Online Resources – Billing and Policy Manuals

Improved Provider Billing Manual

The Billing Manual For All Provider Types and the Claim Form Instructions have been reorganized to be easier and faster for Nevada Medicaid providers to access the information they need.

The Billing Manual at webp age First Health Services’ website at http://nevada.fhsc.com (select “Billing Manuals” from the “Providers” drop-down menu), displays the following sections:

Billin g Manual – this section furnishes links to billing guidelines for Nevada Medicaid providers to access the information they need.

Volume 3, Issue 1

Updated Medicaid Services Manual

To kee p up to date on Nevada Medicaid policies and services, review the Division of Health Care F i nancing and Policy’s (DHCFP) Medicaid Services Manual. The section furnishes links to the “Providers” drop-down menu, displays the following sections:

Billing Manual – this section furnishes links to billing instructions pertinent to each provider type.

Other Services – this section furnishes links to billing guidelines for Anesthesia and Sterilization and Abortion services.

Claim Form Instructions – this section furnishes links to examples of professional and institutional remittance advices complete with field numbers, names and definitions.

Billing Guidelines by Provider Type – this section furnishes links to billing instructions pertinent to each provider type.

More Service Centers are Ready to Serve

Nevada Medicaid and Nevada Check Up providers have the option of contracting with a service center (also referred to as a claims clearinghouse) to submit their claims electronically. A service center may be a one-person provider office or a clearinghouse servicing thousands of providers.

First Health Services maintains a Directory of Approved Service Centers for providers online at https://medicaid.nv.gov (select “Electronic Claims/EDI” from the “Providers” drop-down menu). Additional commercial clearinghouses have recently registered with First Health Services and have been added to the directory. Every listing includes the service center name, telephone number, website address and electronic services each company furnishes to providers. Click on any line and you will be linked to that company’s website. All of the clearinghouses listed meet Nevada Medicaid’s requirements for the electronic services specified.

The services of one clearinghouse – PayPath – are available free for Nevada Medicaid and Nevada Check Up claims courtesy of First Health Services. A link to PayPath is available from the “Electronic Claims/EDI” webpage mentioned above.

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The services of one clearinghouse – PayPath – are available free for Nevada Medicaid and Nevada Check Up claims courtesy of First Health Services. A link to PayPath is available from the “Electronic Claims/EDI” webpage mentioned above.

Apply Now for Your NPI

The Division of Health Care Financing and Policy (DHCFP) and First Health Services are asking Nevada Medicaid providers to apply now for their National Provider Identifier (NPI).

NPI is the national standard health care identifier number mandated by the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The 10-digit NPI will replace health care provider numbers in use today, including your Provider Medicaid Number. By implementing NPI, the Centers for Medicare & Medicaid Services (CMS) strives to simplify administrative processes for providers and to make Electronic Data Interchange (EDI) a preferable alternative to submitting paper claims.

Health plans such as Medicaid, Medicare, private health insurance issuers and health care clearinghouses must accept and use NPI in standard transactions by May 23, 2007. In order to meet the compliance deadline, during the 4th quarter of 2006, First Health Services will be mailing to Nevada Medicaid providers a letter that will either 1) Request that they re-enroll as a Medicaid provider by completing a Provider Enrollment Packet or 2) Request that they provide their NPI number and Taxonomy Code to First Health Services. (The Taxonomy Code defines provider type, classification and area of specialization.) Please submit the information to First Health Services within 15 days of receiving the letter.

NPI Application Options

1. Providers may apply for an NPI online at https://nppes.cms.hhs.gov (click on “National Provider Identifier (NPI)” and follow the instructions).
2. Providers may submit a paper application, which may be obtained online at https://nppes.cms.hhs.gov or by calling the (contractor that assigns NPI) at (800) 465-3203 or TTY 1-800-692-2326. CMS has contracted with Fox Systems Inc. to serve as NPI enumerator.
3. With provider permission, an organization may submit a request for an NPI on behalf of a provider via an electronic file. For details, review page 3 of the Medline Matters article number SE0555 posted on the CMS website (https://www.cms.hhs.gov/MedlineMattersArticles/downloads/SE0555.pdf).

Neither First Health Services nor the DHCFP assign NPI. Please call the Fox Systems Inc. (at the above telephone number(s)) or send an e-mail to customerservice@npienumerator.com for questions concerning the NPI application.

