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

March 2008

National Provider Identifier (NPI) Is Almost Here — Are You Ready?

\$20.8 Million in NPI Claims Errors in December 2007

National Provider Identifier (NPI) claim errors can seriously interrupt your cash flow! Are you ready for the end of the federal NPI contingency period May 23, 2008?

If NPI had been fully implemented, Idaho Medicaid could not have processed or paid nearly ten percent of the electronic claims submitted with an NPI in December 2007. Are you receiving NPI explanation of benefit (EOB) error alerts on your weekly paper remittance advice (RA)? Have you become an NPI statistic? Here are the statistics for December 2007:

1,226 providers received EOB 049 – NPI not registered with Idaho Medicaid or not linked to an Idaho Medicaid provider number. The total value of these claims were \$1.8 million. This works out to an average of \$1,528 in lost revenue for each of the 1,226 providers.

18 providers received EOB 050 – NPI not linked to a Medicaid provider number that is allowed to bill for this service. The total value of these claims were \$10,575. This works out to an average of \$598 in lost revenue for each of the 18 providers.

316 providers received EOB 051 – A taxonomy code is required when submitting this NPI on claims. The total value of these claims were \$1.4 million. This works out to an average of \$4,409 in lost revenue for each of the 316 providers.

26 providers received EOB 052 – The taxonomy code on this claim is not used by Idaho Medicaid. The total value of these claims were \$404,000. This works out to an average of \$15,543 in lost revenue for each of the 26 providers.

188 providers received EOB 053 – NPI and taxonomy combination does not match any linked Medicaid provider number. The total value of these claims were \$1.1 million. This works out to an average of \$6,152 in lost revenue for each of the 188 providers.

24 providers received EOB 054 – Zip code sent on claim does not match zip code on file. The total value of these claims were \$286,000. This works out to an average of \$11,918 in lost revenue for each of the 24 providers.

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Continued from Page 1 (\$20.8 Million)

Three providers received EOB 055 – NPI taxonomy zip code combination matches multiple linked Medicaid provider numbers. The total value of these claims were \$147,000. This works out to an average of \$49,021 in lost revenue for each of the three providers.

1,184 providers received EOB 056 – An NPI must be submitted on claims for these services effective May 23, 2008. The total value of these claims were \$17.4 million. This works out to an average of \$14,684 in lost revenue for each of the 1,184 providers.

How much revenue can your practice afford to lose each month? Now is the time to fix these claim errors! The federal NPI contingency period ends May 23, 2008. Please review your RA for NPI EOB messages weekly. The information provided in the article titled, NPI – Troubleshooting Common Problems will help you solve the claims issues. If you need help resolving these issues, please call your regional provider relations consultant (PRC). Contact information for the PRCs can be found in the sidebar on page 5.

NPI - Troubleshooting Common Problems

This article will help providers work through the informational explanation of benefit (EOB) codes received on the weekly remittance advice (RA) and answer some common questions on how to register and link the National Provider Identifier (NPI) to existing Medicaid numbers. The Idaho Medicaid NPI Webpage is located at: https://npi.dhw.idaho.gov. NPI registration, linking, and updates must be entered at this webpage.

EOB Codes:

049: NPI not registered with Idaho Medicaid or linked to Medicaid provider number.

Either the NPI submitted on the electronic transaction has not been registered, or the NPI submitted is registered but not linked to an Idaho Medicaid provider number on the webpage listed above.

- Review the NPI number listed on the RA.
- Assure the NPI should be linked to the Medicaid number submitted.
- Go to the NPI Webpage listed above to register and link the NPI number listed to the Medicaid number submitted.

050: NPI not linked to Medicaid provider number allowed to bill for this service.

The submitted NPI is linked to a Medicaid provider number that is not allowed to bill for the specified service. For example, a physician is not allowed to bill a hospital service.

- Review the NPI number listed on the RA.
- Assure the NPI should be linked to the Medicaid number submitted.
- Go to the NPI Webpage listed above to correct or add the link information for the NPI submitted.

051: Taxonomy code is required when submitting this NPI on claims.

