Quarterly Provider Training

NEVADA MEDICAID
AND
NEVADA CHECK UP

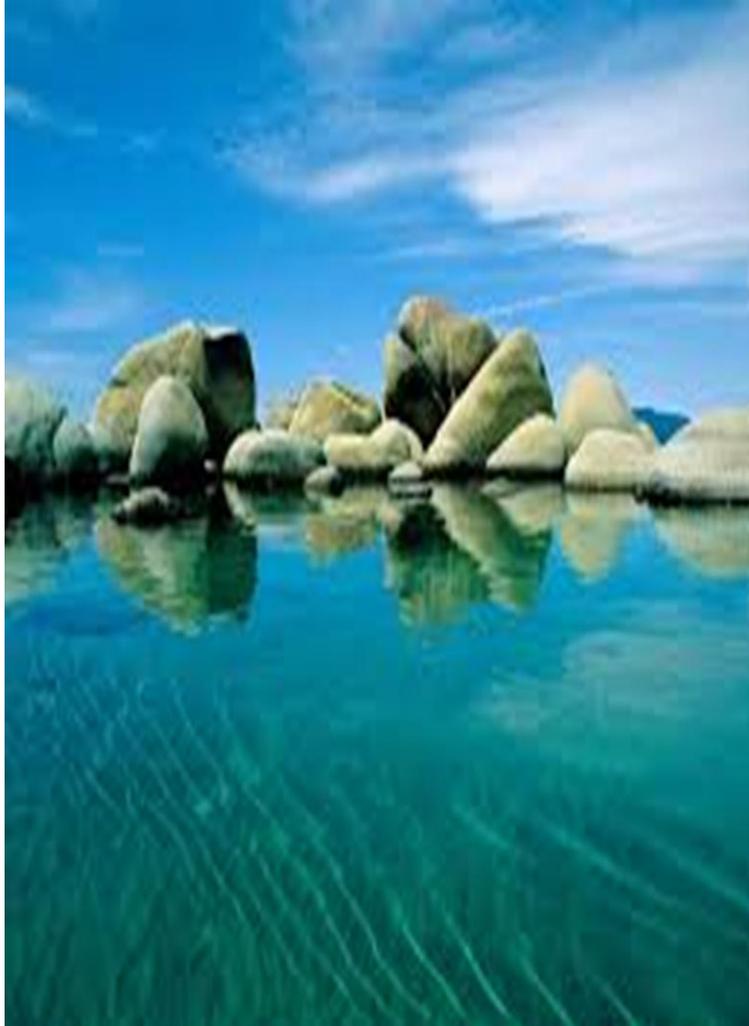Updated March 2014

Agenda

- New Claim Forms

- Ordering, Prescribing and Referring Provider Requirement

- Rate Change for Primary Care Physicians

- ICD-10 Resources

- Web Announcements

- Behavioral Health Conference Call

- Provider Services Field Representatives

New Claim Forms

CMS 1500 (02-12) Claim form

- New CMS-1500 (02-12) claim form accepted effective January 2, 2014

- Dual-use period of CMS-1500 (02-12) and CMS-1500 (08-05) from January 2 through March 31, 2014

- Claims received by HP Enterprise Services (HPES) on or after April 1, 2014, must be on the new CMS-1500 (02-12) claim form

- Effective April 1, 2014, claims received on the CMS-1500 (08-05) claim form will be returned to providers

2012 ADA Claim Form

- New 2012 American Dental Association (ADA) claim form accepted effective January 2, 2014

- Dual-use period of 2012 ADA and 2006 ADA extended through April 30, 2014

- Claims received by HP Enterprise Services (HPES) on or after May 1, 2014, must be on the new 2012 ADA claim form

- Effective May 1, 2014, claims received on the 2006 ADA claim form will be returned to providers

- **Please note:** For dates of service on or after May 1, 2014, claims on the 2012 ADA claim form will deny if **valid diagnosis codes and diagnosis pointers** (Fields 29a and 34a) and **place of treatment codes** (Field 38) are not included on the claim.

CMS 1500 (02-12) and 2012 ADA

- Claim form instructions for the new CMS-1500 (02-12) and 2012 ADA are available on the Provider Billing Information webpage at www.medicaid.nv.gov

- Electronically submitted claims are not impacted by this change

- Refer to Web Announcement 704

Ordering, Prescribing and Referring

MCO and FFS

- This new requirement does **not** apply to orders, prescriptions or referrals for individuals enrolled in a Medicaid Managed Care Organization (MCO)

- This new requirement is applicable only to the Nevada Medicaid Fee-for-Service (FFS) program

- Refer to Web Announcement 677

OPR Provider Enrollment

- All ordering, prescribing and referring physicians must be enrolled in Medicaid either as a fully participating provider or as an OPR provider even when they do not submit claims.

