



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

October 2006

August 29, 2006

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MEDICAID INFORMATION RELEASE MA06-31

TO: Home Health Providers

FROM: Leslie M. Clement, Administrator

SUBJECT: Home Health Medicaid Caps

This information release summarizes all Medicaid caps with effective dates of service from July 1, 2001 through June 30, 2007. The following table summarizes these Medicaid caps which are used to calculate all home health agency cost settlements (See IDAPA 16.03.09.720 – IDAPA 16.03.09.725 for information).

| | Medicaid Cap | | | | | |
|----------------------|--------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | 7/1/01- 6/30/02 | 7/1/02 – 6/30/03 | 7/1/03 – 6/30/04 | 7/1/04 – 6/30/05 | 7/1/05 – 6/30/06 | 7/1/06 – 6/30/07 |
| Skilled Nursing | \$126.66 | \$132.62 | \$158.15 | \$180.41 | \$204.94 | \$219.96 |
| Physical Therapy | \$108.88 | \$135.12 | \$127.39 | \$124.12 | \$138.70 | \$118.63 |
| Occupational Therapy | \$118.91 | \$138.03 | \$137.09 | \$127.77 | \$135.03 | \$124.61 |
| Home Health Aide | \$54.21 | \$56.35 | \$66.84 | \$88.10 | \$78.64 | \$75.00 |

If you have any questions please contact Sheila Pugatch, Principal Financial Specialist for the Medicaid Office of Reimbursement Policy, at (208) 364-1817. Thank you for your continued participation in the Idaho Medicaid program.

LC/sp

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

MEDICAID INFORMATION RELEASE MA06-32

TO: Aging and Disabled Services Providers (A&D), Independent RN & LPN

Providers (Independent), Nursing Agencies (Agency), DD/ISSH Waiver Providers (Independent or Agency), School Based Service Providers (SBS), Mental Health Clinics (MHC), Rehab Mental Health Providers (RMH), PWC

(Pregnant Women & Children) Providers (PWC)

FROM: Leslie M. Clement, Administrator

SUBJECT: Increases in Reimbursement Rates for Certain Nursing Services

Effective for dates of service on or after 10/1/2006, Idaho Medicaid will increase reimbursement rates for the following Nursing Services procedure codes in order to better align reimbursement rates with prevailing wage rates.

| Code | Mod | Provider | Service Description | New Rate |
|-------|-------|--------------------------|--|-------------|
| T1000 | | Independent | Private Duty Nurse – Individual RN 1 unit = 15 min | \$6.12 |
| T1000 | TE | Independent | Private Duty Nurse – Individual LPN 1 unit = 15 min | \$4.16 |
| T1001 | TD | Agency | Private Duty Nurse – Agency RN 1 unit = 15 min | \$7.65 |
| T1000 | | Agency | Private Duty Nurse – Agency LPN 1 unit = 15 min | \$5.20 |
| T1001 | | Independent or Agency | RN Oversight of LPN Visits – Per Visit | \$35.59 |
| T1001 | | MHC, RMH | Nursing Assessment – Evaluation 1 unit = 15 min | \$11.12 |
| T1001 | U5 | PWC | Nursing Assessment – Evaluation (PWC Maternity Nursing Services) | \$35.59 |
| T1001 | U8/TD | Independent | Nursing Oversight – Independent RN Visit | \$35.59 |
| T1001 | U8/TD | Agency | Nursing Oversight – Agency RN Visit | \$44.49 |
| T1000 | U8 | Independent | Private Duty Skilled Nursing – RN – Independent 1 unit = 15 min | \$6.12 |
| T1000 | U8/TE | Agency | Private Duty Skilled Nursing – LPN – Agency 1 unit = 15 min | \$5.20 |
| T1000 | U8/TD | Agency | Private Duty Skilled Nursing – RN – Agency 1 unit = 15 min | \$7.65 |
| T1001 | U8 | Independent or Agency | RN Oversight of LPN Visits – Per Visit | \$35.59 |
| T1002 | | Agency, SBS | Nursing Services by RN 1 unit = 15 min | \$7.65 |
| T1002 | TD | SBS | Nursing Services by RN 1 unit = 15 min | \$7.65 |
| T1002 | U2 | A&D | Nursing Services by RN 1 unit = 15 min | \$7.65 |
| T1003 | | A&D, SBS | Nursing Services by LPN 1 unit = 15 min | \$5.20 |

