

NORTH DAKOTA MEDICAID

PROVIDER BULLETIN

THE REIMBURSEMENT NEWS SOURCE

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MEDICAL SERVICES DIVISION

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DIRECTOR

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MEDICAID PROGRAM INTEGRITY REMINDER

Civil Monetary Penalties (CMP) Liability for Employing or Contracting with an Excluded Individual or Entity

If a health care provider arranges or contracts (by employment or otherwise) with an individual or entity who is excluded by the Office of Inspector General (OIG) from program participation for the provision of items or services reimbursable under such a Federal program, the provider may be subject to a civil monetary penalty (CMP) liability if they render services reimbursed, directly or indirectly, by such a program.

CMPs of up to \$10,000 for each item or service furnished by the excluded individual or entity and listed on a claim submitted for Federal program reimbursement, as well as an assessment of up to three times the amount claimed, and program exclusion may be imposed.

For liability to be imposed, the statute requires that the provider submitting the claims for health care items or services furnished by an excluded individual or entity "knows or should know" that the person was excluded from participation in the Federal health care programs (section 1128A(a)(6) of the Act; 42 CFR 1003.102(a)(2)). Providers and contracting entities have an affirmative duty to check the program exclusion status of individuals and entities prior to entering into employment or contractual relationships, or run the risk of a CMP liability if they fail to do so.

(Reference: OIG, Special Advisory Bulletin, September 1999, The Effect of Exclusion From Participation in Federal Health Care Programs)

To see if a provider has been excluded, check out this site:

<http://exclusions.oig.hhs.gov>



CHILDREN WITH MEDICALLY FRAGILE NEEDS

North Dakota Medicaid has a waiver available to families who wish to maintain their medically fragile child within the home. Services that are available under the waiver are:

- Transportation out of state
- Dietary supplement
- Individual & family counseling
- In home support
- Equipment and supplies
- Environmental modifications
- Institutional respite
- Case management



To qualify for this waiver, a child must:

- Meet the child's income eligibility for Medicaid,
- Meet the Nursing Home Level of Care, and
- Complete a Level of Need (as determined by the child's primary care provider).

Applications can be found at: www.nd.gov/eforms/Doc/sfn00394.pdf or by calling 701-328-3701.

SPORTS PHYSICALS /MEDICAID & CHIP

Medicaid Coverage

North Dakota Medicaid allows sports physicals as part of preventative health services. Preventative health services are services provided to a recipient to avoid or minimize the occurrence of illness, infection, disability, or other health conditions.

Healthy Steps Coverage (CHIP)

North Dakota Healthy Steps program allows sports physicals as part of preventative screening services for members ages 6 and older. Please note that this benefit is available only once a year.

DURABLE MEDICAL EQUIPMENT SUPPLIERS

As of December 1, 2009 enrolled Nurse Practitioners are allowed to order durable medical equipment (DME), orthotics, prosthetics and supplies (DMEOPS) if prescribed within their scope of practice.

Reminder:

- The DME Prior Authorization form can be accessed at:

www.nd.gov/eforms/Doc/sfn01115.pdf.

The signed and completed form should be faxed to 701-328-0370. See page 3 for Prior Authorization Completion Guide.

- The DME Fee Schedule and Provider Manual is located at www.nd.gov/dhs/services/medicalserv/medicaid/provider-durable.html

DME PRIOR AUTHORIZATION FORM COMPLETION GUIDE

All information on the Durable Medical Equipment (DME) Prior Authorization Form, found at: www.nd.gov/eforms/Doc/sfn01115.pdf must be legible and complete or the form will be returned without being processed. Type or hand-write clearly with blue or black ink.

Patient Information:

1. Patient's name, date of birth, and ID number are **REQUIRED**. Enter as name and number appear on the North Dakota Medicaid identification card.
2. Patient's address is **REQUIRED**. Enter street, city, state, and zipcode.
3. Patients' residence is **REQUIRED** (must use the most current residence). Enter the type of living arrangement.

Part 1. To be completed by the prescriber.

