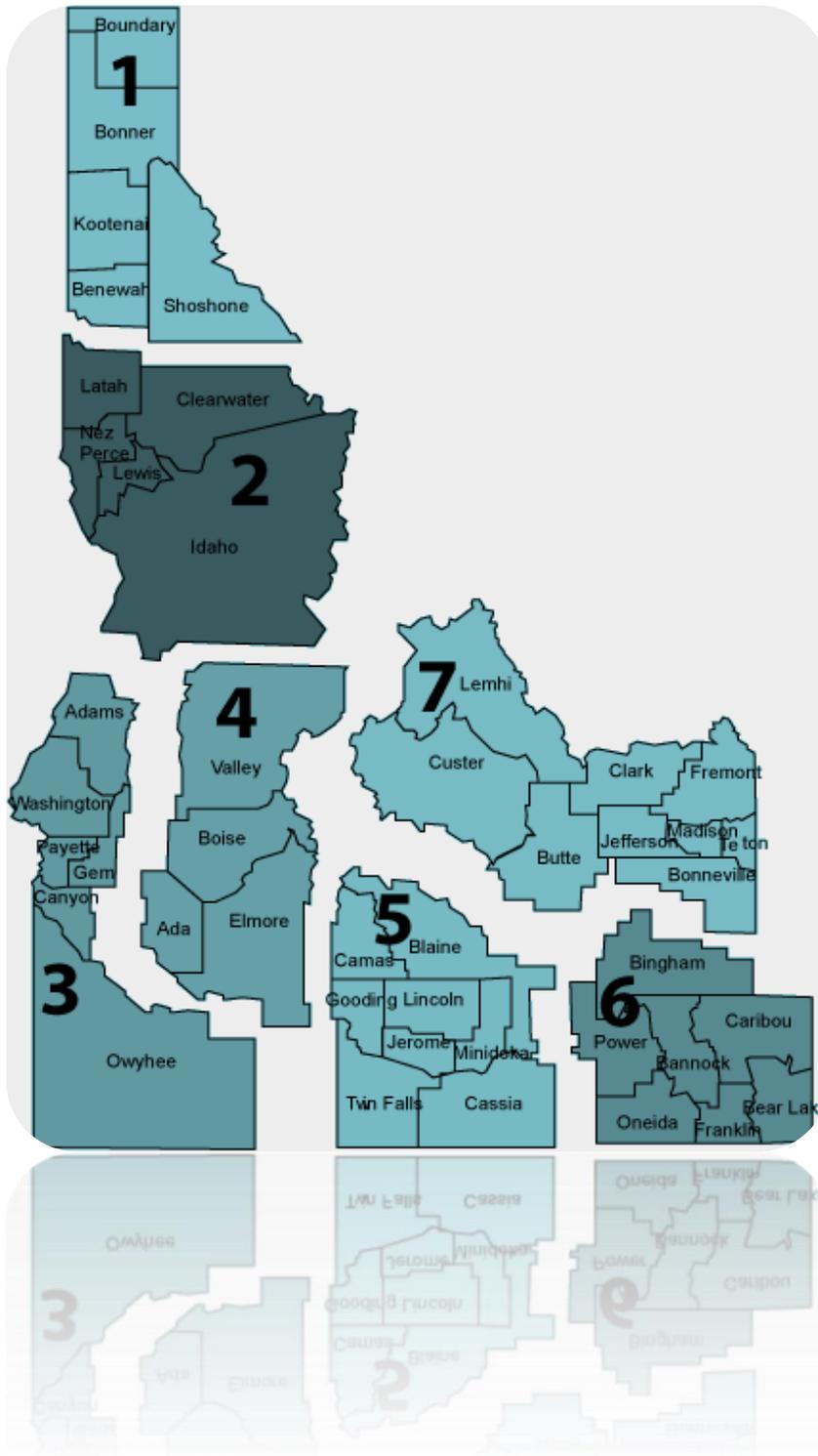
## Molina Provider and Participant Services Contact Information