The NPI submitted on the electronic transaction is linked to more than one Medicaid number that submits the same type of claim, from the same service location.

- Review Appendix B; Taxonomy, from the Medicaid Provider Handbook found on the webpage listed above. Click on the NPI Registration Instructions link on the left side of the page, or on the Provider Electronic Solutions (PES) CD for a list of allowed taxonomy codes for each provider type.
- Assure the proper taxonomy code is submitted with each electronic transaction.

DHW Phone Numbers Addresses

Web Sites

DHW Web sites www.healthandwelfare. idaho.gov

Idaho Careline

2-1-1 (available throughout Idaho) (800) 926-2588 (toll free)

Medicaid Fraud and Program Integrity Unit P.O. Box 83720 Boise, ID 83720-0036 Fax (208) 334-2026

Email: prvfraud@dhw.idaho.gov

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) 642-7006 (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) 235-2927 (800) 284-7857

Region VII - Idaho Falls (208) 528-5786 (800) 919-9945

In Spanish (en Español) (800) 378-3385 (toll free)

Continued on Page 3 (Troubleshooting Common Problems)

Prior Authorization Phone Numbers Addresses Web Sites

Prior Authorizations:

DME Specialist
Medical Care
P.O. 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 Web site www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization:

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

Other Non-emergent and Outof-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

Insurance Verification:

HMS P.O. Box 2894 Boise, ID 83701 (800) 873-5875 (208) 375-1132 Fax (208) 375-1134 Continued from Page 2 (Troubleshooting Common Problems)

052: Taxonomy code on claim is not used by Idaho Medicaid.

The taxonomy code submitted on the electronic transaction is not on the allowed list of codes accepted by Idaho Medicaid.

- Review Appendix B; Taxonomy, from the Medicaid Provider Handbook found at: https://npi.dhw.idaho.gov. Click on the NPI Registration Instructions link on the left side of the page, or on the PES CD for a list of allowed taxonomy codes for each provider type.
- Assure the proper taxonomy code is submitted with each electronic transaction.

053: NPI and taxonomy combination does not match any linked Medicaid provider number.

The taxonomy sent does not match the provider type assigned to the Medicaid number linked to the submitted NPI.

- Review the NPI listed on the RA.
- Assure the NPI listed should be linked to the submitted Medicaid number.
- Go to the NPI Webpage listed above to link, or confirm the link is correct.
- Review the submitted taxonomy code with your regional provider relations consultant (PRC). Contact information for the PRCs can be found on page 5.
- Assure the proper taxonomy code is submitted with each electronic transaction.

054: Zip code sent on claim does not match zip code on file.

The 9-digit zip code entered on the electronic transaction does not match the 9-digit zip+4 code entered during the registration process on the Idaho Medicaid NPI Webpage.

- Find the correct zip+4 code at: www.usps.gov.
- Review and correct, if necessary, the zip code entered in your billing system.
- Go to the NPI Webpage listed above to review the zip code entered for all registered Medicaid numbers and correct as needed.

055: NPI Taxonomy Zip combination matches multiple linked Medicaid provider numbers.

One NPI number is linked to two or more Medicaid numbers that have the same provider type and service location. One of the following two must be different if only one NPI will be used, taxonomy or zip+4.

- Review the NPI listed on the RA.
- Assure the NPI listed should be linked to the submitted Medicaid number.
- Go to the NPI Webpage listed above to confirm all the links for this NPI are correct.
- Review the assigned provider types for each of the linked Medicaid provider numbers and their appropriate taxonomy codes with your regional PRC. Contact information for the PRCs can be found on page 5.
- Assure the proper taxonomy code is submitted with each electronic transaction.

056: An NPI must be submitted on claims for these services effective May 23, 2008.

No NPI number was included on the electronic transaction. Based on the provider type, an NPI is required by federal law and must be submitted on all electronic transactions by May 23, 2008.

 Apply for your NPI if you don't already have one. A link to the NPI application webpage is listed on the webpage above.

