MedicAide

An Informational Newsletter for Idaho Medicaid Providers

From the Idaho Department of Health and Welfare, **March 2014**

Division of Medicaid

In This Issue

Information Releases

CMS Update to Claims Processing Guidance for ICD-10

Visit *http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf* for the Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) — A Re-Issue of MM7492, published February 5, 2014.

Points to remember:

- For dates of service prior to October 1, 2014, submit claims with the appropriate ICD-9 diagnosis code.
- For dates of service on or after October 1, 2014, submit with the appropriate ICD-10 diagnosis code.
- A claim cannot contain both ICD-9 codes and ICD-10 codes.
- Medicare/Medicaid will return all claims that are billed with both ICD-9 and ICD-10 diagnosis codes on the same claim.
- Providers will be required to re-submit returned claims with the appropriate ICD-9/10 code(s) for the dates of service.

A Special Edition Article in *MLN Matters* clarifies the policy for processing split claims for certain institutional encounters that span the ICD-10 implementation date (that is, when ICD-9 codes are effective for that portion of the services rendered on September 30, 2014, and earlier, and when ICD-10 codes are effective for that portion of the services rendered on October 1, 2014, and later). View the article at *http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1325.pdf*.

How Medicaid Beneficiaries Can Obtain Tobacco Cessation Products

As of January 1, 2014, the Preventive Health Assistance Program no longer manages the Tobacco Cessation Program. The Medicaid Pharmacy Unit manages medications used for tobacco cessation. Here is the current method to obtain these products:

1) The recipient needs a prescription from their PCP for a nicotine replacement product.
2) The recipient presents it to the pharmacy as they would any other prescription.
3) If it is not a preferred nicotine replacement product, then the recipient will need to have their PCP submit a prior authorization request to the Medicaid Pharmacy Program.
4) If it is a preferred product (NicoDerm CQ patches [brand name only], Nicorette Gum or Lozenges [brand name only], or bupropion SR), a prior authorization will not be required.

The forms for prior authorization for non-preferred tobacco cessation products are on the Idaho Medicaid pharmacy webpage at:
http://www.healthandwelfare.idaho.gov/Medical/PrescriptionDrugs/PriorAuthorizationForms/tabid/206/Default.aspx

Preferred products for tobacco cessation are NicoDerm CQ patches (brand name only), Nicorette Gum or Lozenges (brand name only), and bupropion SR.

Non-preferred products for tobacco cessation are Chantix, generic nicotine gum, patches, or lozenges, and Nicotrol inhalation or nasal spray. These products require trial and failure of a preferred agent.

For questions, you may contact the Pharmacy Unit at 1 (208) 364-1829.

Medicaid Program Integrity

Services Included in Global Surgical Packages

The global surgical package includes all necessary services normally furnished by a physician before, during, and after a procedure. Payment for the surgical procedure includes the pre-operative, intra-operative, and post-operative services routinely performed by the surgeon or by members of the same group with the same specialty. Physicians in the same group practice who are in the same specialty must bill and be paid as though they were a single physician.

Medicaid pays surgical fees based on the global fee concept as defined in the Current Procedural Terminology (CPT) Manual.

For major surgeries, the global period is 90 days. For minor surgeries, the global period is ten days.

The following services are included in the global surgery package:

- Pre-operative visits: Preoperative visits after the decision is made to operate, beginning with the day before the day of surgery for major procedures and the day of surgery for minor procedures.
- Intra-operative services: Intra-operative services that are normally a usual and necessary part of a surgical procedure.
- Complications following surgery: All additional medical or surgical services required of the surgeon during the post-operative period of the surgery because of complications which do not require additional trips to the operating room.
- Postoperative visits: Follow-up visits during the post-operative period of the surgery that are related to recovery from the surgery.
- Postsurgical pain management: By the surgeon.
- Supplies: Except for those identified as exclusions.
- Miscellaneous services: Items such as the following.
    - Dressing changes
    - Local incisional care
    - Removal of cutaneous sutures and staples, lines, wires, tubes, drains, casts, and splints
    - Insertion, irrigation, and removal of urinary catheters, routine peripheral intravenous lines, and nasogastric and rectal tubes
    - Changes to and removal of tracheostomy tubes

The Medicaid Program Integrity Unit will recover overpayments and assess civil monetary penalties to providers who unbundle and bill services separately that are included in the global surgery package.