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

LMC/ea/sw

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)

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 August 24, 2006

MEDICAID INFORMATION RELEASE MA06-34

TO: Developmental Disabilities Agencies (DDA)

FROM: Leslie M. Clement, Administrator

SUBJECT: New DDA Procedure Code Effective October 1, 2006

Beginning October 1, 2006, DDAs may bill for Supportive Counseling when provided in accordance with IDAPA 16.04.11, "Developmental Disabilities Agencies (DDA)." Supportive Counseling will be subject to the DDA limitations outlined in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits."

Supportive Counseling is defined in Subsection 011.25 of IDAPA 16.04.11, "Developmental Disabilities Agencies (DDA)" as:

A method used by qualified professionals to assist individuals with developmental disabilities to learn how to solve problems and make decisions about personal, social, relationship, and other interpersonal concerns. Supportive counseling does not seek to reach unconscious material.

This service will be as follows:

| Service | CPT or HCPCS Code | Description | Place of Service | Rate |
|--------------------------|-------------------------|---|--------------------------|-------------|
| Supportive Counseling | | Behavioral Health Counseling delivered by a Licensed Social Worker (LSW); individual. | 11 – Office 12 – Home | \$8.00/unit |
| | | Specify exact time. 1 unit = 15 minutes | 99 – Other | |

If you have questions regarding this information, please contact David Simnitt in the Bureau of Behavioral Health at (208) 364-1992. Thank you for your continued participation in the Idaho Medicaid program.

IDAHO MEDICAID PROVIDER HANDBOOK

This Information Release updates Section 3.3 of your Idaho Medicaid Provider Handbook – Rehabilitative and Health Related Services Guidelines.

LC/ds

Understanding Medicaid Eligibility and Benefit Plan Information

Possession of a Medicaid identification card does not guarantee eligibility. To ensure claims are not denied due to eligibility or benefit plan issues, verify participants' eligibility and benefit plan on the actual date of service. Confirmation of eligibility and coverage is not available for dates in the future.

When an eligibility inquiry is submitted, participants who are eligible for the full range of Medicaid services will have their benefit plan reported as "Medicaid" only in the eligibility response. Participants who are not eligible for the full range of Medicaid services will have their restrictions reported according to their benefit plan. For example:

- The eligibility response for clients who are eligible for the full range of Medicaid services will be:
 - Client 9999999 is eligible for Medicaid from September 1, 2006 to September 1, 2006 (for regular Medicaid).
 - Client 9999999 is eligible for Medicaid from September 1, 2006 to September 1, 2006 with additional coverage for Medicare paid services (for QMB+).
- The eligibility response for clients who are not eligible for the full range of Medicaid services will be:
 - Client 9999999 is eligible for Medicaid from September 1, 2006 to September 1, 2006 with benefits restricted to Medicaid basic plan services only.
- The benefit plans for Presumptive Eligibility, Pregnant Women, and Qualified Medicare Beneficiary programs remain unchanged and the restrictions for participants on these plans will be reported accordingly:
 - Client 9999999 is eligible for Medicaid from September 1, 2006 to September 1, 2006 with benefits restricted to pregnancy related services only.
 - Client 9999999 is eligible for Medicaid from September 1, 2006 to September 1, 2006 with benefits restricted to outpatient pregnancy related services only.
 - Client 9999999 is eligible for Medicaid from September 1, 2006 to September 1, 2006 with benefits restricted to Medicare paid services.

Medicaid Coverage for HPV Vaccine (Gardasil)

Idaho Medicaid covers the HPV (Gardasil) vaccine for female clients age 9 to 26 when billed with CPT code 90649. Since Gardasil currently requires a manual price, providers must bill on paper and attach an invoice. Medicaid will reimburse providers at cost plus 10%. When Medicaid has collected enough cost data, providers will be informed that a reimbursement amount has been set for 90649 and invoices will no longer be needed.