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- Work with your billing staff to ensure both the NPI and Medicaid number is submitted on electronic transactions before May 23, 2008, to ensure Idaho Medicaid can continue to pay your claims correctly.
- Work with your vendor or clearing house to ensure your electronic transactions are submitted with the required NPI information before May 23, 2008.

We recommended you submit both the Medicaid number and the NPI number on electronic transactions through the federal extension period. This will allow us to test the NPI information submitted on each claim to assure it is linked correctly in our system.

At this time, all the EOB codes listed above are informational only. Receiving these EOBs will not currently affect the Medicaid payment, but will allow the provider community to work out any possible problems before using only the NPI number on electronic transactions.

You can get help with NPI registration problems or webpage questions by calling: (800) 685-3757, and asking for provider enrollment. Billing questions, problems, or questions regarding how to link due to unique situations, multiple Medicaid numbers, etc. can be handled through the regional PRC. Contact information for the PRCs can be found in the *Medicaid Provider Handbook* or in the sidebar on page 5.

What Idaho Medicaid Providers Need to Know About Taxonomy Codes

When the federal National Provider Identifier (NPI) contingency period ends May 23, 2008, some Idaho Medicaid providers will be required to submit a national taxonomy code on their claims in order for claims to pay correctly. The most straightforward way to do business with Idaho Medicaid is to apply for one NPI for each current Idaho Medicaid provider number. However, if you have decided to link one NPI to more than one Idaho Medicaid provider number, in most cases you must also submit a taxonomy code on the electronic claim.

What is a Provider Taxonomy Code?

Taxonomy codes are standard national codes that designate provider type and specialty.

How do I know if I am required to submit taxonomy codes with my NPI?

If you linked more than one Idaho Medicaid provider number to one NPI, then a taxonomy code is needed to determine which Idaho Medicaid provider number to use to process the claim.

Where can I find the correct taxonomy code to use on my claims?

Acceptable taxonomy codes are listed in *Appendix B; Taxonomy*, of the *Medicaid Provider Handbook*. The easiest way to find the list is from the Idaho NPI Registration Webpage at: https://npi.dhw.idaho.gov. Click the NPI Registration Instructions link; it will take you to the Idaho Medicaid NPI homepage. The Taxonomy Code link is near the bottom on the right side of the page.

How do I decide which taxonomy code to use?

To find the correct taxonomy code, you must know what type and specialty is assigned to your Idaho Medicaid provider number. You can find the taxonomy list online (see the answer above). Search the list of acceptable taxonomy codes first by provider type, then by provider specialty. If more than one taxonomy code is shown for your type and specialty, you can use any of the taxonomy codes listed for your type and specialty.

Continued on Page 5 (Taxonomy Codes)

EDS Phone Numbers Addresses

MAVIS

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

EDS Correspondence P.O. Box 23 Boise, ID 83707

P.O. Box 23 Boise, Idaho 83707

Medicaid Claims P.O. Box 23 Boise, ID 83707

PCS & ResHab Claims P.O. Box 83755 Boise, ID 83707

EDS Fax Numbers Provider Enrollment (208) 395-2198

Provider Services (208) 395-2072

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

EDS Phone Numbers Addresses

Provider Relations Consultants

Fax (208) 666-6856

Region 1 Prudie Teal 1120 Ironwood Dr., Suite 102 Coeur d'Alene, ID 83814 EDSPRC-Region1@eds.com (208) 666-6859 (866) 899-2512 (toll free)

Region 2 Darlene Wilkinson 1118 F Street P.O. Drawer B Lewiston, ID 83501 EDSPRC-Region2@eds.com (208) 799-4350 Fax (208) 799-5167

Region 3 Mary Jeffries 3402 Franklin Caldwell, ID 83605 EDSPRC-Region3@eds.com (208) 455-7162 Fax (208) 454-7625

Region 4 Angela Applegate 1720 Westgate Drive, # A Boise, ID 83704

EDSPRC-Region4@eds.com (208) 334-0842 Fax (208) 334-0953

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

EDSPRC-Region5@eds.com (208) 736-2143 Fax (208) 678-1263

Region 6 TBD 1070 Hiline Road Pocatello, ID 83201

EDSPRC-Region6@eds.com (208) 239-6268 Fax (208) 239-6269

Region 7 Ellen Kiester 150 Shoup Avenue Idaho Falls, ID 83402

EDSPRC-Region7@eds.com (208) 528-5728 Fax (208) 528-5756 Continued from Page 4 (Taxonomy Codes)

I have one organization NPI that is linked to my multi-specialty physician group Medicaid number AND to my midlevel group Medicaid number, how do I know which taxonomy code to use?

