Medicaid Information Bulletin

April 2006

Web address: http://health.utah.gov/medicaid

TABLE OF CONTENTS

06 - 35	Electronic Funds Transfer (EFT)	2
06 - 36	National Provider Identifier	2
06 - 37	Anesthesia Billing	3
06 - 38	National Modifier and Condition Code Recognized for Disaster-Related Claims	3
06 - 39	Medical Supplies	3
06 - 40	Audiology	3
06 - 41	Vision	4
06 - 42	Transportation	4
06 - 43	Speech and Language	4
06 - 44	Asthma Educational Opportunities	4
06 - 45	Home Health and Private Duty Nursing	5
06 - 46	Psychological Testing; Code Changes	5
06 - 47	HCPCS 2006 Codes	5, 6
06 - 48	UN Modifier Covered	6
06 - 49	Codes Authorized for Emergency Department Reimbursement	6
06 - 50	Inpatient Only Service	7
06 - 51	Ambulatory Surgery Center (ASC) Reimbursement	7-11
06 - 52	Codes Closed to FQHC Provider	12
06 - 53	The Turn Around Document (TAD) -- phased out by April 1, 2006	12
06 - 54	Professional Component MRI Inpatient Payment	12
06 - 55	Allergen Immunotherapy Testing	12
06 - 56	Criteria # 18: Carpal Tunnel	13
06 - 57	Revised 1500 Claim Form	13
06 - 58	Physician Identifiers	14

BULLETINS BY TYPE OF SERVICE

All Providers	06-35, 06-36, 06-57
Ambulatory Surgery Centers	06-51
Anesthesiologists	06-37
Audiologists	06-40
FQHC Providers	06-52
Home Health Agencies	06-45, 06-48
Hospital	06-49, 06-50, 06-54
Long Term Care Centers	06-53
Medical Supplier	06-39
Mental Health Providers	06-46
Pharmacy	06-58
Physician Services	06-37 through 06-39, 06-44 06-47, 06-49, 06-50, 06-54 through 06-56
Speech/Language Providers	06-43
Transportation	06-42
Vision Care	06-41

On-Line (Internet) Address for Medicaid:

http://health.utah.gov/medicaid

Please make sure that any Medicaid bookmarks that you have are the new Medicaid Internet address shown above. The old web site has been discontinued.

World Wide Web: http://health.utah.gov/medicaid (Formerly http://www.health.state.ut.us/medicaid)

Medicaid 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.**

Requesting a Medicaid 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**

 Page 2 of 14

06 - 35 Electronic Funds Transfer (EFT)

Medicaid is making Electronic Funds Transfer mandatory for all Medicaid enrolled providers effective, July 1, 2006.

The EFT form is available on the Medicaid web site, at http://health.utah.gov/medicaid/ under "Enroll as a Utah Medicaid Provider". If you would like an EFT form sent to you or if you have any questions, contact Provider Enrollment at (801) 538-6155 or toll free at 1 (800) 662-9651, press option 3 then 4.

Medicaid strongly recommends that you do not wait until the deadline of July 1, 2006, before submitting a completed EFT form, along with a copy of a voided check or a letter from your bank stating your bank routing number and bank account number. The mailing address for Provider Enrollment is P O Box 143106, Salt Lake City, UT 84114-3106.

If you will not be able to begin receiving your payments through the EFT process by July 1, 2006, then you will need to submit a written request for a waiver by June 15, 2006 to:

Brenda R. Bryant, Assistant Director
Division of Health Care Financing
P O Box 143106
Salt Lake City, Utah 84114-3106

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*** IMPORTANT INFORMATION ***

06 - 36 National Provider Identifier

Today, you need a provider number to bill the Medicaid program. Soon a National Provider Identifier (NPI) will replace the Medicaid provider number (MIB January 2006).

Suggested steps to take now to prepare for an NPI:

- Review your current Medicaid provider number(s). If a site/provider in your group has a Medicaid provider number now, it will probably need an NPI. For example, if you have an ASC that has a provider number, it will require its own NPI.

- Ask your other payers what their NPI policies will be. Remember, NPIs stem from HIPAA, so they will be needed to bill all payers, not just Medicaid.

- Inquire of your software vendors about their plans for NPI. Will they upgrade their systems to accommodate the new billing identifier? If not, you may have to run dual systems or buy a new one before the NPI deadline of May 2007.