Please note that while you may apply for and receive your NPI now, please continue to use your Nevada Medicaid Provider Number until the DHCFP and First Health Services notify you to begin using your NPI.

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**Useful Tips & Reminders for All Providers**

**Forms and Applications are Now Active**

All forms and applications posted on the First Health Services website are now active, which makes it possible to complete them on a computer.

To view and print the necessary forms, you will need Adobe® Reader® installed on your computer. The software will enable you to complete the forms on a computer, print them out, sign and date them, then mail or fax them to the appropriate address/number. A free copy of the software may be downloaded from the http://www.adobe.com website, or use convenient links posted on the https://medicaid.nv.gov website (scroll to the bottom of the “Forms” webpage).

In order to save a copy of the active forms once they are completed, it is necessary to use Adobe Acrobat Standard or Adobe Acrobat Professional software. Instructions are posted at https://medicaid.nv.gov (select “Electronic Claims/EDS” from the “Providers” drop-down menu and click on “How to Complete First Health Services Active Forms”).

**Please Verify Your Recipient’s Eligibility**

Remember to verify your recipient’s Nevada Medicaid and Nevada Check Up eligibility before rendering services.

Information is accessible regarding eligibility, managed care, recipient restrictions and Third Party Liability through the following methods:

- First Health Services’ Electronic Payment System (EVS) – log on to https://medicaid.nv.gov (from the “Providers” drop-down menu select “EVS Logon” or “EVS User Manual”).
- The Nevada Medicaid Audio Response System (ARS) – call (800) 942-6511.
- A swipe card system – contact your swipe card vendor for details.

**Reminder for Personal Care Aide Providers**

Provider Types 30 (Personal Care Aide – Provider Agency), 58 (Physically Disabled Waiver – Attendant Services – Provider Agency) and 83 (Personal Care Aide – Intermediate Service Organization) were notified in December 2005 that certain rate increases became effective July 1, 2005.

In order to take advantage of the rate increases on claims previously submitted and/or paid to date with dates of service on or after July 1, 2005, providers must recertify affected claims as an adjustment using Reas on Code 1053. Web Announcement 7 1 posted at https://medicaid.nv.gov provides instructions and the amounts of the rate increases. For new claim submissions and claim adjustments, please bill using the new rates.

**CONTACT INFORMATION**

If you have a question on Claims Payment, please contact First Health Services Corporation by calling (877) 638-3472 or 2 or e-mailing nevada.medicaid@fsnc.com.

If you have questions about Medicaid Service Policy or rates, you can go to the Division of Health Care Financing and Policy (DHCFP) website: www.dhcfp.state.nv.us, and look for the item labeled: CONTACT INFORMATION. Move your cursor to that item and follow the directions to find the person at DHCFP who can answer your question. You can either phone the contact person or send an e-mail.

**Quarterly Update on Claims Paid**

The Nevada Medicaid program paid out to providers more than $526,000,720 in claims during the three-month period of October, November and December 2005. Nearly 100 percent of current claims continue to be adjudicated within 30 days.

The DHCFP and First Health Services thank you for participating in Nevada Medicaid and Nevada Check Up.

**Processing Pharmacy Claims for Dual-Eligible Recipients**

**Q: What if a dual-eligible recipient who has been auto-enrolled presents at a pharmacy without a plan acknowledgement letter, but indicates that he or she has switched plans?**

A: The pharmacist should send an E1 Release of Pharmacy Claims for Dual Eligible Recipients (E1 RPD) to First Health Services’ Training Catalog for Dual-Eligible Recipients. This is true even if the pharmacist believes the recipient has been auto-enrolled in a Part D plan. If the E1 query returns no match, the pharmacist should check for Medicare eligibility by submitting an e spanning E1 and Medicaid eligibility, or a request for the recipient’s current Medicare and Medicaid eligibility, or a request for the recipient’s current Medicare eligibility and Medicaid eligibility.

A: The pharmacist may also send in an E1 RPD to First Health Services’ Training Catalog for Dual-Eligible Recipients. The E1 RPD provides additional information on the recipient’s current Medicare and Medicaid eligibility.

A: The pharmacist should contact First Health Services’ Training Catalog for Dual-Eligible Recipients to obtain the billing information from the plan. The E1 query returns no match, the pharmacist should check for Medicare eligibility by submitting an E1 and Medicaid eligibility, or a request for the recipient’s current Medicare and Medicaid eligibility, or a request for the recipient’s current Medicare eligibility and Medicaid eligibility.