- The Division of Health Care Financing and Policy (DHCFP) is actively working on the implementation of this new requirement.

- A practitioner who orders, prescribes or refers for a Medicaid Fee-for-Service recipient needs to be enrolled as a full Medicaid service provider or an OPR-only provider by the last quarter of 2014.

- Exact implementation dates will be posted in web announcements at www.medicaid.nv.gov.

Affected Providers

- The OPR provider must have a National Provider Identifier (NPI) and must be a provider/specialty type that is eligible to order, prescribe and refer

- Provider types eligible to order, prescribe and refer include, *but are not limited to*:
  - PT 14 specialty 305
  - PT 20
  - PT 24
  - PT 25
  - PT 26 specialty 162
  - PT 74
  - PT 77

Enrollment Requirements for OPR Providers

- An enrollment application exclusively for OPR providers (FA-31E) will be posted on the Provider Enrollment webpage at www.medicaid.nv.gov

- Interns, residents and fellows must have an NPI and submit an OPR Application to be able to order, prescribe and refer for Medicaid recipients

- Physicians or other eligible professionals who are already enrolled in Medicaid as a participating provider and who submit claims are not required to enroll separately as OPR providers

Fully Enrolled Billing Providers

- Claim form requirements: You will be required to enter that OPR provider's name and NPI on the claim form if you provide services to a Medicaid recipient from an ordering, prescribing or referring provider

- If the ordering, prescribing or referring provider entered on the claim form is not enrolled as a Nevada Medicaid OPR provider, your claims may deny

Point of Sale

- OPR Enrollment requirements include pharmacy Point of Sale (POS) systems

- Once OPR edits have been implemented, the POS system will deny, at the time of the pharmacy transaction, any claims submitted for a Medicaid recipient with a prescriber who is not enrolled as a Medicaid provider
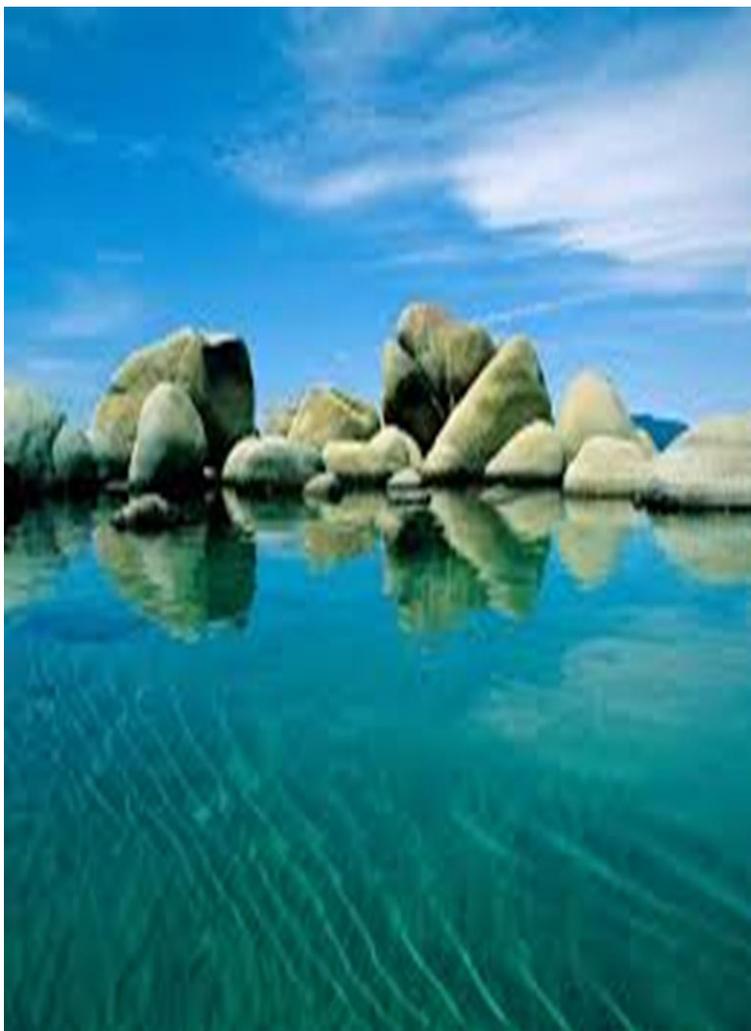
Rate Enhancement for Certain Primary Care Physicians