If you currently have an NPI number, please fax it to (801)536-0471or mail the information along with your Provider Name and Medicaid Provider Number to Medicaid Provider Enrollment. If you do not currently have an NPI, we strongly recommend that you take the necessary steps to apply as soon as possible. This will facilitate the testing and transition processes and will also decrease the possibility of any interruption in claims payment.

To apply online, visit: https://nppes.cms.hhs.gov or call 1-800-465-3203 to request a paper application.
Visit http://www.cms.hhs.gov/apps/npi/npiviewlet.asp for the latest information regarding the NPI.

Medicaid staff are currently working with the UHIN National Provider ID Subcommittee and NMEH Provider NPI Sub-Workgroup to assist in the implementation of NPI.

Medicaid will keep you informed of our progress with implementing the NPI. ☐

06 - 37 Anesthesia Billing

Anesthesia providers billing ASA procedure codes electronically are reminded to use the correct qualifier for the procedure code. To report minutes, the qualifier is MJ. To report units, the qualifier is UN.

Anesthesia providers billing ASA procedure codes on paper claim forms are reminded to report the anesthesia time in minutes. Enter the number of minutes in Box 24G of the CMS-1500 form by putting an "M" before the number for the minutes. Example: M531 in Box 24G. ☐

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06 - 38 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 - 39 Medical Supplies

Effective January 1, 2006, A6551, canister set for negative pressure wound electric pump, each, is discontinued and replaced with A7000, canister disposable used with suction pump, each.

Effective April 1, 2006, prior authorization has been removed from code L3675, shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, includes fitting and adjustment.

Replacement Codes

Codes E1210, E1211, E1212, E1213 were discontinued January 1, 2006. Medicaid will open, to be effective January 1, 2006, the following wheelchair codes as replacements:

K0010, Standard-weight frame motorized/power wheelchair

K0011, Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking

K0014, Other power/motorized wheelchair base

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06 - 40 Audiology

Opened Codes Effective January 1, 2006

L8621, Zinc air battery for use with cochlear implant, replacement, each

L8623, Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each

L8624, Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each

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 Page 4 of 14

06 - 41 Vision

The following codes are discontinued, effective January 1, 2006, with no replacement codes:

92392, Supply of low vision aids (reading adds to 4 D), P

92395, Supply of permanent prosthesis for aphakia spectacles, P

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06 - 42 Transportation

Effective January 1, 2006, code T2006, Ambulance response and treatment, no transport, is discontinued and replaced with A0998, Ambulance response and treatment, no transport.

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06 - 43 Speech and Language

Medicaid has approved speech and language students in their Clinical Fellowship Year (CFY) to provide services to Medicaid recipients. The billing should be made under the supervising clinician Medicaid ID. This will allow students in their final CFY to treat Medicaid recipients under the direct supervision of a licensed speech and language pathologist. This provision will be effective April 1, 2006.

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06 - 44 Asthma Educational Opportunities for Providers

Asthma and Genetics

On April 12, 2006, the Utah Department of Health will be sponsoring a conference entitled **"Asthma's Future in Utah: How will Genomics Play a Role?"** Register at www.health.utah.gov/asthma/genomicsworkshop.html

Pediatric Asthma Management

The Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ), in collaboration with the Utah Department of Health's Asthma Program, is offering an **Asthma Learning Collaborative!** The purpose of the learning collaborative is to provide health care providers an opportunity to update their knowledge about asthma best practices. The conference is in three phases:

1) Providers will be asked to complete an initial chart review to determine their current performance in caring for children with asthma.

2) The one-day workshop will provide an opportunity to learn information about asthma management and the use of QI techniques to improve the care of children with asthma.

3) After the conference, providers are invited to participate in monthly conference calls and complete a monthly audit over the next six months to measure their progress. UPIQ staff will support the provider through this follow-up process. The Asthma Learning Collaborative is scheduled for Wednesday, April 26, 2006. Please call the UPIQ Project Coordinator at (801) 585-6480 for more information if you are interested in attending this event.

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06 - 45 Home Health and Private Duty Nursing

Home Health Issues

Prior authorization must be requested by fax within two business days of the nursing assessment.