Updates to the Adult Developmental Disability Quality Improvement Strategy

The Bureau of Developmental Disability Services (BDDS) is updating its adult quality improvement strategy. BDDS will reinstate a concurrent review process for adult participants as defined in IDAPA *16.03.10.515.04*. The purpose of these Adult Service Outcome Reviews is to monitor the clinical necessity, appropriateness, and effectiveness of care. Beginning in March 2014, BDDS will identify individuals receiving adult developmental disability waiver services through a random statewide sample to participate in the review.

In order to complete the Adult Service Outcome Review, BDDS quality assurance staff will obtain information from the participant's Department file, interviews, and review of provider documentation. Provider documentation that may be requested as part of the review process includes:

- Provider status reviews as described in IDAPA *16.03.10.513.06*
- Program implementation plans as described in IDAPA *16.03.10.513.09*
- Provider records as described in IDAPA *16.03.10.704*

In the request for provider documentation, the Department will give providers the option of submitting the documentation to the Department within ten business days, or of staff being given immediate access to review records in accordance with IDAPA *16.03.09.230.05* and the Medicaid Provider Agreement.

In addition to monitoring for clinical necessity, appropriateness and effectiveness of care, some files chosen through the random sample will also be reviewed to ensure compliance with rules and regulations. These supplemental quality assurance reviews will be completed for certified providers, including Developmental Disability Agencies and Residential Habilitation Agencies, to ensure compliance with IDAPA *16.03.10* requirements that are no longer addressed through Licensing and Certification surveys. Additional provider documentation may be requested for files that are reviewed for *16.03.10* rule compliance.

Prior Authorization Number on Claims

Submitting the Prior Authorization Numbers (PA) will be required as of May 1, 2014.

Claims that contain the PA number associated to the services provided adjudicate faster and more efficiently. Entering the PA number on a claim is optional if the claim is submitted on or before April 30, 2014. Claims submitted on or after May 1, 2014, for services that require a prior authorization, will be denied if the PA number is not included on the appropriate claim line.

Please begin including the PA number on your claims right away. If your claim does not process as expected, please contact your local Provider Relations Consultant (PRC) so the claim processing record can be reviewed.

Speech Therapy Evaluation Procedure Codes

All Speech Therapy Providers

There is a change in the 2014 CPT® Manual that affects Evaluation of Speech. Previously, providers billed for speech-language evaluations using procedure code 92506. That code has been deleted and replaced with the following four codes:

- 92521 – Evaluation of speech fluency (e.g., stuttering, cluttering)
- 92522 – Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
- 92523 - Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language)
- 92524 – Behavioral and qualitative analysis of voice and resonance

To bill 92523, the provider must provide and clearly document both components – evaluation of speech sound production and evaluation of language comprehension and expression. The use of modifier 52 cannot be used to indicate partial completion of the service.

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HEALTH & WELFARE

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March 1, 2014

MEDICAID INFORMATION RELEASE 2014-02

To: All Nursing Facility and ICF/ID Administrators

From: Paul J. Leary, Administrator

Subject: Information Request Related To Wage Determination

Each year the Idaho Department of Health and Welfare gathers information from all nursing facilities (including hospital-based facilities) and intermediate care facilities for persons with intellectual disabilities (ICF/ID) to determine wage data for select employees in the nursing home industry.*

If you were a Medicaid provider on or before March 15, 2014, you must complete the attached certification according to the attached instructions and return the required information to:

Myers and Stauffer LC
8555 West Hackamore Drive, Suite 100
Boise, ID 83709-1693
Fax: (208) 378-0660

You must respond by April 15, 2014.

Submission instructions are shown on page 3. If you have questions, please contact Myers and Stauffer at (800) 336-7721. Thank you for participating in Idaho Medicaid.