1. Item prescribed is **REQUIRED**.
2. Diagnosis and prognosis is **REQUIRED**. ICD-9 codes with the description must also be entered.
3. Explanation of medical necessity and duration of need are **REQUIRED**. Be as brief as possible without omitting information, which will support the medical necessity of the item requested.
4. Prescriber's name is **REQUIRED**.
5. Prescriber's number is **REQUIRED**. The North Dakota Medicaid provider number assigned by the Department of Human Services. If **REQUIRED** to use an NPI number, please enter that number.
6. Prescriber's signature is **REQUIRED**. Must be signed by the prescriber or a signed/dated prescription attached to the prior authorization form.
7. Date is **REQUIRED**. This is the date the form/prescription is signed by the prescriber.

Part II. To be completed by the provider (supplier)

1. Provider's name is **REQUIRED**. The name of the DME supplier.
2. Provider's number is **REQUIRED**. The North Dakota Medicaid provider number assigned by the Department of Human Services.
3. Telephone number is **REQUIRED**. The telephone number of the DME supplier.
4. Providers' street address, city, state, and zip are **REQUIRED**. The address of the DME supplier.
5. Provider signature is **REQUIRED**. The signature of the person authorized by the provider to complete the prior approval form.
6. Date is **REQUIRED**. The date the provider completes the prior authorization form.
7. NDC/HCPC codes are **REQUIRED**. This must match billing codes or the claim will be rejected. The appropriate modifier for rental, purchases, repairs, etc. must be included. A miscellaneous code can be used only if there is no other appropriate code available. For items identified by the same code, list the code once and combine those items and costs on the same line after that code.
8. List is **REQUIRED**. The item, make/model, units, day's supply, quantity per case, hours/minutes of repair time/labor/evaluation. Comment: any additional information pertinent to the description of the products/services.
9. Date of service/Start date is **REQUIRED**. The estimated or actual date the item is provided to the recipient.
10. Customary or usual retail is **REQUIRED**. The price charged to the general public for purchase or rental of the product or service to be provided.
11. Acquisition cost. The acquisition cost to the supplier. (Acquisition cost and invoice is **REQUIRED** for miscellaneous codes only.)
12. Number of units is **REQUIRED**. The number of units to be provided under the authorization of this prior authorization.

Suppliers are responsible for retaining copies of supporting documentation of products, services, and medical necessity and make this information available upon request by the Department.

NURSE PRACTITIONERS AS PRIMARY CARE PROVIDERS

Senate Bill 2158 from the 2009 Legislative session, which allows advanced registered nurse practitioners (NP) to serve as Primary Care Case Managers (PCCM) within the North Dakota Medicaid Primary Care Case Management Program, was implemented December 1, 2009.

An advanced registered nurse practitioner, who specializes in: Family/General Practice, Internal Medicine, OB/GYN, or Pediatrics, may serve as a Primary Care Provider (PCP) within the PCCM program. An advanced registered nurse practitioner (NP) who wishes to serve as a PCP must be a Medicaid enrolled provider and submit a signed

request to serve as a PCP. The request must include the primary location in which the NP will be serving as a PCP. This request may be mailed or faxed to: ND Dept. of Human Services; 600 E Blvd Ave Dept 325; Bismarck, ND 58505-0250; fax # 701-328-1544. A Medicaid enrollment application can be located at www.nd.gov/dhs/services/medicalserv/medicaid/provider.html.

More information regarding the PCCM program is located on our website under the Medicaid Managed Care Section at www.nd.gov/dhs/services/medicalserv/medicaid/managedcare.html.

COORDINATED SERVICES PROGRAM—NURSE PRACTITIONERS

Pursuant to 2009 Senate Bill 2158, the Coordinated Services Program (CSP) will now allow an enrolled Nurse Practitioner (NP) to be a primary care provider. Recipients that are referred to the CSP must choose a primary care provider by selecting a family practice, general practice, nurse practitioner, or internal medicine provider of their choice. CSP recipients are also restricted to one pharmacy of their choice to manage their pharmacy services, thereby eliminating the potential dangers of multiple drug interaction. Based on the usage of dental services, the recipient may also be restricted to one dentist of their choice. The recipient's selection of service providers is subject to approval by the Department.

More information regarding the CSP can be located at www.nd.gov/dhs/services/medicalserv/medicaid/docs/gen-info-providers.pdf.



COORDINATED SERVICES PROGRAM REFERRALS

When submitting a referral for a Coordinated Services Program (CSP) recipient, please remember the following requirements:

- CSP referrals must be submitted prior to the date of service.
- If the CSP provider is absent, another medical provider within the CSP provider's practice may write a referral
- CSP referrals must be primary care provider specific.
- The CSP does not accept backdated referrals.
- The CSP does not accept referrals to the Emergency Room or Urgent Care.
- Please fax CSP referrals to 1-701-328-1544.