A reminder to all Home Health Agencies. As published in the Home Health Provider Manual, procedure code T1001 (certification visit) is billable once every 60 days. The registered nurse may not visit the same day as a home health aide. Due to a computer error, payment has been made for a registered nurse (T1001) and an aide to visit on the same day. This is being corrected. As of May 1, 2006, the system will again deny the visit if billed with the home health aide.

Code T1002 and code T1030 are mutually exclusive or not payable on the same date of service as code Q0081. Nursing services must be provided to meet medically necessary patient care needs. Payment of LPN service T1003 is mutually exclusive to T1002 and T1030. The registered nurse completing IV services should complete the required nursing care on the date of service under one code (T1030 or Q0081). Additional codes represent duplication of service and will not be reimbursed.

Private Duty Nursing

Starting April 1, 2006, a differential payment will be paid to nurses who care for more than one patient in the home. The UN modifier needs to be placed on the claims of each patient so that the differential is paid. ☐

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06 - 46 Psychological Testing; Code Changes

Attention: Mental Health Centers, Substance Abuse Treatment Providers, DHS Contracted Mental Health Providers, and Psychologists

Effective January 1, 2006, CPT-4 codes have been changed for psychological testing. The new codes are:

Procedure code 96100, Psychological Testing, is replaced by 96101;
Procedure code 96115, Neurobehavioral Status Exam, is replaced by 96116;
Procedure code 96118, Neuropsychological Testing Battery, is replaced by 96119.
You must use these codes for dates of service beginning January 1, 2006.

Also note in Chapter 2-11 and 2-12 of the provider manuals for Mental Health Centers and Substance Abuse Treatment providers, some non-substantive changes in the definition of psychosocial rehabilitative services. The manual for DHS Contracted Mental Health providers contains the changes in Chapter 2-7.

Providers will find attached the updated pages with these clarifications. A vertical line in the margin is next to the text that has been changed.

Contact Merrila Erickson at (801) 538-6501 or merickson@utah.gov if you have any questions.

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06 - 47 HCPCS 2006 Codes and Code Changes

Some codes were inadvertently left out of the January MIB

Non-Covered Assistant Surgeon Codes
45395 45397 45400 45402

Post-Operative Days - 42 Post Op Days
45499 51999

Covered Codes: The descriptor has been abbreviated for publication purposes.
58110 Endometrial Sampling (Biopsy) Performed in Conjunction with Colposcopy . . .
The codes 90868 and 96640 were submitted incorrectly in the January MIB. The codes should be **90768** ...Concurrent Infusion, and **96440** Chemotherapy Administration into Pleural Cavity, requiring and including Thoracentesis.

Codes Requiring Manual Review
86003 Allergen Specific IgE, quantitative or semi-quantitative, bill once as a panel (panel limited to 12 tests or units)

Codes Non-Covered
61642 Balloon Dilatation of Intracranial vasospasm, each additional different vascular family . . .
86001 Allergen specific IgG

Codes Requiring Prior Authorization: These codes were added for fee for service Inpatient Psychiatric care.
90816 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in inpatient hospital, approximately 20-30 minutes face to face with the patient
Prior Approval: Telephone

90817 . . . with evaluation and management services
Prior Approval: Telephone

90818 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in inpatient hospital, approximately 45-50 minutes face to face with the patient
Prior Approval: Telephone

90819 . . . with evaluation and management services
Prior Approval: Telephone

90821 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in inpatient hospital, approximately 75-80 minutes face to face with the patient
Prior Approval: Telephone

90822 . . . with evaluation and management services
Prior Approval: Telephone

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06 - 48 UN Modifier Covered

The modifier UN, two patients served, will be opened. This will allow a differential payment when home health personnel are caring for more than one patient in the home during the same time period.

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06 - 49 Codes Authorized for Emergency Department Reimbursement

According to the Authorized Diagnoses for Emergency Department Reimbursement list, the range 320-329 (bacterial encephalitis) is not correct. Bacterial endocarditis and brain infection extends only through code 326. Organic sleep disorders are described by codes 327-327.8. There is not an ICD-9 code currently for 328 or 329. The physician manual will be changed to reflect the correct code range. Specific codes between 327 and 327.8 were added. The ER only list will now read:

320-326 Bacterial Meningitis
327.21 Primary central sleep apnea
327.25 Congenital central alveolar hypoventilation syndrome
327.26 Sleep related hypoventilation/hypoxemia
327.27 Central sleep apnea in conditions
327.29 Other Organic sleep apnea

06 - 50 Inpatient Only Service

The following codes are only open to physicians for inpatient service. The services listed in Medicare Addendum E as Inpatient only will apply. Therefore, the following codes are no longer open for Outpatient service.

