Information Bulletin for Primary Care Network Providers

January 2006

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PCN BULLETINS BY TYPE OF SERVICE

Notice: Current PCN Manual On-Line

The current Utah Primary Care Network Provider Manual is available on-line. There is a link to the PCN Manual on the Medicaid Provider's web site: http://health.utah.gov/medicaid/provhtml/provider.html The link is at the bottom of the Provider's web page. Providers can obtain a copy of an updated page, or the entire PCN Manual, on the web site or by contacting Medicaid Information. The revision date of each page is at the top of the page. A change is typically marked in the left margin of the page with a vertical line.

This bulletin is available in editions for people with disabilities.
Call Medicaid Information:
538-6155 or toll free 1-800-662-9651

PCN web site: http://health.utah.gov/pcn

PCN Information
- **Salt Lake City area, call 538-6155.**
- **In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free 1-800-662-9651.**
- **From other states, call 1-801-538-6155.**

Medicaid web site: http://health.utah.gov/medicaid

Requesting a publication?

Send a Publication Request Form.
- **by FAX: 1-801-536-0476**
- **by mail to: Division Of Health Care Financing Box 143106, Salt Lake City UT 84114-3106**

06 - 01 Interpretive Services

The Division of Health Care Financing offers interpretive services for PCN clients to assist in making appointments and during visits for qualified procedures. Clients are entitled to have an interpreter to help them understand procedures, answer questions, and assist them with any concerns they may have regarding their medical treatments.

Effective September 1, 2005, Medicaid awarded contracts to several new interpretive services vendors. Providers who wish to use Medicaid telephone interpretive services or have a need for on-site interpreting should call one of the vendors listed in the Medicaid Provider Manual. Most of the vendors have 24 hour service, 365 days a year and have toll free numbers (if necessary) for your convenience. Please see your Medicaid Provider Manual for details and instructions for all agencies we have contracted with. To ensure payment of interpretive services by Medicaid you may want to check eligibility of the client prior to contacting the interpreting vendor. You may call the Medicaid Information line at (801) 538-6155, or the toll free hotline at 1-800-662-9651 to verify eligibility. For further information you may contact Diana Webb, (801) 538-6443 or Randa Pickle, (801) 538-6417 at the Utah Department of Health.

Sign Language interpreters are available for eligible PCN clients who need assistance. Providers should make arrangements at least 24 hours in advance of appointments by contacting the Medicaid Information line during regular business hours. Providers may contact InterWest Interpreting at (801) 224-7683 or Linguistica International at (801) 908-5744 directly to arrange services.

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06 - 02 Editing System Upgrade

The Department will be bringing a new version of the claim editor on line in January 2006. The current program has approximately 44% of the CMS correct coding initiative (CCI) edits. The new version has the ability to install all CCI edits. A code review has been in process to determine the CCI edits meeting PCN coverage needs.

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06 - 03 Coverage and Program Editing Issues

Therapeutic procedures

An evaluation and management (E/M) code and a diagnostic procedure or therapeutic procedure code will generally not be covered separately on the same date of service. This includes service in the Emergency Room and outpatient service.

Incidental procedures

The new version of the editing program contains additional Correct Coding Initiative (CCI) edits. When a procedure is considered an integral component of another procedure, the procedure is incidental and not separately reimbursed.

Modifier 25

Providers are advised to place the modifier 25 on evaluation and management codes only when procedures performed may include the evaluation and management service. Remember the CPT manual advises that the use of the modifier 25 should be limited to times when significant separately identifiable evaluation and management service is provided. A delay in payment is occurring when the modifier 25 is placed on claims which would automatically pay. For example, placing the modifier 25 on preventive evaluation and management codes 99385, 99386, 99395 and 99396 means that the claim is suspended for review. Usually codes for vaccines and the administration fee are the only other codes on the claim. The administration fee, vaccine fee, and E&M service will automatically pay without the modifier.

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06 - 04 Emergency Department Reimbursement

The diagnosis primarily responsible for the patients outpatient service is the basis for PCN reimbursement of emergency department services. Providers should indicate the primary reason for the emergency room visit as one of the first five diagnoses listed on the claim.

