

NORTH DAKOTA MEDICAID

Provider Bulletin

THE REIMBURSEMENT NEWS SOURCE

In this Issue

Provider Enrollment Applications.....	1
New CMS-1500 Claim Form	1
New CMS-1500 Continued.....	2
Rural Mileage Differential.....	2
Removal of Contraception Devices.....	2
Equine and Pet Therapy.....	2
Medically Necessary Care.....	2
Program Integrity Education Website.....	2
MMIS Transition.....	3
Out-of-State Services.....	3
Claim Submission.....	4
Revenue/Procedure Code Billing	
Medicaid Recipient ID Numbers	
Taxonomy Codes	
Payment Error Rate Measurement.....	4
Recovery Audit Contractor.....	4
Coding Updates	5
Gastric Band Adjustments	
Diagnosis Codes	
Coding for Inpatient Procedures	
New Faces in Medicaid.....	5

PROVIDER ENROLLMENT APPLICATIONS

PAPER Provider Enrollment Applications No Longer Accepted.

North Dakota (ND) Medicaid migrated to an online enrollment process within the Medicaid Management Information System (MMIS). ND Medicaid has slowly transitioned from accepting paper applications to working strictly with the online application. Effective immediately, with the exception of Non-Emergency Medical Transportation (NEMT) and Qualified Service Provider (QSP) applications, Provider Enrollment will no longer process paper applications. Paper applications will be returned with instructions to enroll online.

There are a number of supporting forms that will need to be submitted to the Provider Enrollment staff to complete the online application process. Those forms are specific to the type of provider enrolling and are listed in MMIS/Enterprise. Please visit the ND Medicaid website to obtain Medicaid Systems Project and Enrollment Information at <http://www.nd.gov/dhs/info/mmis.html>

The Department has contracted with Xerox and Automated Health Systems (AHS) to assist with processing Medicaid Provider Enrollment applications. Providers may be contacted by one of those entities if additional information is needed to complete a Provider Enrollment application. The toll free number for AHS is: 1-855-238-4848, their secure fax line is: 1-412-318-2780 and their email address is: NDproviderservices@automated-health.com

NEW CMS-1500 CLAIM FORM

Effective January 1, 2014, a new CMS-1500 claim form, version 02/12, was available for claims submission. The form, with instructions, can be found at www.nucc.org per the National Uniform Claim Committee.

Notable changes are:

1. An indicator to differentiate between ICD-9 and ICD-10 codes.
2. Qualifiers to identify a provider ID as an ordering/referring/supervising role.
3. Diagnosis code identifiers have changed from numbers to letters (instead of 1-4, they are now A-L).
4. Diagnosis code "order" has changed from a vertical alignment to a horizontal alignment.

**NORTH DAKOTA
DEPARTMENT OF
HUMAN SERVICES**
~
**MAGGIE ANDERSON,
EXECUTIVE DIRECTOR**

Issue 71 – June 2014

NEW CMS-1500 CLAIM FORM (CONTINUED)

5. Various boxes on the claim have changed or are no longer used (i.e. box 30, net balance due has been removed).

Please note: If claims are created using a software program, changes WILL be needed in the software program to support the new form. Simply replacing the older paper claim form with the new form will result in claims being filled out incorrectly.

RURAL MILEAGE DIFFERENTIAL

The Rural Mileage Differential went into effect on January 1, 2014. The purpose of the rural differential is to create greater access to home and community-based services for clients who reside in rural areas of ND by offering a higher rate to Qualified Service Providers (QSPs) who are willing to travel to provide services.

QSPs that are willing to travel at least 21 miles round trip to provide care to authorized individuals in rural areas will be reimbursed at a higher rate. QSPs are not paid for driving time to or from the recipient's home; the rural differential rate may only be used for the time spent actually providing services.

MEDICALLY NECESSARY REMOVAL OF INTRAUTERINE (IUD) DEVICES AND IMPLANTABLE CONTRACEPTIVE CAPSULES

ND Medicaid will only allow/reimburse medically necessary removal of IUDs and Nexplanon/Implanon Capsules. Documentation is required to support the medically necessary removal. ND Medicaid does not consider removal medically necessary if the recipient desires fertility, desires pregnancy, or is requesting a change in contraception use due to unwanted standard side effects.

