

Provider Insider

Alabama Medicaid Bulletin

January 2017

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ALABAMA MEDICAID SMOKING CESSATION SERVICES GUIDANCE

Smoking Cessation Products

Smoking cessation products are covered by Alabama Medicaid. Products will be covered for Plan First recipients without prior authorization. All other recipients require prior authorization for smoking cessation products.

Prior Authorization requests must be submitted to Health Information Designs for approval. A copy of the Department of Public Health's Alabama Tobacco Quitline Patient Referral/Consent Form signed by the recipient **MUST** be submitted to the Quitline. Additionally, a copy of the signed consent form must be submitted along with the PA form to Health Information Designs for approval.

A list of covered nicotine products can be found on the Alabama Medicaid Agency website. To check if a particular NDC is covered, please refer to the Drug Look Up site on the Pharmacy Services page of the Alabama Medicaid Agency website at www.medicaid.alabama.gov.

All forms and information regarding smoking cessation coverage can be found on the Alabama Medicaid Agency website, www.medicaid.alabama.gov. They are located by clicking the Programs tab: Pharmacy Services/DME: Smoking Cessation Services.

Smoking Cessation Counseling

Beginning January 1, 2014, the Alabama Medicaid Agency began coverage of smoking cessation counseling services for Medicaid-eligible pregnant women. Medicaid will reimburse for up to four face-to-face counseling ses-

sions in a 12-month period. The reimbursement period will begin in the prenatal period and continue through the postpartum period (60 days after delivery or pregnancy end). Documentation must support each counseling session. Pharmacies must bill for these services with their DME National Provider Number (NPI).

The following CPT Codes are applicable:

- **99406** - Smoking and tobacco use cessation counseling visit; intermediate, greater than three minutes up to 10 minutes (\$8.60)
- **99407** - Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes (\$17.12)

The following diagnosis codes must be billed on the claim (UB-04 or CMS-1500 claim form) in order to be reimbursed by Medicaid:

- **V220-V222** - Normal pregnancy
- **V230-V233** - Supervision of high-risk pregnancy
- **V2341-V237** - Pregnancy with other poor obstetric history, or
- **V242** - Routine postpartum follow-up

AND

- **3051** - Tobacco use disorder

You can do it.



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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.

REMINDER: RECOVERY AUDIT CONTRACTOR (RAC) AUDITS

Mandatory provisions of the Affordable Care Act require the Alabama Medicaid Agency to select and provide oversight for a Medicaid Recovery Audit Contractor (RAC) to perform provider audits. Change Healthcare (CH), formerly known as Goold Health Systems (GHS), was selected to be Alabama Medicaid's Recovery Audit Contractor (RAC) effective January 1, 2013. Change Healthcare's contract will expire on December 31, 2016, and will not be renewed.

The RAC program is designed to improve payment accuracy by identifying under and overpayments in Medicaid. The Medicaid RAC program is a separate program from the Medicare RAC which is overseen by the Centers for Medicare and Medicaid Services.

Providers are reminded that the Alabama Administrative Code, the Provider Manual and their Provider Agreements require compliance with requests for medical records for Medicaid program audits.

The Top Recoupment Reasons by Provider Type for Quarter Four, FY2016 are as follows:

This year-to-date report is based on provider reviews initiated by the Agency's RAC contractor during the above referenced fiscal year. Provider reviews that have not completed the Final Audit phase of the review process are not included in this report.



Questions regarding the audits should be directed to:

Yulonda Morris, RAC Program Manager,
(334) 242-5161 or
Yulonda.morris@medicaid.alabama.gov

or
Patricia Jones, Recipient Review Associate Director,
(334) 242-5609 or
Patricia.jones@medicaid.alabama.gov.

| Provider Type Reviewed | Top 5 Recoupment Codes by Number of Occurrences |
|------------------------|---|
| Dental | D50b: No Pre Treatment Radiograph |
| | D50c: No Post Treatment Radiograph |
| | D59b: Radiograph Non-Diagnostic for Pre Treatment |
| | No other recoupment codes identified |
| | |
| Psychology | B1: No Recipient Signature |
| | B3: Insufficient Documentation to Support Billing |
| | B4: No Documentation |
| | B22: No Valid Treatment Plan |
| | B33: No Time In/Time Out |
| | |
| DME | M1: No Recipient Signature |
| | M4: No Documentation |
| | M7: No Valid or Current Prescription |
| | M11: Billed and Paid in Excess of Allowed Amount |
| | M12: Billed Amount/Service Does Not Match Documented Amount/Service |

FORM 471 – PRIOR AUTHORIZATION (PA) CHANGE REQUEST FORM

NOTE: THIS ARTICLE IS AN UPDATE TO THE ARTICLE IN THE OCTOBER 2016 PROVIDER INSIDER

Effective October 01, 2016, Form 471 must be faxed to the Agency's medical and quality review services contractor, **Qualis Health, at 1-888-213-8548 for DME, surgical, vision, ambulance and PDN PAs ONLY.**

- For dental PAs, fax to: 334-353-3426.
- For radiology, or cardiology related PAs, fax to: (334) 242-0533.
- Providers must continue to contact **eviCore (formerly CareCore National and MedSolutions)**

for cardiology PAs at 1-855-774-1318 and radiology PAs at 1-888-693-3211.

Form 471 is to be used for PA requests in evaluation status, or for simple changes to an approved PA (such as adding appropriate modifiers). The form is **NOT to be used for reconsiderations of denied PAs or for procedure code changes.** Form 471 may also NOT be used for pharmacy PAs. PA documents must support the requested change(s) or the request will be denied. Form 471 must be received within 90 days of the date on the PA approval.

HP PROVIDER REPRESENTATIVES • 855-523-9170

HP 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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Bulletin**

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**COVERAGE OF PROCEDURE CODE
D2740 - PORCELAIN/CERAMIC
SUBSTRATE CROWNS**

Effective for dates of service on or after December 1, 2016, the Alabama Medicaid Agency (“Medicaid”) will begin coverage of porcelain/ceramic substrate crowns. Providers will be able to bill D2740 to Medicaid for this service.

This coverage will provide an additional service in restorative treatment. D2740 will be subject to the limit of 6 per date of service individually or in combination with D2750, D2751, D2752, D2792, D2930, D2931 and D2932 in the office setting, place of service 11.

A prior authorization will be required for this service in a hospital/ambulatory surgical center/outpatient setting, place of service 22. Medicaid will cover D2740 only following root canal therapy (D3310, D3320, D3330) and providers will be reimbursed for only one code per tooth per lifetime for procedures D2740, D2750, D2751, D2752, D2791, and D2792.

The reimbursement rate will be \$435.00 per unit.

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

**Check Write
Schedule Reminder:**

| | |
|----------|----------|
| 01/06/17 | 04/07/17 |
| 01/20/17 | 04/21/17 |
| 02/03/17 | 05/05/17 |
| 02/17/17 | 05/19/17 |
| 03/03/17 | 06/02/17 |
| 03/17/17 | 06/16/17 |

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.