A: The pharmacist should verify the recipient’s current Medicare and Medicaid eligibility by submitting an E1 and Medicaid eligibility, or a request for the recipient’s current Medicare and Medicaid eligibility, or a request for the recipient’s current Medicare eligibility and Medicaid eligibility.

**Q: What if a dual-eligible recipient who has been auto-enrolled and presented at a pharmacy without a plan acknowledgement letter and a Medicare Part D plan has already switched plans?**

A: The pharmacist should send an E1 Release of Pharmacy Claims for Dual Eligible Recipients (E1 RPD) to First Health Services’ Training Catalog for Dual-Eligible Recipients. The E1 RPD provides additional information on the recipient’s current Medicare and Medicaid eligibility.

A: The pharmacist should verify the recipient’s current Medicare and Medicaid eligibility by submitting an E1 and Medicaid eligibility, or a request for the recipient’s current Medicare and Medicaid eligibility, or a request for the recipient’s current Medicare eligibility and Medicaid eligibility.

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Contact Information

If you have a question on a claims payment, please contact First Health Services Corporation by e-mailing claims@fhsc.com.

Claims Payment Process: The Division of Health Care Financing and Policy (DHCFP) has developed a annual training catalog for Nevada Medicaid providers. The catalog, which lists training options for all of 2006, allows providers to choose to attend only those classes that would suit their needs rather than attend all classes that furnish little new information.

Quarterly Update on Claims Paid

The Nevada Medicaid program, paid out to providers more than $264,300,720 in claims during the three-month period of October, November and December 2005. Nearly 100 percent of current claims continue to be adjudicated within 30 days.

Reminder for Personal Care Aide Providers

The Medicare D Part Prescription Program took effect Jan. 1, 2006. Nevada Medicaid dual-eligible beneficiaries (MEDICAID and Medicare) now receive prescription drug coverage through a Medicare Part D Prescription Drug Plan (PDP) or Medicare Advantage Plan. Listed below are pharmacists' frequently asked questions regarding dual-eligible transactions followed by answers from the Centers for Medicare & Medicaid Services (CMS)

Processing Pharmacy Claims for Dual-Eligible Recipients

Q: What if a dual-eligible recipient who has been auto-enrolled presents at a pharmacy without a plan acknowledgement letter, but indicates that he or she has switched plans?

A: The pharmacist should send an E1 query or call the dedicated pharmacy eligibility line at (866) 835-7595, or fax the revolving D plan (via POS-facilitated enrollment).

Q: What if a dual-eligible recipient who has been auto-enrolled presents at a pharmacy with a plan acknowledgement letter, but the pharmacist cannot determine that the recipient has been auto-enrolled in any plan?

A: The pharmacist should send an E1 query or call the dedicated pharmacy eligibility line at (866) 835-7595, or fax the revolving D plan (via POS-facilitated enrollment).

Reminder for Personal Care Aide Providers

Provider Types 30 (Personal Care Aide – Provider A agency), 58 (Physically Disabled Waiver – Traditional Services – Provider Agency) and 83 (Personal Care Aide – Intermediary Service Organizations) providers must process claims using new rates.

Please verify Your Recipient’s Eligibility

Q: If a dual-eligible recipient presents at the pharmacy and does not know what plan he or she has been auto-enrolled in?

A: The pharmacist should send an E1 query or call the dedicated pharmacy eligibility line at (866) 835-7595, or fax the revolving D plan (via POS-facilitated enrollment).

Q: What if a dual-eligible recipient who has been auto-enrolled presents at a pharmacy without a plan acknowledgement letter, but indicates that he or she has switched plans?

A: The pharmacist should send an E1 query or call the dedicated pharmacy eligibility line at (866) 835-7595, or fax the revolving D plan (via POS-facilitated enrollment).

Q: What if a dual-eligible recipient who has been auto-enrolled presents at a pharmacy with a plan acknowledgement letter, but the pharmacist cannot determine that the recipient has been auto-enrolled in any plan?

A: The pharmacist should send an E1 query or call the dedicated pharmacy eligibility line at (866) 835-7595, or fax the revolving D plan (via POS-facilitated enrollment).

Q: What if a recipient presents at a pharmacy with a Medicare card and alternatively presents a Medicaid card?