The taxonomy code is based on the billing provider's type and specialty. If you are billing for your multi-specialty physician group, use the multi-specialty physician taxonomy code. If you are billing for your midlevel group, use the midlevel taxonomy code. Remember, Idaho Medicaid processes claims based on the billing provider information on your claim.

I have a midlevel group Medicaid number that includes both physician assistants and nurse practitioners, how do I know which taxonomy code to use?

Idaho Medicaid allows both nurse practitioners and physician assistants to be affiliated to the same Idaho Medicaid midlevel group number. The taxonomy code is based on the billing provider's type and specialty. If your midlevel group was assigned a nurse practitioner specialty, use a midlevel nurse practitioner taxonomy code. If your midlevel group was assigned a physician assistant specialty, use a midlevel physician assistant taxonomy code. You can also list the rendering provider's taxonomy code in the appropriate loop and segment, if you want to indicate the rendering provider's assigned type and specialty; however, this is not required.

Where does the billing provider's taxonomy code go on the claim?

The billing provider taxonomy code can be sent in loop 2000A segment PRV03 or loop 2310B segment PRV03.

In addition to the taxonomy code is there any other information required to process my claim correctly?

Yes. If you link one organization NPI to more than one Idaho Medicaid provider number, you must include the service location's 9-digit zip code on the electronic claim. The 9-digit zip code must match the 9-digit zip code entered for the service location in your Idaho Medicaid NPI registration account.

My software does not support submission of a taxonomy code, what do I do?

You must work with your vendor to make sure your software or clearing house is updated and ready to electronically submit taxonomy codes. The ability to capture, send, and receive taxonomy codes and NPI on electronic claims is a requirement under the Health Information Portability and Accountability Act of 1996 (HIPAA). When the federal NPI contingency period ends May 23, 2008, NPIs will be required on all electronic claims submissions. Based on the information above, you may also need to submit a taxonomy code plus the 9-digit zip code for the services location.

If you encounter problems, direct your software vendor or clearinghouse to the Vendor Specifications for the 837 (Electronic Claim) Transactions. The easiest way to find the Vendor Specifications is from the Idaho NPI Registration webpage at: https://npi.dhw.idaho.gov. Click the NPI Registration Instructions link, it will take you to the Idaho Medicaid NPI homepage, the Vendor Specifications links are near the bottom on the right side of the page.

The most straightforward way to do business with Idaho Medicaid is to apply for one NPI for each current Idaho Medicaid provider number.

Can I get help with my Idaho Medicaid NPI Registration account?

Yes, you may call your local provider relations consultant (PRC); contact information is located on page 5, or you may send an email to the Idaho Medicaid NPI Helpdesk at: **NPIHD@dhw.idaho.gov**.

Have You Received a Mismatch Letter?

418 providers received a mismatch letter in January 2008. The total value of the January 2008, electronic claims identified as mismatches was \$667,000. On average, each provider who received a letter would have lost \$1,596 in revenue due to this type of billing error.

Once the federal National Provider Identifier (NPI) contingency period ends May 23, 2008, electronic claims are to be processed with only the submitted billing provider's NPI. If the identified mismatched electronic claims are processed with only the NPI, the claims would still be processed for payment, but that payment will be directed to a different billing provider. Can you afford this type of revenue disruption?

No explanation of benefits (EOB) message is generated on the remittance advice (RA) for these mismatched claims. Now is the time to research and correct these types of errors.

How are the mismatched claims identified?