PJL/rs

Attachments

** IDAPA 16.03.10.281.02, and IDAPA 16.03.10.603.02*

INFORMATION REQUEST INSTRUCTIONS

(Please read carefully as strict adherence to these standards is required)

As of March 15, 2014, we are requesting the following information regarding select staff at all nursing facilities (including hospital-based facilities) and intermediate care facilities for individuals with intellectual disabilities (ICF/ID).*

You must submit the following information in an electronic format to Myers and Stauffer no later than April 15, 2014.* Early submissions are greatly appreciated. **Please see below for additional requirements for email submissions.**

- Employee Name: Include only the name or identifier for each employee (e.g., ID number). Do not include employee social security numbers.

- Employment Class: Do not send information for staff who are not involved in the routine, direct care of residents who receive long-term care (e.g., physical therapy, occupational therapy, speech therapy, restorative aides, staff development, social service, activities, health information, administration, or ward clerks). Include and assign only the staff that fall into these categories:

    - Registered Nurses (indicate Director of Nursing, Mini Data Set (MDS) staff, Care Manager, etc.)
    - Licensed Practical Nurses
    - Qualified Intellectual Disabilities Professional (ICF/IDs only)
    - Certified Nurse Aides
    - Nurse Aides
    - Therapy Technicians (ICF/IDs only)
    - Dietary Aide
    - Housekeeping Aide
    - Laundry Aide

- Hourly Wage: Include only the hourly wage. If the individual is paid a salary, please convert it to an hourly wage (full time = 2,080 hours/year).

- Weekly Hours: Include the number of hours that the individual works in an average work week and round figures to the nearest hour. Include Pro Re Nata (PRN) staff only if a weekly average can be determined.

- Time Frame: The wage data must be the rate paid as of March 15, 2014. Do not include personnel hired after this date.

* According to *IDAPA 16.03.10.281.02, and IDAPA 16.03.10.603.02*

- Format: Electronic files must be in a standard spreadsheet format. No subtotals or summarizations are necessary. A sample file layout is included for your reference. **Note:** a payroll schedule will not satisfy the requirements of this request.

  Design your report according to the following layout:

Employee Name	Employment Class	Hourly Wage	Avg. Weekly Hours
John Doe	Certified Nurse Aide	$10.05	38

- Submission Requirements: Electronic files that can be sent through a **secured** email system should be sent directly to IDWAHRS@mslc.com. If you do not have access to this type of program, the information should be saved to a CD or other electronic media and mailed to Myers and Stauffer LC at the address shown on page 1.

- Certification: The cover sheet/certification page below must be completed, signed, and included with the information requested above.

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
* * * * * * * * * * * * * * * * * * *
* * *
PERSONNEL LISTING WITH WAGE DATA
* * *
REQUESTED TO COMPLY WITH
IDAPA 16.03.10.281.02, and IDAPA 16.03.10.603.02
* * *
* * * * * * * * * * * * * * * * * * *
AS OF MARCH 15, 2014

_____
(Name of Facility)

_____
(Address)

_____
(City, State, Zip)

_____
(Medicaid Provider Number)

I certify that, to the best of my knowledge, the information reflected herein is an accurate representation of the facts.

_____
Administrator Signature

_____
Print or Type Name

_____
Date

_____
Phone Number

Provider Training Opportunities in 2014

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

March: Electronic Referrals
This course is designed to instruct primary care physicians on how to submit a referral, and specialists how to retrieve.

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 and click on the **Training** link in the left-hand menu.