75952 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision & interpret
75953 Place proximal distal extension prosthesis
92975 Thromobolysis coronary; intracoronary
92992 ASD septos transvenous method; balloon
92993 Atrial septectomy/septostomy; blade method
99190 Assembly/operation pump oxygenator
99191 Assembly/operation pump oxygenator 3/4 hour
99192 Assembly/operation pump oxygenator ½ hour

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06 - 51 Ambulatory Surgical Center (ASC) Reimbursement

The Medicaid reimbursement grouper plan mentioned in the January MIB for Ambulatory Surgery Centers has not been fully developed and was prematurely announced. This will wait until further notice.

However, there are many codes determined by the Centers for Medicare and Medicaid Services not to be appropriate for Ambulatory Surgery Center payment. Services which should be performed in the hospital under the DRG or are reasonable to perform in the physician's office are not payable to the ASC in the CMS program. These codes will no longer be open to provider type 55. Changes to the provider type 55 will be provided in section 07-05 for information purposes only.

ASC Non-Covered and Covered Codes for Medicaid
This list will not be published in the manual because the list follows the covered for Ambulatory Surgery List in Medicare and will be updated with CMS changes.

Codes not covered for Ambulatory Surgery Centers

10060	11602	15001	19260	20955	21470	22840	24220
10061	11603	15811	19271	20962	21495	22842	24300
10080	11620	15819	19272	20969	21499	22845	24343
10081	11621	15842	19364	20970	21510	22849	24640
10120	11622	15850	19499	20972	21550	22850	24650
10140	11640	15851	20000	20973	21615	22855	24900
10160	11641	15852	20500	20999	21616	22899	24920
11000	11642	16000	20501	21030	21620	22999	24930
11001	11643	16010	20550	21031	21627	23065	24931
11040	11732	16020	20600	21032	21630	23200	24935
11041	11760	16025	20605	21045	21632	23210	24940
11100	11762	16030	20610	21116	21705	23220	24999
11101	11900	16035	20615	21195	21740	23221	25065
11200	11901	17000	20660	21299	21810	23222	25170
11400	12002	17110	20661	21346	21920	23332	25246
11401	12004	17304	20662	21360	22100	23350	25500
11402	12011	17305	20663	21365	22101	23470	25530
11403	12013	17306	20665	21385	22102	23472	25600
11420	12014	17307	20802	21386	22110	23900	25622
11421	12015	17310	20805	21387	22112	23920	25630
11422	12031	17999	20808	21390	22114	23929	25650
11423	12032	19000	20816	21395	22325	24065	25900
11441	12041	19001	20822	21406	22326	24150	25905
11442	12042	19030	20824	21407	22327	24151	25909
11443	12051	19200	20827	21422	22600	24152	25915
11600	12053	19220	20838	21432	22800	24153	25920
11601	13122	19240	20950	21435	22802	24200	25924

