



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

September 2006

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# **Update To Information Release MA06-21** (August MedicAide Newsletter)

Medicaid Information Release MA06-21 in the August issue of MedicAide contained an error in the new rates for two procedure codes. The correct rates are listed below for your reference.

Code	Description	New Rate
H2016	Non School Days Intense Support	\$268.36
H2016 U8	Supported Living Intense for Adults	\$268.36

If you have any questions, please contact Eric Anderson with the Idaho Medicaid Office of Reimbursement Policy at (208) 364-1918. Thank you again for your participation in the Idaho Medicaid program.

# **Update To Information Release MA06-26** (August MedicAide Newsletter)

Medicaid Information Release MA06-26 in the August issue of MedicAide, covered changes to reimbursement rates for providers of School-Based Services effective July 1, 2006. The following codes were not included in the information release, but will also have new reimbursement rates effective the same date:

Code	Description	New Rate
H2000	Comprehensive Multidisciplinary Evaluation (15 min.)	\$4.53
H2014	Skills Training & Development (15 min.)	\$4.53
H2014 HQ	Skills Training & Development (15 min)	\$1.80

In addition, the Information Release mentioned that coverage for IEP plan development would be discontinued, also effective July 1, 2006. The affected procedure code for IEP plan development is G9002 used with modifier TM.

If you have any questions, please contact Eric Anderson with the Idaho Medicaid Office of Reimbursement Policy at (208) 364-1918. Thank you again for your participation in the Idaho Medicaid program.

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho July 14, 2006

#### **MEDICAID INFORMATION RELEASE MA06-30**

TO: Physicians, Osteopaths, Mid-level Practitioners, Hospitals, and Ambulatory

**Surgical Centers** 

FROM: Leslie Clement, Deputy Administrator

SUBJECT: STERILIZATION CONSENT FORM REQUIREMENTS

The purpose of this Information Release is to answer some of the most frequently asked questions about Idaho Medicaid's sterilization form requirements and address the most common reasons for claim denials.

Idaho Medicaid is required to meet the Centers for Medicare and Medicaid (CMS) requirements for sterilization consent forms. Medicaid cannot cover sterilizations unless a valid, complete, and legible Sterilization Consent Form is received by EDS (Electronic Data Systems). The following are Idaho Medicaid's sterilization and Consent Form requirements:

#### **Consent Form**

- Providers must use the CMS approved sterilization consent form HW0034.
   Instructions for ordering the consent form from EDS are available online at:
   http://www.healthandwelfare.idaho.gov/DesktopModules/Documents/
   DocumentsView.aspx?tabID=0&ItemID=4442&MId=11623&wversion=Staging.
- You may also order the forms from EDS by phone at (800) 685-3757, then say "Agent" at the voice prompt.
- If a provider chooses to use a sterilization consent form other than HW0034, the form <u>must</u> indicate that is it approved by CMS and include text that is identical to the HW0034 form.

#### **Client Requirements**

- The individual to be sterilized must be at least 21 years old at the time the consent was obtained.
- The individual must be mentally competent.
- The individual must voluntarily give informed consent in accordance with all the requirements outlined on the sterilization consent form.
- At least 30 days, but not more than 180 days, must have passed between the date
  of consent and the sterilization procedure. For example, if the consent form was
  signed 5/31/06, the sterilization could not be covered until 7/1/06, because there
  must be 30 days between consent and sterilization (6/1-6/30). The only exceptions
  to this requirement are cases of premature delivery or emergency abdominal
  surgery, which must be documented on the form.

#### Signature Requirements

The consent form must be complete including all blanks filled in legibly and all appropriate boxes checked. The form must be signed and dated by:

- the individual to be sterilized, and
- the interpreter, if one was used, and
- the person obtaining the consent, and
- the physician performing the sterilization.

**DHW Phone Numbers** 

Addresses

**Web Sites** 

#### **DHW Websites**

www.healthandwelfare.idaho.