Prevent Accidental PHI Disclosure

Did you know that you could disclose Protected Health Information (PHI) to an unauthorized party by entering incorrect information on your claim? If an incorrect provider ID number is entered on a claim and that incorrect number has been assigned to another provider, that claim information will appear on the incorrect provider's Remittance Advice (RA) report. The client's PHI will then be disclosed to a provider who has not provided care to him or her and is therefore not authorized to receive the information.

When PHI is disclosed in error, a Security Incident Report is filled out by whomever discovers the disclosure at EDS / DHW. Remember, HIPAA regulations governing the protection of health information is a federal law, punishable by fines and imprisonment!

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

ellen.kiester@eds.com (208) 528-5728 Fax (208) 528-5756

Federally Qualified Health Clinic/Rural Health Clinic Billing

In recent months, there have been numerous questions regarding correct methods for billing FQHC and Rural Health charges. While the procedures that are included or excluded in an encounter depend upon the providers agreement with the State, the following is a general list to help providers understand the basic guidelines. If you have additional questions, please contact your regional Provider Relations Consultant or call MAVIS and ask for an AGENT.

Incidental services include the following when performed at the same time as an encounter. Please note that these services cannot be paid separately when performed at the same time as an encounter.

- In-house radiology
- Physical therapy
- Occasional therapy
- Speech therapy
- Audiology
- In-house laboratory services
- In-house nutritional education or dietary counseling and monitoring
- Injectable medications
- Medical equipment and supplies

The following scenarios are examples of situations that may occur:

Scenario 1

- Client comes to the office for an ear infection.
- Client has a face-to-face encounter with a nurse practitioner.
- Bill with procedure code T1015 and bill with the FQHC provider number.

Scenario 2

- Client comes to the office for a sprained ankle.
- Client has a face-to-face encounter with a physician's assistant. An x-ray is also taken
 at this same visit.
- Both the encounter and the x-ray would be bundled under procedure code T1015 and billed with the FQHC provider number (basic reimbursement may differ with individual cost settlement).

Scenario 3

- Client comes to the office for a sprained ankle.
- Client has a face-to-face encounter with a physician and an x-ray is taken during the same visit. The doctor also requests that the client return at a later date for additional x-rays to monitor the client's progress.
- The original encounter and x-rays would be bundled under procedure code T1015 and billed with the FQHC provider number (basic reimbursement may differ with individual cost settlement).
- Additional x-rays that were performed at a later date would be billed separately under the corresponding CPT codes and billed with a separate non-FQHC Idaho Medicaid provider number as stated in section 3.2.3.4 of the Provider Handbook.

Continued on Page 6 (FQHC/RHC

Continued from Page 5 (FQHC/RHC)

Scenario 4

- Client comes to the office for allergies.
- Client has a face-to-face encounter with a physician, along with x-rays and allergy tests at the same visit.
- The encounter, x-rays, and allergy tests would be bundled under procedure code T1015 and billed with the FQHC provider number (basic reimbursement may differ with individual cost settlement).

Scenario 5

- Client comes to the office for allergy injections without an encounter.
- Injections would be billed under the corresponding CPT codes and billed with a separate non-FQHC Idaho Medicaid provider number as stated in section 3.2.3.4 of the Provider Handbook.

Scenario 6

- Client comes to the office for an ear infection.
- The client has a face-to-face encounter with a physician's assistant. The physician's assistant determines that the
 client will also need several speech therapy sessions. The client is set up for these services in the future.
- Procedure code T1015 would be billed for the initial encounter visit. Each speech therapy session (if provider is able
 to provide service) would be billed separately with the corresponding CPT codes under a non-FQHC Idaho Medicaid
 provider number as stated in section 3.2.3.4 of the Provider Handbook.