A: The provider should send an E1 query or call the dedicated pharmacy eligibility line at (866) 835-7595, or fax the revolving D plan (via POS-facilitated enrollment).

Q: What if a dual-eligible recipient who has been auto-enrolled presents at a pharmacy without a plan acknowledgement letter, but indicates that he or she has switched plans?

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Improved Provider Billing Manual

The Billing Manual for All Provider Types and the Claim Form Instructions have been reorganized to be easier and faster for Nevada Medicaid providers to access the information they need.

The Billing Manuals webpage, posted on First Health Services’ website at https://medicaid.nv.gov (select “Billing Manuals” from the “Providers” drop-down menu), displays the following sections:

- **Billing Manual** – this section furnishes a link to the Billing Manual for All Provider Types which contains information pertinent to all providers, such as recipient eligibility, priority authorization, third party liability, and Electronic Data Interchange.

- **Claim Form Instructions** – this section furnishes links to examples of Professional and Institutional remittance advices complete with field numbers, names, and definitions.

- **Billing Guidelines by Provider Type** – this section furnishes links to billing instructions pertinent to each provider type.

Other Services – this section on furnishes links to billing guidelines for Anesthesia and Sterilization and Abortion services.

Updated Medicaid Services Manual

To keep up to date on Nevada Medicaid policies and descriptions of service benefits, review the Division of Health Care Financing and Policy’s (DHCFP) Medicaid Services Manual on a weekly basis. Red-colored text indicates the content has been updated. The date in red at the bottom of a page indicates when changes were posted.

The Medicaid Services Manual is available from First Health Services’ website (select “Medicaid Services Manual” from the “Quick Links” drop-down menu) or from the DHCFP website (http://dhcfp.state.nv.us/).

The DHCFP’s website posts notices of public hearings that discuss changes regarding Nevada Medicaid and Nevada Check Up policy. To access these notices, select “Public Notices” from the DHCFP homepage.

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**Apply Now for Your NPI**

The Division of Health C is Fins naging a nd Policy (DHCFP) and an Fis t Heal th Services are asking Nevada Medicaid providers to apply now for their National Provider Identifier (NPI).

NPI is the federal national standard for health care providers. A National Provider Identifier (NPI) is a unique 10-digit number assigned by the Centers for Medicare & Medicaid Services (CMS) to the billing service of a Medicare contractor, beginning in June 2012. It is the identifier used by providers and health plans, including Medicaid programs, to identify claim transactions.

To apply for an NPI, providers must be Medicare-Covered Providers and meet the following requirements:

1. **I.D.** - Must be a valid Social Security number or an Employer Identification Number (EIN)
2. **Address** - Must be in the U.S.
3. **Provider Type** - Must be a covered provider type (e.g., physician, hospital, durable medical equipment supplier)

**NPI Application Options**

1. **Online Application** - Providers may apply for an NPI online at https://nppes.cms.hhs.gov (click on “National Provider Identifier (NPI)” and follow the instructions).
2. **Paper Application** - Providers may submit a paper application, which may be obtained online at https://nppes.cms.hhs.gov or by calling the Enumerator (the contractor that assigns NPIs) at (800) 465-3203 or TTY 1-800-692-2326. CMS has contracted with Fox Systems Inc. to serve as NPI Enumerator.
3. **Fax Application** - With provider permission, an organization may submit a request for an NPI on behalf of a provider via an electronic file. For details, see page 3 of the MedLearn Matters article "Eligibility and Enrollment" (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/OutpatientSetting/Downloads/SE0555.pdf).

**Neither First Health Services nor the DHCFP are responsible for NPI errors.** Please call the (1-888-465-3203 or TTY 1-800-692-2326) for details, page 3 of the MedLearn Matters article "Eligibility and Enrollment" (https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/OutpatientSetting/Downloads/SE0555.pdf).

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Health plans such as Medicaid, Medicare, private health insurance issuers, and health care clearinghouses must accept and use NPI in standard transactions by May 23, 2007. In order to meet the compliance deadline, each of the 21st Century Health Services will be mailing to Nevada Medicaid providers a letter that will explain the HIPAA Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) and provide the provider number (NPI) and Taxonomy Code 10. The Taxonomy Code defines provider type classification and area of specialization. Please submit the information to First Health Services within 15 days of receiving the letter.

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