#### **Idaho Careline**

211 (available throughout Idaho) (800) 926-2588 (toll free)

## Provider Fraud and Utilization Review

P. O. Box 83720 Boise, ID 83720-0036

(866) 635-7515 (toll free)

(208) 334-0653

#### Email:

~medicaidfraud&sur@ idhw.state.id.us (note: begins with ~)

#### **Healthy Connections**

Regional Health Resources Coordinators

Region I - Coeur d'Alene (208) 666-6766 (800) 299-6766

Region II - Lewiston

(208) 799-5088

(800) 799-5088 Region III - Caldwell

> (208) 455-7244 (800) 494-4133

Region IV - Boise

(208) 334-0717 or

(208) 334-0718

(800) 354-2574

Region V - Twin Falls

(208) 736-4793

(800) 897-4929

Region VI - Pocatello

(208) 236-6270

(800) 284-7857

Region VII - Idaho Falls

(208) 528-5786

(800) 919-9945

In Spanish (en Español)

(800) 378-3385 (toll free)

(800) 494-4133 (toll free)

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Prior Authorization Phone Numbers Addresses Web Sites

**DME Prior Authorizations:** 

DME Specialist Bureau of Medical Care PO Box 83720 Boise, ID 83720-0036 (866) 205-7403 (toll free) Fax (800) 352-6044 (Attn: DME Specialist)

Pharmacy P.O. Box 83720 Boise, ID 83720-0036 (866) 827-9967 (toll free) (208) 364-1829 Fax (208) 364-1864

Qualis Health (Telephonic & Retrospective Reviews) 10700 Meridian Ave. N. Suite 100 Seattle, WA 98133-9075 (800) 783-9207 Fax (800) 826-3836 or (206) 368-2765

Qualis Health Website www.qualishealth.org/ idahomedicaid.htm

**Insurance Verification:** 

PCG P.O. Box 2894 Boise, ID 83701 (800) 873-5875 (208) 375-1132 Fax (208) 375-1134

Transportation Prior Authorization:

Developmental Disability and Mental Health (800) 296-0509, #1172 (208) 287-1172

Other Non-emergent and Out-of-State

(800) 296-0509, #1173 (208) 287-1173

Fax

(800) 296-0513 (208) 334-4979

Ambulance Review

(800) 362-7648 (208) 287-1155

Fax

(800) 359-2236 (208) 334-5242 Continued from Page 2 (IR MA06-30)

#### **Provider Handbook**

This information release does not change the information in any provider handbooks.

If you have questions concerning this Information Release, please contact Arla Farmer, Bureau of Medical Care, at (208) 364-1958, by FAX at (208) 332-7285, or by email at farmera@state.id.us

Thank you for your continuing participation in the Medicaid Program.

LMC/af/sw

## Forms Available from EDS

Effective August 14, 2006 the following forms will be available from EDS for Private Duty Nursing Providers:

- HW0622 PDN Flow Charts
- HW0622A PDN Assessments

Regional Medicaid Offices will no longer stock a supply of these forms. Please refer to Appendix D of the Idaho Medicaid Provider Handbook for instructions on how to order these forms from EDS. A copy of the handbook can be found on the Idaho Medicaid Provider Resources CD or online at <a href="http://www.healthandwelfare.idaho.gov/site/3438/default.aspx">http://www.healthandwelfare.idaho.gov/site/3438/default.aspx</a>.

The Idaho Medicaid Provider Handbook Appendix D includes several forms that can be copied and used by the provider as needed. Additionally, some provider forms can be ordered from EDS. The forms that can be ordered are listed below:

- Drug Claim Form 352-023
- Finger Print Card FD258
- Notice of Admit or Discharge: NF or ICF/MR HW0458
- PASARR Screen Form HW0087
- PCS Assessment and Care Plan RMU 14.01
- Physicians Medical Care Evaluation for PCS HW0603 3/98
- QMRP Assessment HW0615
- QMRP Visit HW0621
- Sterilization Consent Form HW0034
- Visit Notes for Supervising Nurses HW0620

## **Cesarean Section: 4-Day Length of Stay**

Cesarean deliveries (C-sections) are allowed a 4-day inpatient length of stay before a continued stay review is required with the Department's Quality Improvement Organization, Qualis Health. If the patient is not discharged after the fourth day, contact Qualis Health toll-free at (800) 738-9207 or fax the review request to (800) 826-3836 to obtain a review.

The following range of diagnosis codes, when used appropriately as the admit or primary diagnosis, have a 4-day length of stay. Note the addition of two codes (\*\*) which were previously omitted from the January 2006 MedicAide article.