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06 - 05 EDI with UHIN and Utah Medicaid

The Utah Health Information Network (UHIN) is a private, not-for-profit cooperative serving the electronic needs of all payers in Utah. Membership in UHIN grants the member free electronic billing software, training, and unlimited access to all electronic features of UHIN. It allows the biller to track the progress of claim submissions, check claim status, and verify client eligibility. In addition, the biller may pull an electronic remittance advice without the delay of the postal service. All electronic data interchange (EDI) submissions destined for Utah Medicaid must pass through UHIN. For more information on becoming a UHIN member, go to www.uhin.com .

After the provider has received their Trading Partner Number (TPN) from UHIN, they need to fill out a Medicaid Online EDI Enrollment form by going to: www.health.utah.gov/hipaa/enroll.htm and clicking on the “E Form” link. Enter your 12-digit Medicaid contract (provider) number. Verify that it is your provider record by clicking “yes.” If the form is blank (except for the provider name and address) you are not enrolled and the form must be filled out. Click on the submit button at the bottom of the form. If it is already filled out, you are enrolled. You may make any necessary changes to your enrollment. Remember to click on the submit button to record any changes.

Five business days after the EDI Enrollment Form (E Form) is successfully submitted, the provider can transmit either claims, eligibility, or claim status requests. Since Utah Medicaid has no test system, all claim data is treated as production data.

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06 - 06 Physician Identifiers

Effective April 1, 2006, the Medicaid Point of Sale system will no longer accept the physicians last name as an identifier. Only a valid DEA, HCIdea, or State Medicaid number will be accepted. Deliberate manipulation of physician identifiers to knowingly produce a falsified identifier in order to obtain a paid claim is a violation of established laws, regulations, and policies, and is subject to applicable fines and/or penalties. Monitoring of this activity has shown that this is a problem. Therefore, continued monitoring will occur.

Pharmacies may contact the physician's office to obtain a valid DEA or may contact HCIdea to obtain a valid identifier by calling 1-480-477-1000, ext. 118 and requesting the number for the provider, or by visiting the HCIdea website at www.hcidea.org .

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06 - 07 Pharmacy Updates

Diphenoxylate Preparations

Effective January 1, 2006, a cumulative limit of 180 doses in any 30 day period has been established by the DUR Board for all prescriptions containing diphenoxylate. No concurrent prescriptions of loperamide will be allowed.

Ventavis - Policy Change

Ventavis requires two specialized administration devices to monitor and assure appropriate inhalation of the drug. OBRA '90 law specifically allows Medicaid to exclude coverage for drugs in this situation. Medicaid has obtained an opinion from legal advisors that until CMS notifies Utah Medicaid that this interpretation is incorrect, coverage for Ventavis can be disallowed. Accordingly, Ventavis will not be a covered benefit.
There are three other drugs in this class used for pulmonary hypertension (PAH) which remain available with prior authorization: Tracleer®, Flolan®, and Remodulin®.

Off Label Use of Drugs

The Drug Utilization Review (DUR) Board may approve, **for a specific case**, an unlisted off-labeled use for a given drug if the off labeled use meets ALL of the following criteria:

Use must be diagnosis specific as defined by an ICD-9 code(s).

1. Off-labeled use must be supported by one major multi-site study or three smaller studies published in JAMA, NEJM, Lancet or peer review specialty medical journals such as Journal of Cardiology. Articles must have been published within five years.
2. Off-labeled use must have a defined dosage regimen.
3. Off-labeled use must have a defined duration of treatment.
4. The off-labeled use shows clear and significant clinical or economic advantage over existing approved drug regimens.

Effective Date for October MIB Announcements

In the October 2005 MIB, cumulative coverage changes were announced without noting the effective date of the change for butalbital containing medications, short acting opiate analgesics, erectile dysfunction drugs, Spiriva®, and skeletal muscle relaxants. The effective date for the skeletal muscle relaxants and the erectile dysfunction drugs change was effective with the MIB publication. A decision was made to delay the effective date of all the other groups until January 1, 2006 but was not communicated.

