

Physician Services

Annual Medicaid Conference
October 2012

Presented by:

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Topics

- Updates
- Important claim form reminders
- Most common denials
- Special batching



HIGHLIGHTS FOR PHYSICIAN SERVICES



Teen pregnancy prevention awareness

- The Division of Health Care Financing and Policy's (DHCFP) goal continues to be to work collaboratively with recipients, families, providers, stakeholders, government officials, public agencies, private agencies and private partnerships to increase awareness of services covered by Nevada Medicaid and Nevada Check Up to prevent teen pregnancy





Family planning

- State and federal regulations grant the right for eligible Medicaid recipients of either sex of childbearing age to receive family planning services provided by any participating clinic, physician, physician's assistant, nurse practitioner, certified nurse midwife or pharmacy



Family planning and teen pregnancy prevention

- No prior authorization is needed for:
 - Physician services
 - Physical exam
 - Annual Pap
 - Birth control devices, including:
 - IUD
 - Birth Control Pills
 - Diaphragm
 - Foam/jelly
 - Implanted capsules/devices
 - Condoms
 - Injection, i.e., Depo Provera
 - Suppositories
 - Dermal patch
 - Vasectomy or tubal ligation



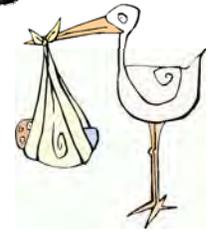
Preventive medicine



- ▶ Nevada Medicaid reimburses for preventive screening services for women, children and men, as recommended by the U.S. Preventive Services Task Force (USPSTF) A and B Recommendations
- ▶ For a complete list of screenings available, please see Chapter 600, Attachment A or go to:
<http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>



Reimbursement for avoidable C-sections



As of June 1, 2012:

To make certain that Cesarean Sections (C-Sections) are being performed only in cases of medical necessity, the DHCFP will reimburse physicians for performing C-Sections only in instances that are medically necessary and not for the convenience of the provider or recipient.

Elective or avoidable C-Sections will be reviewed to determine medical necessity. Those C-Sections that do not qualify for medical necessity will be reimbursed at the same rate as a vaginal delivery, rather than the C-section delivery rate.



Induction of labor (IOL)

- ▶ The American Congress of Obstetricians and Gynecologists (ACOG) issued a Revision of Labor Induction Guidelines in July 2009, "... the ACOG recommendations say the gestational age of the fetus should be determined to be at least 39 weeks or that fetal lung maturity must be established before induction."
- ▶ Research shows that early elective induction (<39 weeks gestation) has no medical benefit and may be associated with risks to both the mother and infant. Based upon these recommendations, DHCFP will require prior authorization for hospital admissions for EIOI prior to 39 weeks to determine medical necessity.
- ▶ DHCFP encourages providers to review the toolkit compiled by the March of Dimes, the California Maternity Quality Care Collaborative, and the California Department of Public Health, Maternal, Child and Adolescent Health Division. The aim of the toolkit is to offer guidance and support to OB/GYN providers, clinical staff, hospitals and healthcare organizations in order to develop quality improvement programs that will help to eliminate elective deliveries <39 weeks gestation.



New for 2012

- ▶ DHCFP now reimburses for the following screenings:
 - G0442 – Annual alcohol misuse screening, 15 minutes
 - G0443 – Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
 - G0444 – Annual depression screening, 15 minutes
 - G0445 – High intensity behavioral counseling to prevent sexually transmitted infections (STI); face-to-face, individual; performed semi-annually, 30 minutes
 - G0446 – Intensive behavioral therapy to reduce cardiovascular (CV) disease risk, individual, face-to-face, bi-annual, 15 minutes
 - G0447 – Face-to-face behavioral counseling for obesity, 15 minutes



Smoking cessation counseling for pregnant women



- As of October 13, 2011, CPT codes 99406 and 99407 are used to bill smoking cessation counseling for pregnant women only
- For all other recipients, continue billing this service using the appropriate Evaluation and Management (E&M) office visit code



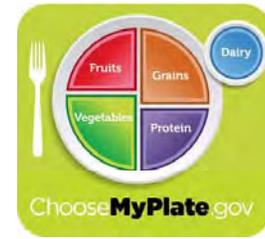


Telehealth

- ▶ DHCFP is researching Telehealth medicine and considering reimbursement for these services
- ▶ Telehealth is the use of a telecommunications system to substitute for an in-person encounter
- ▶ Both the originating and distant site may bill for certain Centers for Medicare & Medicaid Services (CMS) authorized services



Medical nutrition therapy



- ▶ DHCFP is researching the possibility of coverage for Medical Nutrition Therapy provided by registered and licensed dietitians
- ▶ Watch for upcoming announcements after January 2013



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Most common denials



Edits 0313 and 0316

Bill any other available insurance (0313)

Medicaid has more TPL policies than claim documentation shows (0316)