Diagnosis Code	Description
(additional 5th digit required)	
642.5 (0,1,2,4)	Severe pre-eclampsia
652.2- 652.8 (0,1,3)	Malposition and malpresentation of fetus
653.4 (0,1,3)	Fetopelvic disproportion
**654.2 (0,1,3)	Previous cesarean delivery
659.7 (0,1,3)	Abnormality in fetal heart rate or rhythm
660.0-660.8 (0,1,3)	Obstructed labor
661.00-661.43	Abnormality of forces of labor
663.1 (0,1,3)	Umbilical cord around neck, with compression
663.4 (0,1,3)	Umbilitical cord complications, short cord
**763.4	Fetus or Newborn, Cesarean delivery
V30.01	Single liveborn, born in a Hospital, delivered by cesarean delivery
V31.01	Twin, Mate liveborn, born in a Hospital, delivered by cesarean delivery
V32.01	Twin, Mate Stillborn, born in a Hospital, delivered by cesarean delivery
V33.01	Twin, unspecified, born in a Hospital, delivered by cesarean delivery
V34.01	Other multiple, mates all liveborn, born in a hospital, delivered by cesarean delivery
V35.01	Other multiple, mates all stillborn, born in a hospital, delivered by cesarean delivery
V36.01	Other multiple, mates live and stillborn, born in a hospital, delivered by cesarean delivery
V37.01	Other multiple, unspecified, born in a hospital, delivered by cesarean delivery

**EDS Phone Numbers Addresses** 

MAVIS (800) 685-3757 (208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Fax Numbers
Provider Enrollment
(208) 395-2198
Provider Services
(208) 395-2072

Client Assistance Line Toll free: (888) 239-8463

# EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1 Prudie Teal 1120 Ironwood Dr., # 102 Coeur d'Alene, ID 83814

prudie.teal@eds.com (208) 666-6859 (866) 899-2512 (toll free) Fax (208) 666-6856

Region 2 JoAnn Woodland 1118 F Street P.O. Drawer B Lewiston, ID 83501

joann.woodland@eds.com (208) 799-4350 Fax (208) 799-5167

Region 3 Mary Jeffries 3402 Franklin Caldwell, ID 83605 mary.jeffries@eds.com (208) 455-7162

Fax (208) 454-7625

Region 4 Jane Hoover 1720 Westgate Drive, # A Boise, ID 83704

jane.hoover@eds.com (208) 334-0842 Fax (208) 334-0953

Region 5 Penny Schell 601 Poleline, Suite 3 Twin Falls, ID 83303

penny.schell@eds.com (208) 736-2143 Fax (208) 678-1263

Region 6 Janice Curtis 1070 Hiline Road Pocatello, ID 83201

janice.curtis@eds.com (208) 239-6268 Fax (208) 239-6269

Region 7 Ellen Kiester 150 Shoup Avenue Idaho Falls, ID 83402 ellen.kiester@eds.com (208) 528-5728 Fax (208) 528-5756

### Information for Dental Providers

#### **Billing For Dentures**

Claims for full, immediate or partial dentures should not be billed to Medicaid until they are delivered to the client. The only time dentures can be billed using the impression date is the following: "If partial or complete dentures are inserted during a month when the client is not eligible, but other work .....was completed during an eligible period, the claim for the dentures is allowed. Use the impression date, not the seating date, as the service date." (Dental Guidelines Manual Section 3.2.8, second paragraph.)

In all other instances, denture claims must be billed with the date the dentures were delivered. Billing outside of these guidelines is considered fraudulent billing.

#### **Billing For Flippers**

When providing flippers for children, use the code(s) D5820 or D5821 and obtain Prior Authorization.

Do not claim partial denture code(s) D5211 through D5214 when providing a flipper for a Medicaid child, as these are incorrect codes for flippers and are limited to once in five (5) years.



## **September Regional Provider Workshops**

EDS Provider Relations Consultants continue to offer a series of provider workshops. Each consultant conducts a 2-hour regional workshop every two months to help providers in their region. The topics include General Medicaid Billing, Provider Resources, and Using PES Software.

The next workshop is scheduled for Tuesday, September 12, 2006, from 2:00 to 4:00 p.m., with the exception of Boise, Coeur d'Alene, and Twin Falls. The Boise workshop will be held on Wednesday, September 13, 2006, from 2:00 to 4:00 p.m. The Coeur d'Alene workshop will be held on Thursday, September 7, 2006. The Twin Falls workshop will be held on Tuesday, September 19, 2006. These workshops are free but please pre-register with your local Provider Relations Consultant.

### Idaho Medicaid Provider Resources CD

All active providers receive the *Idaho Medicaid Provider Resources* CD in the mail. The next CD will be delivered in mid-September. It contains a variety of provider resources including:

**Provider Electronic Solutions (PES):** the PES software can be used to verify Idaho Medicaid eligibility and to submit electronic claims in HIPAA-compliant transactions. To submit electronic claims, you must have an Electronic Claims Submission (ECS) Agreement on file with EDS. If you have not completed an agreement, insert the CD in the computer drive, select *PES* from the main menu on the CD, and select *ECS Agreement*. Print, complete, and mail this form to EDS. The CD also includes the *PES Handbook* and installation instructions for the Provider Electronic Solutions (PES) software.

