

NORTH DAKOTA MEDICAID

Provider Bulletin

In this Issue

Provider Enrollment Revalidations	1
Copayments	1
Unified Program Integrity Contractor	2
Facility Licenses	2
General Information for Providers Manual	2
Autism Spectrum Disorder Task Force Survey	2
Partial Hospitalization, Addiction Treatment and Mental Health Rehabilitative Services	3
Vision Services Providers	3
Psychiatry/Psychology Providers	4
Dental Services	4

Provider Enrollment Revalidations

All active providers enrolled with ND Medicaid are required to have their enrollments revalidated at least once every five years. Facilities that individuals are affiliated with are contacted to conduct the revalidation process. If an individual isn't affiliated with a group practice, the individuals are contacted directly. Providers are contacted via the email address that is associated with their enrollment. It is the provider's responsibility to ensure that their enrollment record has accurate contact information that includes a current email address, phone number and contact name. In the event ND Medicaid staff do not receive the information needed to revalidate an enrollment, the provider's enrollment span will be terminated. Documentation submitted after an enrollment has been terminated is placed as a lower priority to process.

The Department's website has revalidation information located at www.nd.gov/dhs/info/mmis/revalidation.html; which also includes a roster that is updated monthly listing providers due for revalidation in the next 90 days.

If you have any questions, email dhsenrollment@nd.gov or call 701-328-4033.

**NORTH DAKOTA
 DEPARTMENT OF
 HUMAN SERVICES**

~
**MAGGIE D. ANDERSON,
 MEDICAID DIRECTOR**

March 2019



Copayments

Centers for Medicare and Medicaid Services (CMS) guidance mandates that an individual who is a member of a federally-recognized tribe is exempt from Medicaid copayments if they:

- Have ever received services from an Indian Health Service (IHS) or Tribal Health Care facility; or
- Have received a purchase/referred care (PRC) service. For more information on PRC services, visit <https://www.ihs.gov/prc/>.

Other Medicaid members who are exempt from copayments are outlined on pages 49 and 50 of the General Information for Providers Manual (<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/general-information-medicaid-provider-manual.pdf>).

Unified Program Integrity Contractor

To better coordinate audits, investigations, and data analyses, and to lower the burden on providers, the Unified Program Integrity Contractor (UPIC) awarded by the Centers for Medicare and Medicaid Services (CMS), will combine and integrate the existing Zone Program Integrity Contractors, Program Safeguard Contractors, Medicare-Medicaid Data Match programs, and Medicaid Integrity Contractors into a single contractor to perform Medicare and Medicaid program integrity work on behalf of CMS. The UPIC will work to detect, prevent, and proactively deter fraud, waste, and abuse in Medicare and Medicaid programs. CMS has selected Qlarant as the UPIC in the western jurisdiction, which includes North Dakota.

More information on UPIC audits will be provided in future provider bulletins. Any questions related to the UPIC may be directed to Jeanne Folmer, ND Medicaid program integrity audit coordinator at auditresponse@nd.gov.

Facility Licenses

Facilities must ensure that their enrollment records have current licensing information. When a facility license is renewed, be sure to submit a copy to dhsenrollment@nd.gov or fax to 701.328.1544, Attn: Provider Enrollment and include the Medicaid number associated with the license. As a reminder, swing bed enrollments are separate from hospital enrollments and both require proof of the hospital license. Include both Medicaid numbers when submitting your updated licenses, so both enrollments are updated.

General Information for Providers Manual

The General Information for Providers Manual (<http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/general-information-medicicaid-provider-manual.pdf>) has been updated and posted. This is a complete manual regarding provider enrollment and Medicaid covered services. This replaces the coverage guidelines that were posted on the website. Please see the Medicaid Provider Manuals webpage (<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-all.html>) for more information.

Autism Spectrum Disorder Task Force Survey

The Autism Spectrum Disorder (ASD) Task Force is seeking feedback from providers who serve individuals with ASD, families, individuals diagnosed with ASD and other stakeholders. The brief survey includes questions about services, training and gaps in care. Take the survey at this link: https://ndhealth.co1.qualtrics.com/jfe/form/SV_8rdV1hDVWqNRIIR. The survey will be open until mid-March.



Bookmark the ND Medicaid providers page: <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html>. Check back for periodic updates!

Partial Hospitalization, Addiction Treatment and Mental Health Rehabilitative Services

ND Medicaid updated its policies related to partial hospitalization, addiction treatment and mental health rehabilitative services on November 1, 2018. All fee schedules are located at www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html.

Partial Hospitalization Services

Services are billed on UB-04 claim forms. UB-04 form billing instructions are located at www.nd.gov/dhs/services/medicalserv/medicaid/billing.html.