PROVIDER ENROLLMENT / TRAINING

The Medicaid Management Information System (MMIS) Replacement Project has completed the detailed design portion of the Construction Phase and has entered into the System Integration Testing Phase.

As part of the eventual go-live process, every provider wishing to continue to bill services to North Dakota Medicaid will be required to re-enroll. The new system's online web re-enrollment will be a user-friendly interface containing descriptions of required data along with online help. The Department has tailored the re-enrollment process so different information will be required based on the provider type and specialty of the organization. This will help to keep the re-enrollment effort for providers to a minimum.

Training will be provided by the Department at several locations across the state prior to the start of the enrollment process. After training, providers are encouraged to begin the enrollment process as soon as possible to prevent delays in processing.

Providers, including trading partners, will be required to complete the NEW provider enrollment process prior to billing for services after the system go-live date. All providers will receive a new Medicaid provider number, but will be required to bill using their National Provider Identifier (NPI) number for the CMS1500, UB04, and dental claim forms. This includes electronic, paper and web based claims. With the exception of travel, lodging and QSP providers, all providers will be required to also bill with a taxonomy code.

New System Benefits for Providers include:

- Ability to manage account/passwords.
- Online claim entry through the web portal.
- Ability to upload X12 batch transactions.
- Immediate response that summarizes key payment information including: amount to be paid, recipient liability, co-pay information, and deductibles when submitting through the web portal.
- Inquiry on the status of claims processed and payment history.
- Inquiry on claims in suspense.
- Correct Coding Initiative (CCI) edits and services within the global periods will be applied using automated technology. This will result in a consistent application of standards and guidelines.
- Easy access to the billing manuals, coding guidelines, companion guides, co-pays, service limits, etc.
- Online message board for Medicaid announcements.
- Online mailbox for items such as provider bulletin, correspondence, electronic transactions, etc.



PROVIDER ENROLLMENT RESPONSIBILITY

Enrollment with ND Medicaid is a requirement for all entities or individual providers entered on a claim in order to bill for Medicaid covered services provided to a ND Medicaid Recipient. Upon successful enrollment and receipt of a ND Medi-

caid provider number, it is the provider's responsibility to register an NPI with the ND Dept of Human Services/Medicaid. Please visit the NPI registry at: www.nd.gov/dhs/info/provider-npi.html.

CLAIMS POLICY – BILLING BITS

UPDATES
FOR PROVIDERS

Check out the latest updates by clicking on the www.nd.gov/dhs/services/medicalserv/medicaid/provider.html button on the Medicaid Provider Information web page.

H1N1 Immunization Administration

The H1N1 Vaccine will be available/supplied exclusively through the ND Department of Health. You must follow the ND Department of Health's criteria guidelines when determining which patients may receive the H1N1 vaccine. Go to: www.ndflu.com//Vaccine/VaccineInformation.aspx

ND Medicaid will allow/reimburse the immunization administration of the H1N1 vaccine/toxoid when appropriately billed with H1N1 vaccine:

90470 - H1N1 immunization administration (intramuscular, intranasal), including counseling when performed *Source – AMA release 9/28/09*

OR

G9141 - Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family) *Source - MLN Matters® Number SE0920*

ND Medicaid will allow/reimburse 90470 or G9141 at \$13.90.

As with other vaccines/toxoids, you may submit a claim to ND Medicaid with the H1N1 vaccine code (90663 or G9142) and the appropriate **immunization administration** code (90470 or G9141).

	<u>Billed Amount</u>	<u>ICD-9-CM code</u>
Example 1: 90663	- \$0.00	V04.81
90470	- \$__.__ (provider's fee)	V04.81
Example 2: G9142	- \$0.00	V04.81
G9141	- \$__.__ (provider's fee)	V04.81

2010 ICD-9-CM Updates

North Dakota Medicaid follows industry standards and began using the 2010 ICD-9-CM codes as of October 1, 2009. A complete listing of the new, deleted, and revised codes can be viewed on the CMS website at: www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage.