**General Provider Resources:** Qualis Health Provider Manual, Medicaid and You (a client brochure), Forms, and Acrobat Reader<sup>®</sup>.

POS Device Resources: POS Device User Guide and Installation Guide for the Idaho Medicaid POS device.

Idaho Medicaid Provider Handbook: The primary resource for information about the Idaho Medicaid program.

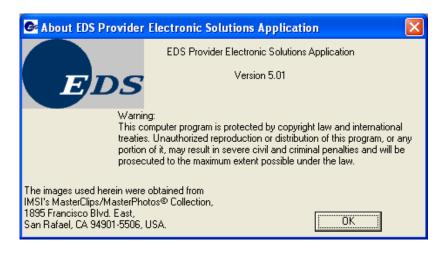
Providers have discovered that the electronic versions of the handbooks and references on the CD are easy to use and provide a quick method for accessing provider information. The electronic version allows users to:

- Copy the resource to one or more computers or LAN for easy access
- Use the search function to locate specific information
- Complete standard forms online before printing and mailing them
- Copy and paste sections of handbooks to their own office manuals
- Print specific sections of handbooks as needed
- Read about program requirements and procedures for all provider types and specialties

Please note that the Resource CD that will be shipped in mid-September will not contain an upgraded version of the Provider Electronic Solutions (PES) software. Therefore, if you are currently running version 5.00 or 5.01 of the PES software, you do not need to apply an upgrade. If you are currently running a version other than 5.00 or 5.01, you need to upgrade the software. Instructions for upgrading PES are in the PES Handbook on the Resource CD.

To determine the version of PES software running on your computer:

- 1. Log into PES.
- 2. On the main menu, select the **Help** pull-down menu and select **About**. The version displays. In the following example, the version is 5.01.



Select **OK** to close the window.

## **Reminder to all Healthy Connections Providers**

When submitting a Healthy Connections change or a new Healthy Connections Enrollment Form, please send the information or form to the Regional Healthy Connections office near you.

Region	Healthy Connections Office
Region 1	1120 Ironwood, Suite 102 Coeur d'Alene, ID 83814-2659
	(208) 666-6766 (800) 299-6766
	Fax (208) 666-6856
Region 2	1118 F Street P.O. Drawer B Lewiston, ID 83501
	(208) 799-5088 (800) 799-5088
	Fax (208) 799-5167
Region 3	3402 Franklin Rd. Caldwell, ID 83605-6932
	(208) 455-7244, opt. 5 or 6 (800) 494-4133
	Fax (208) 454-7625
Region 4	1720 Westgate, Suite A Boise, ID 83704 or: P.O. Box 83720 Boise, ID 83720-0026
	(208) 334-0717, opt. 2, 3, or 4 or (208) 334-0718 (800) 354-2574
	Fax (208) 334-0953

Region	Healthy Connections Office
Region 5	601 Poleline Rd., Suite 3 Twin Falls, ID 83301
	(208) 736-4793 (800) 897-4929
	Fax (208) 736-2116
Region 6	1070 Hiline, Suite 260 P.O. Box 4166 Pocatello, ID 83205
	(208) 236-6270 (800) 284-7857
	Fax (208) 239-6269
Region 7	150 N. Shoup Street, Suite 20
	Idaho Falls, ID 83402
	(208) 528-5786 or (208) 528-5766 (800) 919-9945
	Fax (208) 528-5756

The phone number for Spanish Interpretive Services for the Healthy Connections Program statewide is (800) 862-2147.

Sending Healthy Connections Enrollment forms to a different location could delay processing. Please contact your local Health Resource Coordinator at the numbers above if you have any questions.



EDS P.O. Box 23 Boise, Idaho 83707

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BOISE, ID
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## **September Office Closures**

Monday, September 4, 2006, the Department of Health and Welfare and EDS offices will be closed for Labor Day.

MAVIS (Medicaid Automated Voice Information Service) is always available at the following telephone number: (800) 685-3757 (toll-free) or (208) 383-4310 (Boise local).

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Editor: Carolyn Taylor, Division of Medicaid

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

taylor3@idhw.state.id.us

Carolyn Taylor DHW MAS Unit PO Box 83720 Boise, ID 83720-0036

Fax: (208) 364-1911