

Provider Insider

Alabama Medicaid Bulletin

January 2018

The Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes descriptors, and other data are copyright © 2017 American Medical Association and © 2017 American Dental Association (or such other date publication of CPT and CDT). All rights reserved. Applicable FARS/DFARS apply.

DRUG TESTING COVERAGE CHANGES

Effective for dates of service on and after **October 1, 2017**, Alabama Medicaid (Medicaid) will place limitations on Laboratory Assay Drug Classes, Presumptive Drug Class and Definitive Drug Class.

For Presumptive Testing, 3 codes will continue to be covered:

- 1. 80305
- 2. 80306
- 3. 80307

For Definitive Testing, the following four 'G' Codes will continue to be covered:

- 1. G0480
- 2. G0481
- 3. G0482
- 4. G0483

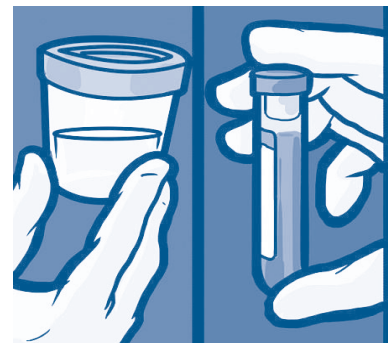
Limits:

- Laboratory Assay Drug Classes will have a benefit limit of 24 per calendar year.
 - Presumptive Testing 12 per calendar year
 - Definitive Testing 12 per calendar year
- The procedure codes must be billed with a quantity of one per date of service regardless of the number of collective/testing items used, the number of procedures, and/or the drug classes screened.
- Specimen validity testing is not eligible to be separately billed under any procedure code. The procedure code descriptions indicate that this testing is included if it was performed.

Some examples include:

- If Dr. A bills PC 80305 on 08/01/2017, and Dr. B bills PC 80307 on 08/01/2017, only one claim will be paid. If Dr. A bills PC 80305 or 80307 six (6) times and Dr. B bills PC 80306 seven (7) times by 12/31/2017, then one claim will be denied because limit for these three codes is 12 per year.)
- If Dr. A bills G0480 on 08/01/2017, and Dr. B bills G0483 on 08/01/2017, only one claim will be paid. If Dr. A bills G0482 or G0481 six (6) times and Dr. B bills G0483 seven (7) times by 12/31/2017, then one claim will be denied because the limit for these four codes is 12 per year.)

For questions regarding the Laboratory Program, please contact Susan Watkins at Susan.Watkins@medicaid.alabama.gov.



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Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- Office Manager
- Billing Dept.
- Medical/Clinical Professionals
- Other _____

The information contained within is subject to change. Please review your Provider Manual and all Provider Alerts for the most up to date information.

ATTENTION :

All Dental Providers, Oral Surgeons, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC) and State Agencies

Effective for dates of service on or after December 1, 2017, the Alabama Medicaid Agency (“Medicaid”) will implement the following policy changes and reimbursement rates:

Procedure codes	Description	Change
D0230, D0240, D0272, D0274	X-ray/radiographs	D0230 is limited to two per year when used in combination with D0272 and D0274. D0240 is limited to two per calendar year. D0272 and D0274 are limited to one per calendar year.
D3230, D3240	Pulpal therapy	Reduction of reimbursement to \$131 for D3230 and \$157 for D3240
D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D7140, D2930, D2931, D2932	Restoration of same surface	No reimbursement for a restoration that involves a surface previously restored on the same tooth within the preceding 12 months. (example: If an occlusal restoration is placed on a tooth, no other restoration involving the occlusal surface would be reimbursable if placed within the following 12 months).
D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D7140, D2740, D2750, D2751, D2752, D2791, D2792, D2930, D2931, D2932, D2940, D2950, D2951, D2952, D2953, D2954, D2957	Restoration of same tooth	No reimbursement for any restoration on the same tooth if treated within the previous 6 months. (example: If an occlusal restoration is placed on a tooth, then a buccal restoration is placed at a later date. This would be reimbursed if they are at least 6 months apart, but not if less than six months.)
D9230	Use of nitrous oxide	Reduction of reimbursement for use of nitrous oxide to \$20 per unit

As a reminder, the Provider Billing Manual is updated each quarter (January, April, July, and October) and these changes will be reflected in Chapter 13 of the January 2018 Provider Billing Manual.

Please also refer to Chapter 1-6 of the Provider Billing regarding general information for providers.

You may contact the Dental program for questions by emailing elizabeth.huckabee@medicaid.alabama.gov or bettye.blount@mediciad.alabama.gov.

Check Write Schedule Reminder:

12/01/17	01/19/18	03/02/18	04/20/18	06/01/18	07/20/18	09/07/18
12/15/17	02/02/18	03/16/18	05/04/18	06/15/18	08/03/18	09/14/18
01/05/18	02/16/18	04/06/18	05/18/18	07/06/18	08/17/18	

The release of funds is normally the second Monday after the check write (remittance advice) date. Please verify direct deposit status with your bank. As always, the release of direct deposit and checks depends on the availability of funds.

ATTENTION:

All Optometrists, Ophthalmologists, and Opticians

Classic Optical Laboratories, Inc. has been awarded the contract to serve as the Alabama Medicaid Agency's eyeglasses central source contractor for the July 1, 2017 - June 30, 2020 time period.

Please refer to the new fee schedule effective for dates of service September 1, 2017 and thereafter posted to the Agency website, www.medicaid.alabama.gov soon under Providers > Fee Schedules.

At the option of the provider taking the frame measurements, eyeglasses may be obtained from the Central Source or from any other source.

A Classic Optical Laboratories, Inc. representative is available:

**Monday through Friday
from 7:00 AM to 7:00 PM CST
at 1-888-522-2020**

For your convenience, please visit www.classicoptical.com for information such as, placement, processing, and tracking of optical orders.

For policy questions regarding the Eye Care Program, please contact the Medical Services Unit at elizabeth.huckabee@medicaid.alabama.gov or calvin.binion@medicaid.alabama.gov.

DXC PROVIDER REPRESENTATIVES • 855-523-9170

DXC Provider Representatives may be reached by dialing 1-855-523-9170 and entering the appropriate seven digit extension. Provider Representatives travel throughout the state of Alabama and into bordering states within a 30 mile radius. They are available for onsite training for issues related to billing, Medicaid Interactive Web Portal, or Provider Electronic Solutions software. Please contact any Provider Representative for assistance with billing related issues.



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Medicaid
Bulletin**

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**(EPSDT)
Early,
Periodic,
Screening,
Diagnosis &
Treatment**

**ATTENTION:
EPSDT Screening Providers**

A new report is available on the Medicaid Interactive Website to help you identify recipients that are due or past due for their EPSDT screening. The report lists recipients assigned to you through the Patient 1st program that are ages 3-20 and are due for their annual screening in the current calendar month or have not received their annual screening since it became due. The annual screening date is based on the patient's birthday, and the report is for all providers in a single group (if you are not in a group, it will list single provider information). The report lists the recipient's name, Medicaid number, address information, date of birth (DOB), and date of last screening. The information will remain on the monthly report until a claim for an EPSDT screening is filed.

The report is named EPSDT Periodic Screening Report and is stored where other reports are on the portal, Trade Files/Download/EPSDT Periodic Screening