<b>Provider Services</b>	
<b>MACS (Medicaid Automated Customer Service)</b>	1 (866) 686-4272 1 (208) 373-1424
<b>Provider Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT</b>	1 (866) 686-4272 1 (208) 373-1424
<b>E-mail</b>	<a href="mailto:jdproviderservices@molinahealthcare.com">jdproviderservices@molinahealthcare.com</a> <a href="mailto:jdproviderenrollment@molinahealthcare.com">jdproviderenrollment@molinahealthcare.com</a>
<b>Mail</b>	P.O. Box 70082 Boise, ID 83707
<b>Participant Services</b>	
<b>MACS (Medicaid Automated Customer Service)</b>	1 (866) 686-4752 1 (208) 373-1432
<b>Participant Service Representatives Monday through Friday, 7 a.m. to 7 p.m. MT</b>	1 (866) 686-4752 1 (208) 373-1424
<b>E-mail</b>	<a href="mailto:jdparticipantservices@molinahealthcare.com">jdparticipantservices@molinahealthcare.com</a>
<b>Mail – Participant Correspondence</b>	P.O. Box 70081 Boise, ID 83707
<b>Medicaid Claims</b>	
<b>Utilization Management/Case Management</b>	P.O. Box 70084 Boise, ID 83707
<b>CMS 1500 Professional</b>	P.O. Box 70084 Boise, ID 83707
<b>UB-04 Institutional</b>	P.O. Box 70084 Boise, ID 83707
<b>UB-04 Institutional Crossover/CMS 1500/Third-Party Recovery (TPR)</b>	P.O. Box 70084 Boise, ID 83707
<b>Financial/ADA 2006 Dental</b>	P.O. Box 70087 Boise, ID 83707

## Molina Provider Services Fax Numbers

<b>Provider Enrollment</b>	1 (877) 517-2041
<b>Provider and Participant Services</b>	1 (877) 661-0974

# Provider Relations Consultant (PRC) Information



## Region 1 and the state of Washington

1 (208) 559-4793

[Region.1@MolinaHealthCare.com](mailto:Region.1@MolinaHealthCare.com)

## Region 2 and the state of Montana

1 (208) 991-7138

[Region.2@MolinaHealthCare.com](mailto:Region.2@MolinaHealthCare.com)

## Region 3 and the state of Oregon

1 (208) 860-4682

[Region.3@MolinaHealthCare.com](mailto:Region.3@MolinaHealthCare.com)

## Region 4 and all other states

1 (208) 912-3970

[Region.4@MolinaHealthCare.com](mailto:Region.4@MolinaHealthCare.com)

## Region 5 and the state of Nevada

1 (208) 484-6323

[Region.5@MolinaHealthCare.com](mailto:Region.5@MolinaHealthCare.com)

## Region 6 and the state of Utah

1 (208) 870-3997

[Region.6@MolinaHealthCare.com](mailto:Region.6@MolinaHealthCare.com)

## Region 7 and the state of Wyoming

1 (208) 991-7149

[Region.7@MolinaHealthCare.com](mailto:Region.7@MolinaHealthCare.com)

**Molina Medicaid Solutions  
PO Box 70082  
Boise, Idaho 83707**



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

## Digital Edition

**MedicAide** is available online by the fifth of each month at [www.idmedicaid.com](http://www.idmedicaid.com). There may be occasional exceptions to the availability date as a result of special circumstances. The electronic edition reduces costs and provides links to important forms and websites. To request a paper copy, please call 1 (866) 686-4272.



**MedicAide is the monthly  
informational newsletter for  
Idaho Medicaid providers.  
Editors: Shelby Spangler and Shannon  
Tolman**

If you have any comments or suggestions,  
please send them to:

**Shelby Spangler,**  
[Shelby.Spangler@dhw.idaho.gov](mailto:Shelby.Spangler@dhw.idaho.gov)

**Shannon Tolman,**  
[Shannon.Tolman@dhw.idaho.gov](mailto:Shannon.Tolman@dhw.idaho.gov)

Medicaid – Communications Team

P.O. Box 83720  
Boise, ID 83720-0009  
Fax: 1 (208) 364-1811