Mismatched claims are identified using information sent to Idaho Medicaid on electronic claims. The Idaho Medicaid provider number received in the billing provider loop is the only provider identifier used to pay the claim. To see if Idaho Medicaid could pay the claim correctly using only the NPI submitted in the billing provider loop, the claim is tested against the information the provider submitted during the registration process. If the claim would deny or pay to a different Idaho Medicaid provider number using only the NPI submitted in the billing provider loop, the claim is identified as an NPI mismatched claim.

What do I need to do if I get a mismatch letter?

Review the information and RA specified in the letter with your billing staff, clearinghouse, or software vendor, as appropriate, to correct the billing issues. Please do not ignore this information just because an error is not being reported on your RA. At the end of the federal NPI contingency period on May 23, 2008, federal law requires Idaho Medicaid to process your electronic claims based only on the NPI submitted in the billing provider loop. If the identified error is not corrected by that date, your claims may deny or be paid to a different Idaho Medicaid provider number.

Who can help me resolve NPI mismatch claims problems?

Your local EDS provider relations consultant (PRC) is available to help you resolve mismatch claims issues. PRC contact information can be found in the sidebar on page 5.

January 31, 2008

MEDICAID INFORMATION RELEASE MA08-02

To: All Hospital Administrators

From: Leslie M. Clement, Administrator

Division of Medicaid

Subject: Idaho Medicaid Disproportionate Share Hospital (DSH) Survey

On September 30, 2008, Idaho Medicaid will distribute a DSH payment to eligible hospitals for federal fiscal year 2008. In order to be considered for a DSH payment, the hospital must:

- Provide all data requested on the attached survey. All data entered on the survey should be for the fiscal year indicated on the survey form.
- Verify that the information in the shaded areas on the survey is correct, as provided by Myers and Stauffer LC.
 If you disagree with any of this information, please attach documentation supporting any changes.
- Maintain records supporting the answers given on the survey because all answers may be subject to audit.
- Return the survey by May 31, 2008 to:

Myers and Stauffer LC Attn: Karen McKittrick

8555 W. Hackamore Dr., Suite 100

Boise, ID 83709-1693

Please note: If the survey is received after May 31, 2008, the hospital will not be considered for a DSH payment.

If you have any questions concerning the survey, please contact Karen McKittrick at: (208) 378-1400 or (800) 336-7721.

February 1, 2008

MEDICAID INFORMATION RELEASE MA08-03

To: Non-Emergent Commercial Transportation Providers

From: Leslie M. Clement, Administrator

Division of Medicaid

Subject: Changes to Non-Emergency Transportation Provider Qualifications and Duties

This is a reminder to all Non-Emergent Transportation Providers, that effective March 30, 2007, IDAPA transportation rule 16.03.09, 874.01.e changed. Commercial transportation providers are required to comply with IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks." All employees and contractors providing direct care services, or who have access to children or vulnerable adults as defined in Section 39-5302(10), Idaho Code, must register with the Department's Criminal History unit and receive an employer identification number. This must be done before criminal history and background check applications can be processed.

Transportation agencies must register through the Criminal History Website at: **www.chu.dhw.idaho.gov** and be assigned an employer criminal history identification number. After an agency is registered, individuals can submit applications and schedule fingerprinting appointments through the website. Agencies can also access copies of their employee's applications and print clearance letters once the background check is complete. The cost of a background check is \$48.00. This fee must be paid at the time of fingerprinting, unless the agency has set up an invoice account with the Criminal History unit and receives a monthly statement.

At the fingerprinting appointment, the Department of Health and Welfare will print the application and notarize the individual's signature. Those who are in a rural area, and unable to get to one of the criminal history fingerprint locations, can mail the printed, signed, and notarized application, the fingerprint card, and the \$48.00 fee to the nearest Criminal History unit. Locations are listed on the website. Mail-in fingerprints must be on the specific Criminal History unit fingerprint card.