Page 8 of 14

25927	27222	27645	29131	31382	32445	33420	33802
25931	27232	27646	29200	31390	32480	33422	33803
25999	27235	27648	29220	31395	32500	33425	33813
26010	27236	27702	29240	31500	32520	33426	33814
26037	27240	27703	29260	31505	32522	33427	33820
26600	27244	27712	29280	31520	32525	33430	33822
26641	27248	27715	29305	31545	32540	33460	33824
26700	27253	27720	29325	31546	32800	33465	33840
26720	27254	27722	29345	31575	32810	33468	33845
26725	27256	27724	29355	31584	32815	33470	33851
26740	27258	27725	29358	31587	32820	33472	33852
26750	27259	27727	29365	31599	32900	33474	33860
26755	27280	27880	29405	31600	32905	33476	33870
26770	27282	27881	29425	31601	32906	33478	33875
26775	27284	27882	29435	31605	32940	33500	33910
26989	27286	27886	29440	31610	32960	33502	33915
26992	27290	27888	29445	31620	32999	33503	33916
27005	27295	27899	29450	31632	33015	33504	33960
27006	27299	28001	29505	31633	33020	33510	34001
27025	27303	28190	29515	31636	33025	33512	34051
27030	27365	28230	29520	31637	33030	33513	34101
27054	27370	28360	29530	31638	33031	33514	34111
27070	27440	28430	29540	31708	33050	33516	34151
27071	27445	28450	29550	31710	33120	33530	34201
27075	27446	28455	29580	31715	33130	33542	34203
27076	27447	28470	29590	31725	33200	33545	34401
27077	27448	28475	29700	31760	33201	33641	34421
27078	27450	28490	29705	31770	33206	33645	34451
27079	27454	28495	29710	31775	33207	33647	34471
27090	27455	28510	29715	31780	33208	33660	34490
27091	27457	28515	29720	31781	33210	33665	35001
27093	27465	28530	29730	31785	33212	33670	35002
27095	27466	28540	29740	31786	33215	33681	35005
27120	27468	28570	29750	31800	33216	33684	35011
27122	27470	28600	29799	31805	33218	33688	35013
27125	27472	28630	29873	31899	33224	33690	35021
27130	27475	28660	29999	32002	33225	33692	35022
27132	27477	28800	30000	32005	33226	33694	35045
27134	27479	28805	30020	32019	33245	33702	35081
27137	27485	28899	30100	32035	33246	33710	35082
27138	27486	29000	30110	32036	33250	33720	35091
27140	27487	29010	30124	32095	33251	33730	35092
27146	27488	29015	30200	32100	33261	33735	35102
27147	27506	29020	30210	32110	33300	33737	35103
27151	27514	29025	30220	32120	33305	33750	35111
27156	27519	29035	30300	32124	33310	33755	35112
27158	27524	29040	30901	32140	33315	33762	35121
27161	27536	29044	30999	32141	33320	33764	35122
27165	27540	29046	31002	32150	33322	33766	35131
27170	27556	29049	31040	32151	33330	33774	35132
27175	27557	29055	31230	32160	33335	33775	35141
27176	27580	29058	31299	32200	33400	33776	35142
27177	27590	29065	31360	32215	33404	33777	35151
27178	27591	29075	31365	32220	33405	33778	35152
27179	27592	29085	31367	32225	33411	33779	35180
27181	27596	29105	31368	32310	33412	33780	35182
27185	27598	29125	31370	32320	33415	33781	35184
27200	27599	29126	31375	32402	33416	33786	35189
27220	27613	29130	31380	32440	33417	33788	35190