Rate Enhancement for Calendar Year 2014

- The Centers for Medicare & Medicaid Services (CMS) authorized a rate enhancement for certain Primary Care Physicians (PCPs) and their associated subspecialties as part of the Affordable Care Act (ACA)

- This program became effective January 1, 2013, and runs through December 31, 2014

- Qualified Nevada Medicaid providers will receive a supplemental payment from DHCFP

- Information regarding the supplemental payment for certain PCPs may be found on the DHCFP Rates and Cost Containment website at: https://dhcfp.nv.gov/RatesUnit.htm?Accept

Codes and Services

- Codes/Services that qualify for the enhanced rate (as designated in HCPCs) include:

    - Evaluation and Management (E&M) codes 99201 through 99499

    - Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474, or their successor code

- Refer to Web Announcement 698

ICD-10 Resources

What is ICD-10?

- The International Classification of Diseases, 10th Revision (ICD-10) are code sets used to report medical diagnosis and inpatient procedures

ICD-10 Key Facts

- ICD-10 will replace ICD-9 on October 1, 2014

- ICD-10 provides significant benefits to the healthcare industry

- ICD-10 has been adopted by 136 countries and several countries have taken the ICD-10 code set and modified it for their medical systems

ICD-10 Key Facts

- The National Center for Health Statistics (NCHS) developed ICD-10-**CM** for diagnosis coding in all U.S. healthcare settings

- CMS created the new ICD-10-**PCS** code set for inpatient procedures in all U.S. hospital settings

ICD-10: Impacts Across the Healthcare Industry

- All facets of the healthcare industry will be affected by ICD-10:

    - Healthcare payers and clearinghouses

    - Providers and patients

    - Employers and workers compensation plans

    - Insurance brokers and auto insurers

ICD-10: Impacts Across the Healthcare Industry

- Changes the way coverage for services is determined

- Changes the way services are reimbursed

- Providers will need to spend time learning the code set, documenting observations and coding to support the ICD-10 code set

ICD-10: Impacts Across the Healthcare Industry

- Database systems and computer software upgrades

- Training required for nearly everyone who uses or has contact with ICD-10

- Increased claim rejections, denials and pending claims due to non-compliance with ICD-10

ICD-10: Resources

Resource	Link
The Official Centers for Medicare & Medicaid Services (CMS) Industry Resources for the ICD-10 Transition	http://www.cms.gov/ICD10/
Myths and Facts of ICD-10	https://www.cms.gov/ICD10/Downloads/ICD-10MythsandFacts.pdf
FAQ ICD-10 Transition Basics	https://www.cms.gov/ICD10/Downloads/ICD10FAQs.pdf
ICD-10-CM Quick Reference Guide	http://www.cms.gov/ICD10/Downloads/ICD-10QuickRefer.pdf
CMS Training Segments for ICD-10	http://www.cms.gov/MedicaidInfoTechArch/07_ICD-10TrainingSegments.asp

ICD-10: Resources

Resource	Link
Medicaid ICD-10 Implementation Assistance from Noblis	https://medicaidicd10.noblis.org/navigation/
National Center for Health Statistics (NCHS) – Basic ICD-10-CM Information	http://www.cdc.gov/nchs/icd.htm
American Health Information Management Association (AHIMA) – ICD-10 FAQs	http://www.ahima.org/icd10/faqs.aspx
Centers for Disease Control and Prevention (CDC)	http://www.cdc.gov/nchs/icd/icd10cm.htm
World Health Organization (WHO)	http://www.who.int/classifications/icd/en/