EQUINE THERAPY & PET THERAPY

ND Medicaid does not allow/reimburse for Equine Therapy or Pet Therapy. ND Medicaid does randomly audit medical record documentation and will recover any dollars associated with these non-covered services.

MEDICALLY NECESSARY CARE

According to the North Dakota Administrative Code (NDAC) 75-02-02-03.2(8), medically necessary care is defined as:

- Only medical or remedial services or supplies required for treatment of illness, injury, diseased condition, or impairment;
- Consistent with the patient's diagnosis or symptoms;
- Appropriate according to generally accepted standards of medical practice;
- Not provided only as a convenience to the patient or provider;
- Not investigational, experimental or unproven;
- Clinically appropriate in terms of scope, duration, intensity and site; and
- Provided at the most appropriate level of service that is safe and effective.

In summation, the medical records must substantiate the services performed and indicate the proper treatment plan.

PROGRAM INTEGRITY MEDICAID EDUCATION WEBSITE

The Centers for Medicare and Medicaid Services has developed a Program Integrity Medicaid Education Website that houses a wealth of information in the area of Program Integrity.

Please be sure to take advantage of this resource located at the link below. The link includes pharmacy education materials, provider education toolkits and beneficiary education toolkits.

<http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html>



MMIS TRANSITION

ND Medicaid is excited to announce the transition to a new Medicaid Management Information System (MMIS) web portal. The new MMIS will offer providers a user friendly self-service web portal that has many new features and benefits.

The ND MMIS Web Portal is being implemented in two phases:

Phase One: Provider Enrollment

Phase Two: Claims Payment

Phase One, the MMIS web portal was implemented in April 2013. This phase allows providers to enroll electronically, which is **required** for all new and existing providers. **All providers and trading partners must enroll into the new MMIS.**

Providers that have not enrolled, please do so by the end of June 2014. This will allow the Department time to process and approve the enrollment applications. Provider Enrollment Training was held in April and May 2013. The training information can be found at: <http://www.nd.gov/dhs/info/mmis.html>

Phase Two will be implemented later this year and will allow providers to directly enter prior authorizations and claims or upload batch transactions. It will also offer real-time access to member eligibility, claims status, remittance advice, payment status and claims history.

MMIS includes new features and benefits and may require changes for the provider. A MMIS system changes document is located at <http://www.nd.gov/dhs/info/mmis.html>. This document will give providers an overview of changes that may affect how providers bill for services once the ND MMIS system is in production. Provider Training will be offered prior to the implementation of Phase Two.

QSP's watch your mail for information about changes in billing with the ND MMIS Web Portal. Enrollment information will also be sent to QSP agencies.



OUT-OF-STATE SERVICES

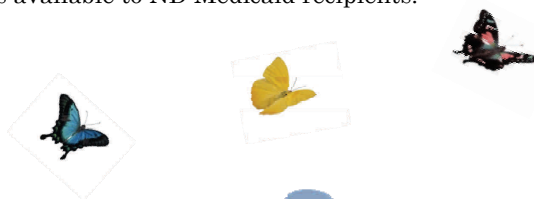
When the Primary Care Provider determines that it is medically necessary for a recipient to receive an out-of-state health service, they must submit a written request to ND Medicaid before scheduling the appointment. Requests must include:

- SFN 769 available at www.nd.gov/eforms;
- Recipient's name and recipient identification number;
- Diagnosis;
- All medical information supporting the need for out-of-state services;
- Referral facility and Primary Care Provider;
- Assurance that services are not available in state; and
- A written second opinion and examination by an appropriate in-state board certified specialist supporting medical need for services not available in North Dakota.

ND Medicaid reminds providers that prior authorization is required for all non-emergency, out-of-state medical care and services, except for services provided to foster children residing out of state. Documentation should be legible and clearly identify medical necessity. Failure to meet these requirements may result in a denial or claims suspension. This authority is based on North Dakota Administrative Code (NDAC) §75-02-02-09.4(4) and 75-02-05, which allows the Department to place appropriate limits on services based on such criteria as medical necessity or utilization control procedures.