Changes include 311 new diagnosis codes, 45 revised diagnosis codes, 23 invalid diagnosis codes, 15 new surgical procedure codes, and 16 revised procedure codes.

Providers should use the 2010 ICD-9-CM Official Guidelines for Coding and Reporting as a supplement to accompany and complement the office conventions and instructions provided within the ICD-9-CM itself.

Synagis (palivizumab) - 90378

- For updated Medicaid Coding Guidelines see: www.nd.gov/dhs/services/medicalserv/medicaid/docs/cpt/Synagis.pdf.
- For prior authorization see: www.hidndmedicaid.com, select "PA Forms" then "Synagis Registration Form."

Consultations

Effective for date of service January 1, 2010 ND Medicaid will no longer allow/reimburse physicians (MD/DO) and other qualified non-physician practitioners for outpatient (99241-99245) and inpatient consultations (99251-99255). For more details, check out the Provider Information website listed above.

OUT - OF - STATE SERVICES

North Dakota Medicaid has developed a form to capture the information required to process all out-of-state service requests. The information requested is required to make an informed decision pertaining to the medical necessity of the out-of-state service. By consolidating the information, a determination can be made more quickly to better serve recipients. We hope this will also help to clarify the information that is required, making the provider's part of the process easier.

This form can be found on our website at: www.nd.gov/eforms/Doc/sfn00769.pdf and can be filled out on a computer before printing. These forms are required to be used as of October 1, 2009. Any request submitted without all of the required information will not be processed and will be returned as incomplete.

PRIOR AUTHORIZATION REQUIREMENTS

Out-of-state services at sites more than fifty miles from the North Dakota border must be prior authorized. Services received outside of the United States are not covered.

The recipient's Primary Care Physician must submit a written request to North Dakota Medicaid for authorization for out-of-state services before scheduling an appointment.

Requests must include:

- Recipient's name, Medicaid ID number, and date of birth
- Diagnosis
- Medical information supporting the need for out-of-state services
- Written second opinion from an appropriate in-state board certified specialist, following a current (within 3 months) examination, which substantiates the medical need for out-of-state care
- Physician and facility where the recipient is being referred to
- Assurance that the service is not available in North Dakota

The Medicaid office determines if the referral meets state requirements and approves or denies the request in writing. A copy of the determination is sent to the primary physician, out-of-state provider(s), recipient, and County Social Service Office.

Emergency out-of-state services are allowable at the in-state physician's discretion but are subject to Medicaid review and denial of claims. The transferring facility must notify ND Medicaid within 48 hours of a transfer for emergency services out-of-state. Documentation must include: destination and date of transfer, mode of transportation, and discharge summary. The need for the use of air ambulance must always be substantiated.

Claims from out-of-state providers will not be paid without written prior authorization.

Recipients with private insurance are subject to prior authorization requirements as established by the primary insurance carrier in addition to ND Medicaid's prior authorization requirements.

The recipient's County Social Service Office is responsible for assisting the recipient with arrangements for travel, lodging and meals.



ND DEPT OF HUMAN SERVICES
DIVISION OF MEDICAL SERVICES
600 E BOULEVARD AVE DEPT 325
BISMARCK ND 58505-0250

ADDRESS SERVICE REQUESTED

PRESORTED
STANDARD
U.S. Postage PAID
Bismarck, ND
Permit No. 50

Please route to:

- Billing clerks
- Insurance Processors
- Schedulers
- Other Appropriate
Medical Personnel

Please make copies as
needed.

CHECK-WRITE EXCEPTION DATES

Typically, check-write occurs every Monday evening; however, there will be the following exceptions for 2010:

No Check-Write	Rescheduled Date
January 18, 2010	January 19, 2010
February 1, 2010	February 2, 2010
February 15, 2010	February 16, 2010
March 1, 2010	March 2, 2010
May 31, 2010	June 1, 2010
July 5, 2010	July 6, 2010
September 5, 2010	September 6, 2010
November 1, 2010	November 2, 2010

<http://www.nd.gov/dhs/services/medicalserv/medicaid/>

NEW FACES & PLACES IN MEDICAL SERVICES

- ❁ **Patty Donovan** –Utilization Review
Administrator
- ❁ **Kimberly Mutschelknaus** – Medical Services
Support Staff
- ❁ **Zac Knowlen** – Medical Services Support Staff
- ❁ **Sherri S.** – Provider Relations

Welcome