ICD-10: Resources

Resource	Link
The Differences Between ICD-9 and ICD-10 – Fact Sheet from the American Medical Association (AMA)	http://www.ama-assn.org/resources/doc/washington/icd10-icd9-differences-fact-sheet.pdf
American Medical Association - ICD-10 Website	http://www.ama-assn.org/go/ICD-10
HIPAA 5010 FAQs and Fact Sheet - CMS Website	https://questions.cms.gov
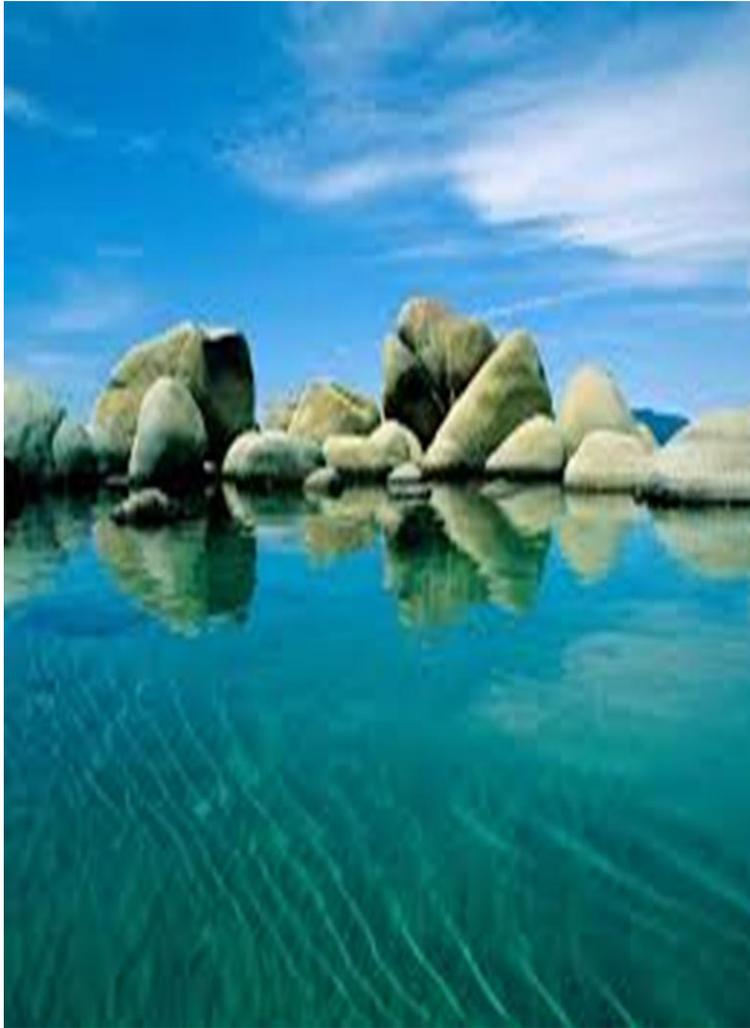
Web Announcements

Web Announcements

- Provider communications are posted as web announcements with updates, changes and new information

- Announcements may contain special billing instructions and links

- Remember to check web announcements frequently at www.medicaid.nv.gov

Locating Web Announcements

www.medicaid.nv.gov

Web Announcement 673

Notice for the 2014 Code Update

This notice is to advise Nevada Medicaid providers of the current status of the 2014 New Codes: The Centers for Medicare & Medicaid Services (CMS) had released a statement that the 2014 HCPCS file would not be released on October 30, 2013, as planned. The delay is due to the government shutdown that recently ended. The new release date for the file is November 27, 2013. Please refer to the following link for additional details from CMS: http://www.cms.gov/Center/Provider-Type/All-Fee-For-Service-Providers-Center.html

Division of Health Care Financing and Policy (DHCFP) Rates staff will begin work on the rate-setting process as soon as the file is received.

Please note that the above dates are estimates and subject to change. As work progresses, further updates will be provided on this webpage.

Web Announcement 676

New Form to Request Recipient's DME and Vision Service History

Providers who wish to request a recipient's durable medical equipment (DME) or vision service history from HP Enterprise Services (HPES) are required to submit form FA-2. DME and vision history should only be requested once the recipient has been seen or the DME or services to be rendered are identified.

Allow up to five business days from HPES receipt of the form for a response. Form FA-2 is available on the Providers Forms webpage at www.medicaid.nv.gov.

For questions about requesting a recipient's DME or vision history or about completing form FA-2, please call the Customer Service Call Center (877) 638-3472 (press 2, then press 0, then press 2).

Web Announcement 694

Service Limitations for Basic Skills Training for Provider Types 14 and 82

For provider types (PT) 14 and 82, Service Limitations for Basic Skills Training (BST, H2014) have been changed in the Medicaid Services Manual (MSM) Chapter 400 - Mental Health and Alcohol/Substance Abuse Services effective January 10, 2014. Please refer to Section 403.6C.

- Up to 2 hours of BST services per day may be performed for all levels.
- BST services must be prior authorized. Requests for BST services are now reviewed for medical necessity. Prior authorizations may not exceed 90-day intervals. Providers may request up to 2 hours daily (8 units of BST).
- Requests that exceed service limitations in policy will be cancelled and the provider will need to submit for this service within policy limits.
- Policy has also added criteria regarding BST services after six months. If a recipient has been receiving BST services for six consecutive months, the provider must validate that continued services are reasonable and necessary.