	10 a.m. - 11 a.m. MT	10 a.m. - 11 a.m. MT	10 a.m. - 11 a.m. MT	10 a.m. - 11 a.m. MT	2 p.m. - 3 p.m. MT	2 p.m. - 3 p.m. MT	2 p.m. - 3 p.m. MT
March Referrals	3/19/2014	3/20/2014	3/12/2014	3/18/2014	3/20/2014	3/18/2014	3/13/2014
April COB	4/16/2014	4/17/2014	4/9/2014	4/15/2014	4/17/2014	4/15/2014	4/10/2014
May Eligibility	5/21/2014	5/15/2014	5/14/2014	5/20/2014	5/15/2014	5/20/2014	5/8/2014
June Claims Adjustments	6/18/2014	6/19/2014	6/11/2014	6/17/2014	6/19/2014	6/17/2014	6/12/2014
July Enrollment	7/16/2014	7/17/2014	7/9/2014	7/15/2014	7/17/2014	7/15/2014	7/10/2014
August Reports	8/20/2014	8/21/2014	8/13/2014	8/19/2014	8/21/2014	8/19/2014	8/14/2014
September Referrals	9/17/2014	9/18/2014	9/10/2014	9/16/2014	9/18/2014	9/16/2014	9/11/2014
October COB	10/15/2014	10/16/2014	10/8/2014	10/21/2014	10/16/2014	10/21/2014	10/9/2014
November Eligibility	11/19/2014	11/20/2014	11/12/2014	11/18/2014	11/20/2014	11/18/2014	11/13/2014
December Claims Adjustments	12/17/2014	12/18/2014	12/10/2014	12/16/2014	12/18/2014	12/16/2014	12/11/2014

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 13 of this newsletter.

Medical Care Unit Contact and Prior Authorization Information

Prior Authorizations, Forms, and References
To learn about prior authorization (PA) requirements, Qualis review, or print request forms, go to the medical service area webpage at www.medunit.dhw.idaho.gov. Prior authorization request forms containing the "fax to" number can be found at 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.

To Check Prior Authorizations Status
Log on to your Trading Partner Account on www.idmedicaid.com. Choose **Form Entry**, then choose **Authorization Status**. 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 Authorization Status Guide located under **User Guides** on 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.

	Fax Number	Phone Number
Administratively Necessary Days	1 (877) 314-8779	1 (208) 364-1830
Ambulance*	1 (877) 314-8781	1 (800) 362-7648
Breast & Cervical Cancer	1 (877) 314-8779	1 (208) 364-1839
Durable Medical Equipment	1 (877) 314-8782	1 (866) 205-7403
Hospice	1 (877) 314-8779	1 (208) 364-1904
Pharmacy	1 (800) 327-5541	1 (866) 827-9967
Preventive Health Assistance	1 (877) 845-3956	1 (208) 364-1843
Service Coordination	1 (877) 314-8779	1 (208) 364-1904
Surgery-Procedure-Lab	1 (877) 314-8779	1 (208) 287-1148
Therapy: OT, PT, SLP	1 (877) 314-8779	1 (208) 364-1904
Vision	1 (877) 314-8779	1 (208) 364-1904

* Idaho Medicaid contracts with American Medical Response (AMR) for all non-emergency medical transportation services. Please go to www.idahonemt.net or call 1 (877) 503-1261 for more information.

DHW Resource and Contact Information

DHW Web site	www.healthandwelfare.idaho.gov
Idaho CareLine	2-1-1 1 (800) 926-2588
Medicaid Program Integrity Unit	P.O. Box 83720 Boise, ID 83720-0036 prvfraud@dhw.idaho.gov Fax: 1 (208) 334-2026
Qualis Health	1 (800) 783-9207 Fax: 1 (800) 826-3836 http://www.qualishealth.org/healthcare-professionals/idaho-medicaid
Healthy Connections Regional Health Resource Coordinators	
Region I **Coeur d'Alene**	1 (208) 666-6766 1 (800) 299-6766
Region II **Lewiston**	1 (208) 799-5088 1 (800) 799-5088
Region III **Caldwell**	1 (208) 455-7244 1 (208) 642-7006 1 (800) 494-4133
Region IV **Boise**	1 (208) 334-0717 1 (208) 334-0718 1 (800) 354-2574
Region V **Twin Falls**	1 (208) 736-4793 1 (800) 897-4929
Region VI **Pocatello**	1 (208) 235-2927 1 (800) 284-7857
Region VII **Idaho Falls**	1 (208) 528-5786 1 (800) 919-9945
In Spanish **(en Español)**	1 (800) 378-3385