To get more information about the criminal history background check process, to learn how to set up an invoice account, or to request brochures about the department's background check process, please send an e-mail to the Criminal History unit at: **crimhist@dhw.idaho.gov** or call: (208) 332-7990 or (208) 332-7997. You can also FAX your request to: (208) 332-7991.

Submitting Paper Medicare Crossover Claims

Each paper Medicare crossover claim must be submitted with a Medicare Remittance Notice (MRN) attached. The MRN must clearly state what was applied to the Medicare payment and any adjustments made to the claim. MRN forms are being submitted that don't have any wording on them to identify that the insurance carrier is Medicare.



If the MRN doesn't clearly identify that it is a Medicare document, please write 'Medicare Crossover' on the top right margin of the claim, or the MRN, to ensure that your claim is batched as a Medicare Crossover and processed correctly. This information is located in the Medicaid Provider Handbook, Section 2.5, Crossover Claims. Claims that aren't clearly identified on the top of the claim form, or the MRN, might be denied or incorrectly processed.

You can bill Medicare crossover claims electronically with the *Provider Electronic Solution (PES)* software. Electronic billing is faster and more efficient than billing on paper. Please call the Electronic Data Interface Help Desk toll free at: (800) 685-3757, or in the Boise area at: (208) 383-4310, and say, Technical Support, from 8 a.m. to 6 p.m. MT, to request PES software and training at no cost.

Attention Pharmacy, Physicians, and Midlevel Practitioner Providers: New Federal Regulations For Tamper-Resistant Prescription Pads

Beginning April 1, 2008, new federal regulations take effect for all written Medicaid prescriptions for outpatient drugs. These new regulations require that all written prescriptions, not just controlled substances, be written on tamper-proof prescription pads. Idaho is one of just a few states that already require "noncopyable" prescription pads for controlled substances (Section 37-2725, Idaho Code). The Centers for Medicare & Medicaid Services issued guidance that allows pharmacies in Idaho to accept the "noncopyable" prescriptions from March 1, 2008, through September 30, 2008.

By October 1, 2008, any written prescription presented to a pharmacy for a Medicaid participant must be written on a tamper-resistant prescription form that contains more security features than just the "noncopyable" paper. The federal regulation requires the following:

- 1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form.
- 2. One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.
- One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Exceptions

Exempt from the tamper-resistant requirement are Medicaid prescriptions that are:

- Paid by managed care organizations.
- Provided in inpatient hospital settings.
- Provided in institutional settings where the drug is not separately reimbursed, but is reimbursed as part of a total service.
- E-prescribed, faxed to the pharmacy from the provider's office, or telephoned to the pharmacy by the provider.
- Refills for which the original prescription was filled before April 1, 2008.

All Drug Enforcement Administration and Idaho Board of Pharmacy laws and regulations pertaining to written and electronic prescriptions for Schedule II drugs still apply.

Access to Care

The intent of this program is to reduce forged and altered prescriptions and to deter drug abuse. It is not the intent of the program to inconvenience a person seeking to fill a valid prescription. Emergency fills for prescriptions written on non-tamper resistant pads are permitted, as long as the prescriber provides a verbal, faxed, electronic, or compliant written prescription within 72-hours after the date the prescription was filled. In an emergency situation, this allows a pharmacy to telephone a prescriber to obtain a verbal order for a prescription written on a non-compliant prescription pad. The pharmacy must document the call on the face of the written prescription.

Additional Resources

U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 (H.R. 2206), section 7002(b).

Centers for Medicare & Medicaid Services Letter to State Medicaid Director (SMDL #07-012).

Training Continues to Keep You Up-to-Date

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:

- Learn More About NPI.
- General Medicaid Billing.
- Provider Resources.
- Using PES Software.
- CMS-1500 (08/05).

The next provider workshop is scheduled for all regions on Tuesday, March 11th, from 2 to 4 p.m. These training sessions are provided at no cost to providers, but space is limited so please pre-register with your local consultant. Their phone numbers are listed in the sidebar on page 5.