Benzodiazepines: New Cumulative Limit Announced Effective January 1, 2006

Beginning January 1, 2006, a graduated reduction in the amount of benzodiazepines that PCN will cover will be implemented. Through January 31, 2006, only 300 units maximum will be allowed. Afterward, through February 28, 2006, the limit will be 225 units, then 170 units until March 31, 2006. From April 1, 2006, onward, the limit will be 120 units per any 30 day period. In addition, a therapy duplication restriction will be imposed between long acting benzodiazepines (chlordiazepoxide, clorazepate, diazepam, and Xanax XR®), as well as between short acting benzodiazepines (alprazolam, clonazepam, lorazepam, oxazepam) allowing only one of either class to be covered in a 30 day period. A single duplication of therapy between one long acting and one short acting will be allowed.

Benzodiazepine agents of the sedative/hypnotic class (triazolam, flurazepam, quazepam, estazolam, and temazepam) are not affected by this policy and will remain under their current 30 units per 30 days restriction.

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06 - 08 Additions to the PCN CPT List of Covered Codes

80195 Sirolimus
82271 Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources
83631 Lactoferrin, fecal; quantitative
83695 Lipoprotein (A)
83900 Molecular diagnostics; amplification patient nucleic acid, multiplex, first two
83908 Molecular diagnostics; signal amplification patient nucleic acid, each
83909 Molecular diagnostics; separation and identification by high resolution
83914 Mutation identification by enzymatic ligation or primer extension, single
86200 Cyclic citrullinated peptide (CCP), antibody
86355 B cells, total count
86357 Natural killer (NK) cells, total count
86367 Stem cells (ie, CD34), total count
86480 Tuberculosis test, cell mediated immunity measurement of gamma interferon
86923 Compatibility test each unit; electronic
86960 Volume reduction of blood or blood products (eg, red blood cells; platelets)
87209 Smear, primary source with interpretation; complex special stain
87900 Infectious agent drug susceptibility phenotype prediction
89049 Caffeine halothane contracture test (CHCT) for malignant hyperthermia
90714 Tetanus and diphtheria toxoids (Td) absorbed, preservative free, for use in individuals seven years or older, for IM use
90715 Tetanus, diphtheria toxoids and acellular pertussis vaccine (TdaPp) for use in individuals seven years or older, for IM use

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06 - 09 Non-Covered Codes

90649 Human Papilloma Virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalen), 3 dose schedule, for IM use
90736 Zoster (shingles) vaccine, live, for subcutaneous injection

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06 - 10 Vision Codes - Correction

The use of the term “Optician” was in error in the October PCN MIB. The following is the corrected original article.

Codes S0620, Routine ophthalmologic exam including refraction; new patient, pays $39.29, and S0621, Routine ophthalmologic exam including refraction; established patient, pays $35.50, are now open for optometrists and ophthalmologists. This change allows the vision exam and refraction to be billed under a single code. This will allow for more accurate and correct billing. Opticians may not bill for these services.

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06 - 11 National Modifier and Condition Code Recognized For Disaster-Related Claims

The National Uniform Billing Committee (NUBC), in response to an emergency request from the Centers for Medicare and Medicaid Services (CMS), has approved a new modifier and condition code for providers to use on disaster-related claims. They have been developed in order to facilitate claims processing and to track services and items provided to victims of Hurricane Katrina and/or Rita and any future disasters. The new modifier is CR (Catastrophe/Disaster Related). The new condition code is DR (Disaster Related). Providers with Utah Medicaid will not be required to utilize these codes; however, Medicaid will accept and recognize them on claims. For further information from CMS, visit www.cms.hhs.gov/medlearn/matters .

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06 - 12 Vaccinations

The initial pneumovax vaccination is sufficient for most people. For those patients with rare conditions which require revaccination, only one additional vaccination for pneumovax is recommended. It must be given at least 5 years from the initial vaccination to prevent adverse reactions. PCN pays for one influenza vaccination annually. The National Immunization Program at Centers for Disease Control and Prevention states that an additional influenza vaccination is not recommended. For updates on current adult vaccination recommendations and issues visit the CDC web site at http://www.cdc.gov/nip/recs/adult-schedule.pdf

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