Insurance Verification

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

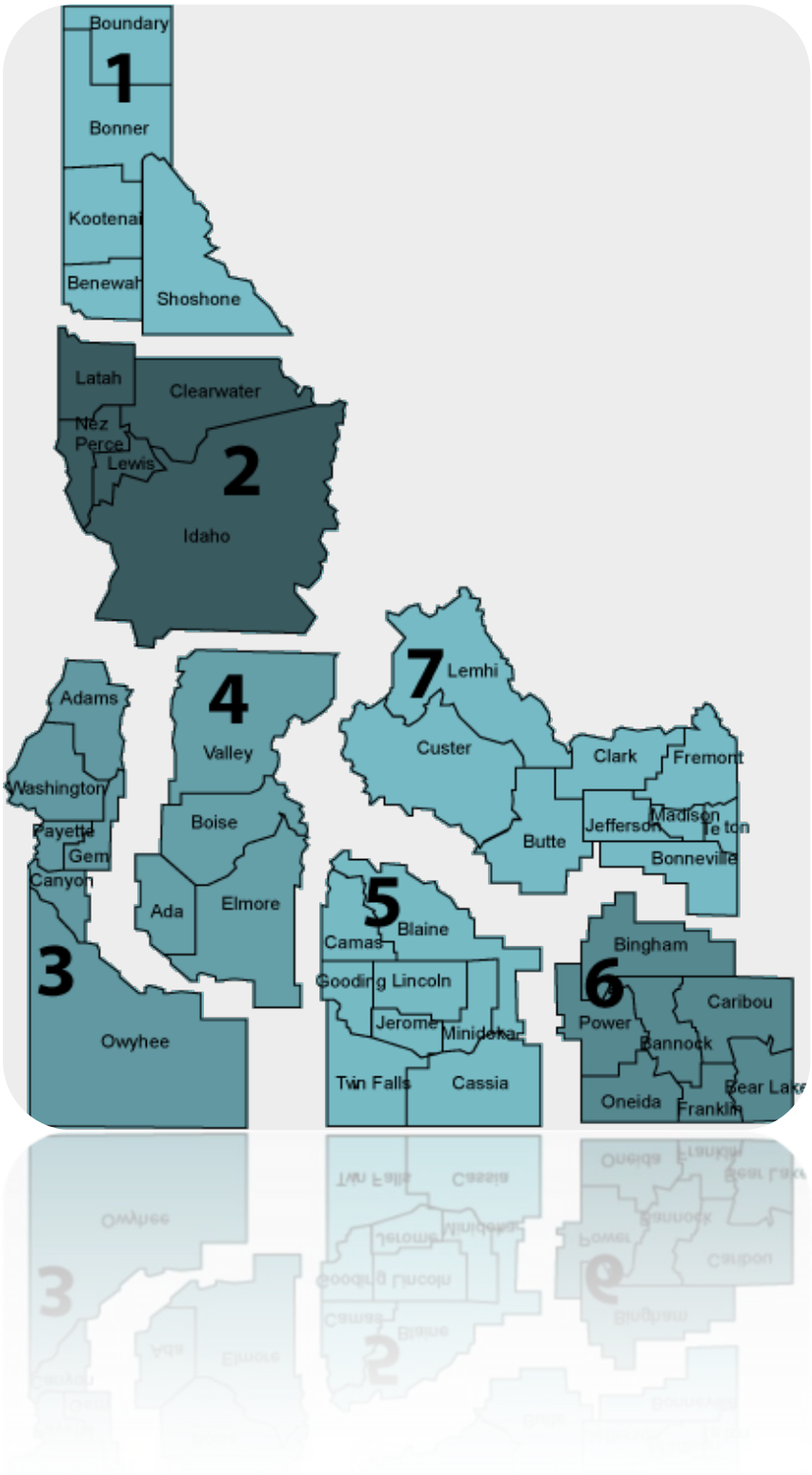
Molina Provider and Participant Services Contact Information

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

Molina Provider Services Fax Numbers

Provider Enrollment	1 (877) 517-2041
Provider and Participant Services	1 (877) 661-0974

Provider Relations Consultant (PRC) Information



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Coeur d'Alene, ID 83814
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Region.1@MolinaHealthCare.com

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IDAHO DEPARTMENT OF HEALTH & WELFARE

Digital Edition

MedicAide is available online by the fifth of each month at 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:

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