To All Dental Providers Billing for Orthodontics

Since implementing Idaho Smiles on 9/1/07, prior authorization (PA)* requests for children's orthodontics are now issued by both the Medicaid Dental Program and Idaho Smiles/Doral Dental Program. This depends on which Medicaid Program the child is eligible for when the prior authorization request is received.

If a child's Medicaid program changes in the middle of their orthodontic treatment, a second prior authorization request must be issued by the other dental program to cover the remainder of the child's treatment before you can be paid.

If you receive an orthodontic claim denial from Medicaid or Idaho Smiles indicating there is a problem with the prior authorization (such as missing or invalid number), please use the following process so a new prior authorization can be issued:

- Immediately fax a copy of your <u>original</u> Medicaid or Idaho Smiles prior authorization to Medicaid at: (208) 332-7280,
 Attn: Bonnie Rhoades. Make a note on the fax that your claim was denied for prior authorization reasons.
- If a new prior authorization is needed, Medicaid or Idaho Smiles will re-issue the prior authorization and send you the new information and authorization number.
- You will need to re-bill any denied and future orthodontic claims with the new authorization number.
- * PA refers to either the Medicaid Prior Authorization or Idaho Smiles/Doral Dental Pre-Authorization.

Paper Claims:

Do Not Require National Provider Identifier (NPI)

Your NPI is for electronic claims processing. However, paper claims require a valid Idaho Medicaid Provider identification number for processing. You may put your NPI on the paper claim, but it is not required. Paper claims are processed with your provider ID number.

Please make sure your provider ID number is in the correct field of the paper claim and is legible for scanning. Remember that a computer will read the claim data so legibility and alignment within the field is very important.

The paper CMS-1500 (08/05) professional claim form requires a qualifier: 1D (one-D), to be placed in front of your 9-digit Idaho Medicaid Provider ID number in field **33b** (example: **1D**012345678). It should be aligned within the field, and legible. The 1D qualifier should be entered into field **24l** when a Rendering Provider's Idaho Medicaid Provider ID number is listed in the pink area of field **24J**.

You will find specific instructions for filling out claim forms at the end of Section 3 in your Idaho Medicaid Provider Handbook.

Gastric Restrictive Procedures

Effective October 1, 2007, Idaho Medicaid covers laparoscopic gastric restrictive procedures with placement of adjustable gastric bands (CPT codes 43770 through 43774), when the following criteria are met:

- 1. Qualis Health must prior authorize all services related to laparoscopic gastric restrictive procedures. Contact Qualis Health at: (800) 783-9207, for prior authorization review.
- 2. Gastric bypass procedures must be performed in a Medicare approved Bariatric Surgery Center or Bariatric Surgery Center of Excellence.

A listing of approved centers can be found at:

www.cms.hhs.gov/MedicareApprovedFacilitie/BSF/list.asp#TopOfPage.

Adjust or Resubmit?

One way to faster claim resolution and payment is knowing when to make an adjustment request and when to resubmit a claim for payment. To make that decision it is important to understand the status of the claim. Once a claim is submitted to EDS processing for payment, it falls into one of three categories: paid, denied, or pended.

A claim with a paid status has been processed, checked for errors, finalized, and approved for payment. A claim with a denied status cannot be paid for the reason stated on the remittance advice (RA). A claim with a pended status has been suspended (pending) in the system for a claims adjudicator to perform a manual review for compliance with Medicaid policy to determine if the claim can be paid, or if it must be denied.

Note: Pending claims cannot be corrected and resubmitted until processing has been finalized by the system. While pending, they have not completed processing. Do not resubmit pended claims.

Billing errors that result in either an incorrect payment can be corrected as follows:

Electronic claims:

 Claims that have been paid incorrectly can be quickly and easily voided and replaced by using the EDS billing software, Provider Electronic Solution (PES), or another vendor's billing software. See the Idaho PES Handbook or other vendor software instructions.

Paper claims:

Denied claims or denied claim detail can be rebilled with the correction. A denied claim or denied claim detail can
only be corrected by submitting a new claim. Remember, the new claim will need to include any necessary
attachments and any internal control number (ICN) from previous claims that may be required to document timely
filing.