Emergency out-of-state services are allowable at the in-state Primary Care Provider discretion and are subject to ND Medicaid review and denial of claims. The in-state facility must notify ND Medicaid within 48 hours of the transfer. Documentation must include: SFN 769, destination and date of transfer, mode of transportation and discharge summary.

Whenever air transportation is utilized, the medical necessity substantiating this choice must be provided. Failure of the in-state transferring provider to notify ND Medicaid will result in no payment for the receiving facility. This often places an unexpected financial burden on the recipient. We appreciate everyone's cooperation and efforts to protect the federal and state funds that make high-quality health care services available to ND Medicaid recipients.



CLAIM SUBMISSION

Revenue/Procedure Code Billing

On institutional claims, certain revenue codes require that HCPCS/CPT codes be entered in field locator 44. It is important that providers review these codes when submitting to ND Medicaid. A list of revenue codes that require a HCPC/CPT code can be found on the ND Medicaid Systems Project website at <http://www.nd.gov/dhs/info/mmis.html>. Please note that this list may change as necessary to support ND Medicaid Billing policy.

ND Medicaid Billing Policy is aligned with NUBC (National Uniform Billing Committee) guidelines which define the rules for proper billing of UB-04 medical claims. As part of these guidelines, NUBC defines which revenue codes must be billed with a procedure code for the service to be fully recognized.

For those revenue codes requiring CPT/HCPC codes, providers/billers need to verify that they are submitting claims consistently with guidelines as set by the NUBC (<http://www.nubc.org>)

Medicaid Recipient ID Numbers

The recipient ID that ND Medicaid assigns is 9 characters long. Providers/Billers must use a recipient's full Medicaid Recipient ID when submitting claims. In a number of cases, the recipient ID has leading zeroes (i.e. 000012345). Providers must include the leading zero's for the claim to process.

It is highly recommended that Providers/Billers verify that their claims are being submitted using the 9-character recipient ID. Please be sure to review information on the ND Medicaid Systems Project website at <http://www.nd.gov/dhs/info/mmis.html>.

Taxonomy Codes

A Taxonomy Code is a unique, ten-character, alphanumeric code that enables providers to identify their specialty at the claim level. The taxonomy code is a useful data element to ND Medicaid in that it assists in identifying the provider and the specialty they bring to the service that is on the claim. This code will only be submitted on electronic claims.

Billing systems must be checked to ensure the taxonomy codes for all provider/physician IDs are included on claim submission. A list of provider taxonomy codes, types, and specialties that are recognized by the ND MMIS can be found on the ND Medicaid Systems Project website at <http://www.nd.gov/dhs/info/mmis.html>. Please note that this list may change, as necessary, to support ND Medicaid Billing policy.

PAYMENT ERROR RATE MEASUREMENT (PERM) AUDIT

The Payment Error Rate Measurement (PERM) audit for Federal Fiscal Year (FFY) 2012, covered claims with dates of service from October 1, 2011, through September 30, 2012. The items listed below are areas that providers should take note of as they were concerns for the PERM cycle that was just completed and are relevant for future PERM audits.

Please note:

1. Please provide timely responses to requests for documentation from the PERM vendor or the Department.
2. All services must be documented: include dates of service, units, times, signatures, prior authorizations, etc. Not all items pertain to every claim. Services billed must have the necessary documentation to support what was billed.
3. Please submit the correct documents for the dates of service requested. The Department has previously received documents from PERM inquires where the documents submitted were not for the date of service being requested.
4. If the documentation does not support the claim, an error is assigned by the PERM auditors. When an error is assigned, the money paid for that service must be recovered.
5. If a provider is assessed an error that they dispute, the provider is afforded the option to appeal. Sending in the necessary documentation may help avoid an error assignment.

The Department would like to thank providers for prompt responses to requests for documentation during the 2012 PERM audit.

The next PERM cycle will cover claims with dates of service from October 1, 2014 through September 30, 2015 (FFY 2015).