Scenario 7

- Client comes to the office for an EPSDT visit and later in the day the client comes back due to a medical condition that occurred after the visit.
- EPSDT visit would be billed with procedure code T1015 for the initial encounter visit along with the appropriate diagnosis code of V20.1 or V20.2.
- Second visit would also be billed with procedure code T1015 with the corresponding diagnosis code for the medical condition.

Scenario 8

- Client has two encounter visits on the same day for the same diagnosis because client's symptoms worsen through the day and requires additional treatment (i.e., spike in fever, increased level of pain, additional symptoms).
- The first visit would be billed with procedure code T1015 with the corresponding diagnosis code.
- The second visit would also be billed with procedure code T1015 with the corresponding diagnosis code. Justification would be required to verify these were two separate visits.
- Examples of justification may be: seen twice on one day, seen in the AM and in the PM, or seen at different clinics.

Scenario 9

- Client is seen for family planning services.
- Client has a face to face encounter with the physician, along with a PAP and lab services.
- The encounter visit, PAP, and lab services would be bundled under the T1015 procedure code along with one of the diagnoses stated in section 3.4.1 of the Provider Handbook.

Scenario 10

- Client comes in for lab work only.
- This would be billed with the corresponding CPT code under a non-FQHC Idaho Medicaid Provider number as stated in section 3.2.3.4 of the Provider Handbook.

Attention All Providers: Billing Using Paper Claims

When billing using paper claims, make sure the address and zip code are correct. A number of claims have been received with incorrect addresses. Using an incorrect address only delays the processing of your claims. Please make sure your staff is aware of the proper mailing address shown below:

EDS PO Box 23 Boise, ID 83707

Help Us Scan Your Paper Claims

When paper claims are received, they are fed into an automated scanner in order to create an electronic record of the claim. The scanners are set to read light or dark print on the form. The claims processing system is programmed to look for information in particular fields on the claim form. With this in mind, there are ways you can help the scanner read your claim form:

- Use the same black ink throughout the claim and make sure it is dark enough to scan easily. When different shades
 of ink are used, the scanner's contrast settings cannot be adjusted to accurately read both light and dark print on the
 same form. Use correction tape to cover claim details that are not being used instead of a black marker.
- Print information in each field within the text box. The scanner may not be able to read information printed on the lines of the text box.
- Modifiers should be placed in each individual modifier field. The scanner may not be able to read modifiers printed
 on the lines of the text box or strung together without separations.
- Only highlighters in yellow or pink may be used. Other colors will obliterate the print beneath the highlighting when it goes through the scanner.
- Please do not use staples on your claims or attachments. These must be removed before scanning each page and can cause tears in the documents that cause scanning problems.
- Include only one-sided documents. Double-sided documents cannot be scanned on each side.

Tips for Billing Medicare Crossover Claims

Each business day EDS receives approximately 5,000 pieces of mail. A machine opens all of the mail, which is then sorted into general correspondence and Medicaid claims. All claims are hand-sorted and batched according to claim type and processed appropriately.

Each Medicare crossover claim must be submitted with a Medicare Remittance Notice (MRN) attached. The Medicare Remittance Notice must clearly state what was applied to the Medicare payment and any adjustments. We are seeing more Medicare Remittance Notice forms that do not have any wording on them to identify that they are Medicare-related.

If the MRN does not clearly identify that it is a Medicare document, write on the top right margin of the claim "Medicare" or "Medicare HMO" if applicable. This will help ensure that your claim is batched for appropriate processing. This information is located in your Idaho Medicaid Provider Handbook, Section 2.5.1.

Remember too, you can bill crossover claims electronically. Electronic billing is faster and more efficient than billing on paper.

Note: A medical crossover claim must consist of one or more of the following: coinsurance, deductible, and/or payment.

EDS P.O. Box 23 Boise, Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 1





October Office Closures

Monday, October 9, 2006, the Department of Health and Welfare and EDS offices will be closed for Columbus 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:

taylorc3@idhw.state.id.us

or Carolyn Taylor DHW MAS Unit PO Box 83720

Boise, ID 83720-0036 Fax: (208) 364-1911