- Verify the recipient's other insurance(s)
- Bill the recipient's other insurance(s) first
- Send the claim with the primary EOB(s) attached
- Bill only one line per claim with the primary EOB(s) attached to each claim
- Bill only for the recipient's legal obligation to pay
- If the primary insurance denied the claim or applied payment to the co-insurance and/or deductible, or if primary insurance was terminated or exhausted, send the claim to HPES Customer Service for special batching



Edits 0208 and 0308

Date of service exceeds filing limit

Providers must bill Medicaid for all claims within the specific time frame set by Medicaid. To be considered timely, claims must be received by the fiscal agent within 180 days from the date of service or the date of eligibility decision, whichever is later. For out-of-state providers or when a third party resource exists, the timely filing period is 365 days. *MSM Chapter 100, Section 105.2B*



Edit 0453

Recipient enrolled in HMO

- Always verify recipient's eligibility through Electronic Verification System (EVS), Audio Response System (ARS) or a swipe card system prior to rendering services
- Send your claim to the appropriate Managed Care Organization (MCO) in which the recipient is enrolled for the date(s) of service(s)



Edit 0318

Recipient not authorized on Date(s) of Service billed

- Always verify recipient eligibility through EVS, ARS or a swipe card system, prior to rendering services
- If the recipient receives retroactive eligibility, first, refund any monies collected from the recipient then, second, submit the claim to the appropriate Medicaid program, i.e., Medicaid FFS, HPN or Amerigroup



Edit 0155

Procedure requires authorization

- Ensure a valid, **approved** prior authorization number is listed on claim in field 23, unless using an inpatient facility's prior authorization, then only bill with the correct place of service
- Ensure prior authorization was issued to the servicing National Provider Identifier (NPI) billed on the claim
- Prior authorization dates must be within the dates of service on claim

APPROVED



Edit 0450

Non-emergency service not authorized for non-citizens

- Refer to the Emergency Diagnosis Codes for Non-Citizen Coverage Only list, which can be found at www.medicaid.nv.gov. Select “Procedure and Diagnosis Reference Lists” from the “Prior Authorization” tab.
- Make sure medical documentation is submitted with the claim



Edits 0301 and 0302

Duplicate payment request – Same provider, same dates of service

- Review your remittance advice to determine if the service has already been paid. In most cases, the service being submitted has already been paid (including a zero payment) to the provider.



Edit 0117

Invalid procedure code/modifier com (combination)

- Ensure service was billed with the appropriate HIPAA-compliant modifier
- Multiple surgical procedures being performed on the same date of service may require a modifier



CMS-1500 Basic Claim Form Completion, including taxonomy and NDC



CMS-1500 form: Fields 1 – 11d

Basic claim form completion

<div style="border: 1px solid black; border-radius: 10px; padding: 2px 10px; display: inline-block;">1500</div>			
HEALTH INSURANCE CLAIM FORM <small>APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05</small>			
<small>PICA</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<small>PICA</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)</small>		1a. INSURED'S I.D. NUMBER <small>(For Program in Item 1)</small> 12345687910	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, John A		3. PATIENT'S BIRTH DATE <small>MM DD YY</small> SEX 07 07 2007 M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) <small>CITY STATE</small>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) <small>CITY STATE</small>	
<small>ZIP CODE TELEPHONE (Include Area Code)</small> <small>()</small>		<small>ZIP CODE TELEPHONE (Include Area Code)</small> <small>()</small>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH <small>MM DD YY</small> SEX <small>M</small> <input type="checkbox"/> <small>F</small> <input type="checkbox"/>		b. AUTO ACCIDENT? <small>PLACE (State)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE	
		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>	

CARRIER

PATIENT AND INSURED INFORMATION



CMS-1500 form: Fields 12 – 23

Basic claim form completion

<p>READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.</p> <p>12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.</p> <p>SIGNED _____ DATE _____</p>		<p>13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.</p> <p>SIGNED _____</p>	
<p>14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)</p> <p>MM DD YY</p>	<p>15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE</p> <p>MM DD YY</p>	<p>16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION</p> <p>FROM MM DD YY TO MM DD YY</p>	
<p>17. NAME OF REFERRING PROVIDER OR OTHER SOURCE</p> <p>17a. _____</p> <p>17b. NPI _____</p>		<p>18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES</p> <p>FROM MM DD YY TO MM DD YY</p>	
<p>19. RESERVED FOR LOCAL USE</p>		<p>20. OUTSIDE LAB? \$ CHARGES</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)</p> <p>1. 486 _____ 3. _____</p> <p>2. 245 0 _____ 4. _____</p>		<p>22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.</p>	
		<p>23. PRIOR AUTHORIZATION NUMBER</p>	