RECOVERY AUDIT CONTRACTOR (RAC)

The Department's Medicaid RAC, Cognosante, continues to audit Medicaid claims data. The first set of recovery letters were issued last summer and recovery letters continue to be generated. Please respond promptly to any letters received by Cognosante.

If the requested documentation is not provided, Cognosante will recover all claims associated with the request. Providers are afforded an appeals process. The appeal instructions are included in the RAC letters. Cognosante can be contacted at 1-855-637-2212.

Audit questions can be directed to Larry Stockham, Audit Coordinator at lstockham@nd.gov.



CODING UPDATES

Gastric Band Adjustments

Effective 7-1-2013, ND Medicaid reimburses gastric band adjustments under HCPCS code **S2083-Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline**. ND Medicaid does require ICD-9-CM diagnosis code **V53.51 – fitting and adjustment of gastric lap band** be billed with HCPCS code S2083.

The ND Medicaid Coding Guideline for this service may be referenced at: <http://www.nd.gov/dhs/services/medicalserv/medicaid/docs/coding-gastric-band-adj.pdf>. ND Medicaid will not allow/reimburse gastric band adjustments when billed as an evaluation and management service. For further policy clarification or questions regarding this policy, please contact a ND Medicaid coder at 1-800-755-2604, option 6.

Medically Necessary Diagnosis Codes

ND Medicaid has determined that the following ICD-9-CM diagnosis codes will be denied for no medical necessity when billed as the standalone diagnosis code:

- V67.59 – Other follow-up examination**
- V68.1 – Issue of repeat prescriptions**
- V82.9 – Screening for unspecified condition**

These codes will **NOT** be reconsidered when/if resubmitted with documentation and continue to be billed as the standalone diagnosis code on the claim. ND Medicaid will deny the resubmission and any future submissions for ‘no medical necessity’ if the diagnosis coding is not corrected. ND Medicaid requires that all claims be coded to the highest degree of specificity and that all services be medically necessary.

Coding Reminder on Inpatient-Only Procedures

ND Medicaid utilizes Medicare guidelines relating to ‘inpatient only’ procedures (status C procedures). Any claims submitted for an ‘inpatient only’ procedure performed on an outpatient basis will be denied. As an additional reminder, providers should follow the three-day window rules when admitting to inpatient status from an outpatient status.



NEW FACES IN MEDICAID



Laura Jassek, CPC: Rate Setting - Administrator with Medicaid Payment and Reimbursement Services. Updates payment rates for clinics, hospitals, and home health providers. She may be reached at 701-328-1628 or by email at lrjassek@nd.gov.



Mark McClenning: Eligibility Administrator. He may be reached at 701-328-2110 or by email at mmcclening@nd.gov.



Susan McNeil: Direct Service Workforce Development Coordinator works with Money Follows the Person Grant. She may be reached at 701-328-4090 or by email at smcneil@nd.gov.



Carol Nelson, CPhT: Pharmacy Technician: Works within Medical Services on Drug Rebates, MAC pricing, and other administrative duties within the pharmacy department. She may be reached at 701-795-3969 or by email at cjnelson@nd.gov.



Jennifer Sanders, CPC: Medical Coding Specialist works with Utilization Review and Program Integrity. She may be reached at 701-328-4699 or by email at jsanders@nd.gov



Julie Schwab: Director of Medical Services. She may be reached at 701-328-1603 or by email at: jfschwab@nd.gov.



Shannon Strating: Program administrator. Works with the Home and Community-Based Programs. She may be reached at 701-328-3701 or by email at sstrating@nd.gov.



Stephanie Waloch: Managed Care Administrator. She may be reached at 701-328-1705 or by email at swaloch@nd.gov



Kristina Woodall: Works with the Provider Enrollment group. She may be reached by email at kwoodall@nd.gov.



Tammy Zachmeier, RN, MSN: Utilization Review Administrator. Works with out-of-state services, state review, partial hospitalization, service authorization, coding and durable medical equipment. She may be reached at 701-328-1491 or by email at tzachmeier@nd.gov.



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

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

RETURN SERVICE REQUESTED

Please route to:

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

Please make copies as needed.