Partial hospitalization services coverage guidelines are included on page 116 of the General Information for Providers Manual (www.nd.gov/dhs/services/medicalserv/medicaid/docs/general-information-medicaid-provider-manual.pdf).

Addiction Treatment Services

American Society of Addiction Medicine (ASAM) Level 1 claims (code H2035) must be billed on a CMS 1500 form. CMS 1500 form instructions are located at www.nd.gov/dhs/info/mmis/docs/mmis-paper-claim-instructions-professional.pdf. If services are provided in a group setting, append the UA modifier.

ASAM Levels 2.1, 2.5, 3.1 and 3.5 services must be billed on a UB-04 claim form.

Addiction treatment services coverage guidelines are included on page 23 of the General Information for Providers Manual (www.nd.gov/dhs/services/medicalserv/medicaid/docs/general-information-medicaid-provider-manual.pdf).

Mental Health Rehabilitative Services

Rehabilitative services are designed to provide a group of needed mental health services to Medicaid members in order to restore these individuals to their highest possible functioning level. Rehabilitative services are limited to individuals in families that are in crisis with risk of major disruption, to individuals who are at risk of entering or reentering a mental health or hospital facility, services provided to individuals who have discharged from inpatient psychiatric treatment and services provided by human service center staff, that are not otherwise other licensed practitioners, in settings outside the human service center.

Mental health rehabilitative services claims must be billed on a CMS 1500 form.

Mental health rehabilitative services coverage guidelines are included on page 123 of the General Information for Providers Manual (www.nd.gov/dhs/services/medicalserv/medicaid/docs/general-information-medicaid-provider-manual.pdf).

Vision Services Providers

ND Medicaid has a designated eyeglass contractor for frames and lenses: Classic Optical. Classic Optical is the only provider that can be reimbursed for frames and lenses. The dispensing provider must utilize Classic Optical. The Classic Optical website is www.classicoptical.com/Orders.asp and their telephone number is 1-888-522-2020.

For more information please review pages 111 to 119 of the General Information for Providers Manual at: www.nd.gov/dhs/services/medicalserv/medicaid/docs/general-information-medicaid-provider-manual.pdf.

Psychiatry/Psychology Providers

ND Medicaid allows 10 hours of psychological testing per calendar year for all members. When submitting a service authorization for psychological testing, provide the CPT code with the unit(s) per code for service authorization processing. Service authorization is not required unless the 10 hours per calendar year limit has been met. Use SFN 481 (<https://www.nd.gov/eforms/Doc/sfn00481.pdf>) to submit a service authorization request.

The 2019 psychological testing codes and rates are as follows. The professional fee schedule will be updated and posted online by July 1, 2019 at <https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/fee-schedules/2018-professional-services-fee-schedule.pdf>.

Code	Description	Unit	Fee
96105	Assessment of aphasia	per hour	\$108.13
96125	Standardized cognitive performance testing	per hour	\$118.44
96112	Developmental test administration	per hour	\$134.09
96113	Developmental test administration (each additional 30 min.)	30 min.	\$59.75
96127	Brief emotional/behavioral assessment	per instrument	\$6.40
96116	Neurobehavioral status examination	per hour	\$92.83
96121	Neurobehavioral status examination (each additional hour)	per hour	\$81.10
96130	Psychological testing evaluation services	per hour	\$115.60
96131	Psychological testing evaluation services (each additional hour)	per hour	\$88.21
96132	Neuropsychological testing evaluation services	per hour	\$130.54
96133	Neuropsychological testing evaluation services (each additional hour)	per hour	\$99.59
96136	Psychological or neuropsychological test administration by physician or other qualified health care practitioner	30 min.	\$46.95
96137	Psychological or neuropsychological test administration by physician or other qualified health care practitioner (each additional 30 minutes)	30 min.	\$43.39
96138	Psychological or neuropsychological test administration by technician	30 min.	\$38.41
96139	Psychological or neuropsychological test administration by technician (each additional 30 minutes)	30 min.	\$38.41
96146	Psychological or neuropsychological test administration with single automated, standardized instrument via electronic platform	per unit	\$2.13

Dental Services

Effective immediately, the following codes no longer require service authorization:

CDT Codes

D0340, D0364, D0365, D0366, D0367, D0368, D7260, D7261, D7270, D7280, D7283, D7285, D7286, D7290, D7291, D7472, D7473

CPT Codes

30580, 30600

The dental anesthesia policy has also been updated. View page 7 of the ND Medicaid Dental Manual at: <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/dental-manual.pdf>.