Note: Do not use an Adjustment Request Form when rebilling a denied claim or denied claim detail.

Paid claims with an incorrect paid amount must be adjusted. A paid paper claim can be corrected using an Adjustment Request Form; but a new claim cannot be used to correct a paid claim. Writing "corrected claim" on a paper claim will not fix the earlier error because this new claim will be denied by the system as a duplicate claim. Instead, use an Adjustment Request Form to notify EDS of the billing error and to either request further payment if the provider was underpaid for the service, to apply a third party payment received after the original Medicaid payment, or to send a refund if the provider was overpaid for the service. The Adjustment Request Form is used to correct either an entire claim or just a particular line of detail on a claim.

Note: Provider identification number or participant Medicaid number cannot be changed. These claims must be voided and rebilled with the correct information.

Adjustment Request Forms are in the *Medicaid Provider Handbook, Appendix D; Forms*, and on the web at: **www.healthandwelfare.idaho.gov**. Click on Medicaid Provider Information in the list on the right side of the screen, and click on Medicaid Provider Handbook in the list on the right side of the next screen, under Other Resources. Scroll down to Appendices/Forms and click on Forms. Instructions are included in the appendix with the form. Print and copy the form as needed.

Complete the following Adjustment Request Form fields:

- Provider's Idaho Medicaid provider identification number.
- Provider's name.
- Claim ICN (one claim per form).
- Participant's Medicaid identification number.
- Participant's name.
- RA number and RA date are helpful but not required.

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- Field 10: Write what the incorrect information on the claim was and what the correct information should have been. No other explanation is needed. If there is more than one detail line, specify which line needs correction.
- Field 11: Mark the appropriate selection to make a refund by check (made out to *Idaho Medicaid*). Request that the overpayment be deducted from a future warrant, or ask for additional payment.
- Sign and date the adjustment request.

Mail to EDS at the address at the top of the form. Faxed copies are not accepted and will be returned to the provider.

If you have questions about adjustments, contact your regional EDS provider relations consultants listed in the sidebar on page 5.

Remember, denied claims and detail lines can be corrected by rebilling a new claim. Paid claims are adjusted with an Adjustment Request Form.

Internal Revenue Service (IRS) Hotline Numbers

Along with spring flowers, tax time is just around the corner. Please see your tax consultant for specific tax information, or call the IRS hotlines. (EDS cannot provide tax advice).

(800) 829-1040	IRS Tax Help Line for Individuals	For individual and joint filers who need procedural or tax law information and/or help to file their 1040-type individual returns (including Schedules C and E); and, general account information for form 1040 filers. Automated self-service interactive applications are also offered on this line.
800-829-4933	Business and Specialty Tax Line (new)	For small businesses, corporations, partnerships, and trusts that need information or help related to their business returns or business accounts. Services cover Employer Identification Numbers, 94x Returns, 1041, 1065, 1120S, Excise Returns, Estate and Gift Returns, as well as issues related to federal tax deposits.

IRS Website: www.irs.gov/newsroom/article/0,,id=103554,00.html.

Frequently Asked Questions about 1099 Forms

If I am tax exempt, why did I receive a 1099 form?

All providers receive a 1099 form regardless of exempt status.

What makes a provider tax exempt?

Personal care and residential habilitation service providers are exempt if:

- Services are rendered in the provider's home.
- A state agency (DHW) is paying for the services.
- The participants require a high level of care and supervision, and without the personal care of residential
 habilitation services, the participant would need care in a nursing home or intermediate care facility for the
 mentally retarded.
- The Medicaid payment is only for the care provided and not for room and board.

Do I have to file my 1099 if I am tax exempt?

Yes. Everyone must file the 1099. For more information, please go to the IRS Website at: **www.irs.gov**, search for Publication 17, pages 88 and 89, and refer to: Foster Care Providers, Difficulty-of-Care Payments, Reporting Taxable Payments.

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Reminder that MAVIS

(the Medicaid Automated Voice Information Service)

is available at:

(800) 685-3757 (toll-free) or

(208) 383-4310 (Boise local)

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

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