BST services are based on the daily maximums shown below:

Service Limitations	Children: CASII	Adults: LOCUS
Levels I, II, III, IV, V and VI	Maximum of 2 hours per day	Maximum of 2 hours per day

Behavioral Health Conference Calls

DHCFP Conference Calls

The DHCFP's Behavioral Health Conference Calls are held on the second Wednesday of each month at 10:00 a.m.
Call in number 1-888-363-4735 Access Code 1846315

The Agenda will include:

- Provider Enrollment

- Billing Instruction Updates

- Policy

- Quality Assurance

- HPES Updates – Prior Authorization/Training

- Provider Questions

To submit Agenda items for discussion:

- Please submit your questions to: https://dhcfp.nv.gov/BHContactus.asp

- Check the box for "Behavioral Health Monthly Call"

- Items should be submitted by the last Wednesday of the previous month
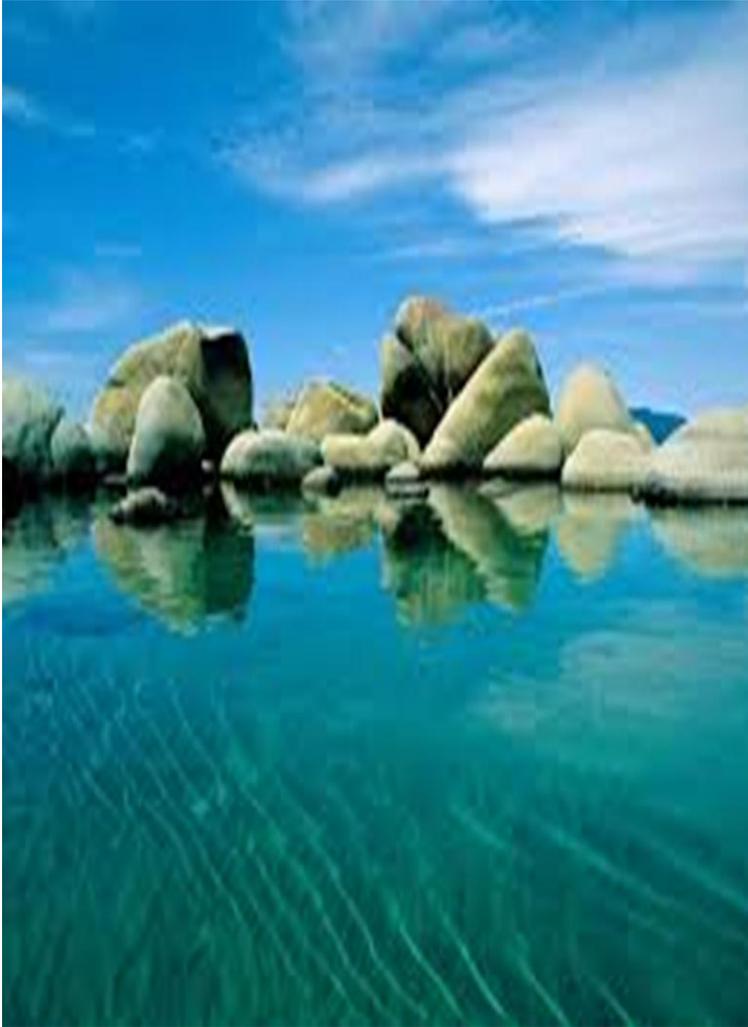
Provider Services Field Representatives

Provider Services Field Representatives

The HPES provider field representatives support provider education and outreach for the Nevada Medicaid provider community.

They provide training on subjects including:

- Claims billing (paper and electronic)
- Program policies and procedures
- Website tools

They resolve claim inquiries when providers are not able to obtain the claim information requested using the web portal, ARS or by calling the Customer Service Call Center.

They review remittance advice and reconciliation issues.

Northern Nevada Provider Services Field Representative Team

- Provider Relations Executive
  - Donna Perkins
    Office: (775) 335-8528   Cell: (775) 303-8105

- Northern Nevada
  - Kim Teixeira – Provider Field Representative
    Cell: (775) 323-9667
  - Jennifer Shaffer – Provider Field Representative
    Cell: (775) 313-2811

Southern Nevada Provider Services Field Representative Team

- Provider Relations Executive
  - Donna Perkins
    Office: (775) 335-8528   Cell: (775) 303-8105

- Southern Nevada
  - Tiffani Hart – Provider Field Representative
    Cell: (702) 266-6923
  - Hasani Jackson-Carroll – Provider Field Representative
    Cell: (702) 239-4933
  - Jassamine Haughton – Provider Field Representative
    Cell: (702) 274-6616

Provider Services Field Representatives May Be Contacted:

- By email – nevadaprovidertraining@hp.com

- By fax – (775) 624-5979

Thank you for attending today!

- Please complete your evaluation.
  - We appreciate the feedback!

Thank you!