CMS-1500 form: Fields 24A – 33B

Basic claim form completion

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.		G.	H.	I.	J.	
From To						PLACE OF	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES		DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY	SERVICE		CPT/HCPCS	MODIFIER	POINTER							
07	10	12	07	10	12	11		99213		1	90	00	1		ZZ NPI	1234567891	
															NPI		
															NPI		
															NPI		
															NPI		
															NPI		
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
XX -XXXXXXX						<input type="checkbox"/> <input checked="" type="checkbox"/>		Doe, John A		<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 90 00		\$		\$ 90 00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # (775) 123 4567					
Signature & Date Required												Dr. HP Enterprise Services 9850 Anywhere St Reno, NV 89521-3042					
SIGNED						a. NPI						a. 2345678910		b.			
DATE																	

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)



CMS-1500 form: Fields 24A – 33B

Completion with taxonomy

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES		E.	F.		G.	H.	I.	J.	
From To						PLACE OF	EMG	(Explain Unusual Circumstances)		DIAGNOSIS	\$ CHARGES		DAYS OR UNITS	EPSDT Family Plan	ID. QUAL.	RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY	SERVICE		CPT/HCPCS	MODIFIER	POINTER							
07	10	12	07	10	12	11		99213		1	90	00	1		ZZ	207Q00000X	
															NPI	1234567891	
															NPI		
															NPI		
															NPI		
															NPI		
															NPI		
25. FEDERAL TAX I.D. NUMBER						SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
XX -XXXXXXX						<input type="checkbox"/> SSN <input checked="" type="checkbox"/> EIN		Doe, John A		<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 90 00		\$		\$ 90 00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # (775) 123 4567					
Signature Required												Dr. HP Enterprise Services 9850 Anywhere St Reno, NV 89521-3042					
SIGNED						a. NPI						a. 2345678910		b. ZZ207Q00000X			

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APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)



CMS-1500 form: Fields 24A – 33B

Completion with NDC

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F.		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #		
	From	To			(Explain Unusual Circumstances)				\$ CHARGES	MODIFIER		\$							
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER										
1	N4	12	34	56	78	90	1				1	90	00	1		ZZ	1234567891		
2																NPI			
3																NPI			
4																NPI			
5																NPI			
6																NPI			
25. FEDERAL TAX I.D. NUMBER							SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. BALANCE DUE	
XX -XXXXXXX							<input type="checkbox"/> <input checked="" type="checkbox"/>		Doe, John A			<input type="checkbox"/> YES <input type="checkbox"/> NO		\$ 90 00		\$		\$ 90 00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)								32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # (775) 1234567 Dr. HP Enterprise Services 9850 Anywhere St Reno, NV 89521-3042							
Signature & Date Required																			
SIGNED								a. NPI				b.		a. 2345678910		b.			

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APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)



Special batching



What is special batching?

- In some cases, a claim needs to be reviewed and processed manually to be adjudicated – this process is known as special batching
- Special batching may be required for:
 - Payment directives
 - Procedure memos
 - Web announcements
 - Adjustments and voids can also require special batching



When to special batch

- TPL paid zero/applied to the deductible, copayment and coinsurance
- Multiple TPL policies on file
- Other insurance termed or exhausted
- Other insurance denied
- Anytime there is a web announcement with instructions to send claims for special batching



How to special batch

- You will need to include a cover letter with your claim submissions, which must include the following information:
 - A detailed explanation of why you are requesting a special batch, including the denial code, web announcement, etc.
 - Include a complete and correct claim
 - Write “Attention Customer Service” on the envelope and cover letter
 - Include your contact information – name, phone number, extension in case HP Enterprise Services (HPES) has questions for you



Documents to include with special batch

- Complete and correct claim
- Supporting documentation, i.e., primary EOB, remittance advice (including the description page of remark codes), etc.
- Remember, all attached documents must be 8½" x 11" in size

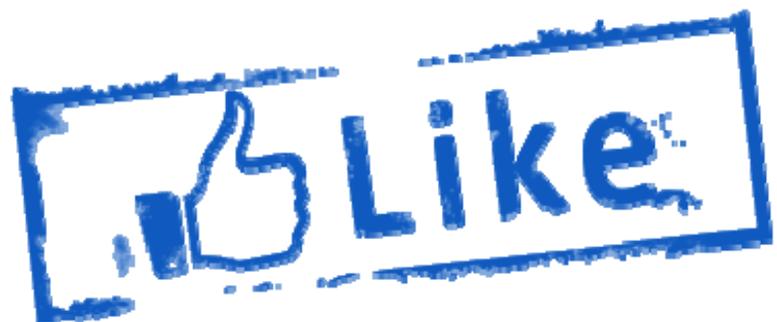


What happens to special batch claims

- HPES receives the claim and reviews it for billing errors
- Once claims are special batched, they go into a pending status for manual adjudication
- The decision to pay or deny the claim is based on DHCFP policy, procedures and guidelines







Thank you for attending today.

Have a great day!