35201	35571	36620	40804	43101	44025	45391	47610
35206	35601	36625	40805	43130	44050	45392	47612
35211	35606	36660	40808	43135	44055	45520	47620
35216	35612	36818	40810	43237	44110	45540	47700
35221	35616	36822	40820	43238	44111	45541	47720
35226	35621	36838	40899	43280	44120	45550	47721
35231	35626	37140	41000	43300	44125	45800	47740
35236	35631	37145	41100	43305	44130	45805	47760
35241	35636	37160	41105	43310	44140	45820	47765
35246	35641	37180	41108	43312	44141	45825	47780
35251	35642	37181	41130	43320	44143	45999	47800
35256	35645	37501	41135	43324	44144	46070	47801
35261	35646	37565	41140	43325	44145	46083	47999
35266	35650	37600	41145	43330	44146	46221	48000
35271	35651	37605	41150	43331	44147	46230	48020
35276	35654	37606	41153	43340	44150	46320	48100
35281	35656	37615	41155	43341	44151	46500	48120
35286	35661	37616	41599	43350	44152	46600	48140
35301	35663	37617	41805	43351	44153	46604	48145
35311	35665	37618	41806	43352	44155	46606	48148
35321	35666	37620	41821	43400	44156	46614	48150
35331	35671	37660	41822	43401	44160	46705	48180
35341	35681	37799	41823	43410	44300	46715	48500
35351	35701	38100	41826	43415	44310	46716	48520
35355	35721	38101	41828	43420	44314	46730	48540
35361	35741	38115	41850	43425	44316	46735	48999
35363	35761	38200	42100	43460	44320	46740	49000
35371	35800	38230	42104	43499	44322	46751	49002
35381	35820	38380	42106	43500	44345	46900	49010
35450	35840	38381	42160	43501	44346	46910	49020
35452	35860	38562	42225	43510	44604	46934	49040
35454	35870	38564	42227	43520	44605	46935	49060
35456	36000	38700	42280	43605	44620	46936	49200
35458	36010	38720	42281	43610	44625	46940	49201
35501	36100	38724	42299	43620	44640	46942	49255
35506	36120	38765	42326	43635	44650	46945	49400
35507	36140	38770	42330	43638	44660	46946	49425
35508	36145	38780	42335	43640	44661	46999	49605
35509	36160	38790	42400	43641	44680	47010	49606
35511	36200	38794	42426	43760	44800	47100	49610
35515	36215	38999	42550	43800	44820	47120	49611
35516	36245	39000	42650	43810	44850	47125	49900
35518	36299	39010	42660	43820	44899	47130	49999
35521	36400	39200	42665	43825	44900	47135	50010
35526	36405	39220	42699	43830	44950	47300	50020
35531	36406	39400	42800	43831	44955	47350	50040
35533	36410	39499	42809	43832	44960	47360	50045
35536	36415	39502	42842	43840	44970	47399	50060
35541	36416	39503	42844	43850	45110	47400	50065
35546	36420	39520	42845	43855	45111	47420	50070
35548	36425	39530	42894	43860	45112	47425	50075
35549	36430	39531	42961	43865	45114	47460	50080
35551	36440	39540	42970	43880	45116	47480	50081
35556	36450	39541	42971	43999	45120	47490	50100
35558	36455	39545	42999	44005	45130	47500	50120
35560	36460	39599	43020	44010	45135	47550	50125
35563	36500	40490	43030	44015	45300	47562	50130
35565	36510	40799	43045	44020	45303	47600	50135
35566	36600	40800	43100	44021	45330	47605	50205

Page 10 of 14

50220	51000	54050	57510	59525	61524	63016	64809
50225	51005	54055	57511	59830	61526	63017	64818
50230	51060	54125	57540	59899	61530	63020	64866
50234	51525	54130	57555	60001	61533	63030	64868
50236	51530	54135	57800	60100	61534	63035	64999
50240	51535	54200	58100	60220	61535	63040	65205
50280	51550	54390	58140	60225	61536	63042	65210
50290	51555	54430	58150	60240	61538	63064	65220
50340	51565	54535	58152	60252	61539	63075	65222
50360	51570	54560	58180	60254	61542	63076	65273
50365	51575	55000	58200	60260	61544	63101	65286
50370	51580	55450	58210	60270	61546	63102	65430
50380	51585	55600	58240	60500	61548	63103	65435
50391	51590	55605	58260	60505	61550	63170	65436
50394	51595	55650	58267	60520	61552	63180	65450
50400	51597	55801	58270	60540	61570	63182	65600
50405	51600	55810	58275	60545	61571	63185	65820
50500	51605	55812	58280	60600	61700	63190	65855
50520	51610	55815	58285	60605	61702	63194	66761
50525	51700	55821	58290	60699	61703	63195	66762
50526	51701	55831	58300	61000	61705	63196	66770
50540	51702	55840	58301	61001	61708	63197	66820
50570	51703	55842	58400	61105	61710	63198	66999
50572	51705	55845	58410	61107	61750	63199	67101
50574	51720	55899	58520	61120	61751	63250	67105
50576	51725	56420	58540	61140	61795	63251	67145
50580	51736	56501	58600	61150	61850	63273	67208
50590	51741	56630	58605	61151	61860	63615	67210
50600	51792	56640	58611	61154	61870	63655	67228
50605	51795	56820	58615	61156	61875	63700	67299
50610	51797	56821	58700	61210	61880	63702	67345
50620	51800	57061	58720	61250	62000	63704	67399
50630	51820	57100	58740	61253	62005	63706	67500
50650	51840	57110	58805	61304	62010	63710	67505
50660	51841	57120	58822	61305	62100	63740	67515
50684	51845	57150	58920	61320	62120	64400	67599
50686	51860	57160	58925	61321	62140	64402	67700
50690	51865	57170	58940	61330	62141	64405	67710
50700	51880	57267	58999	61332	62142	64412	67800
50715	51900	57270	59000	61333	62143	64413	67801
50722	51920	57280	59012	61334	62145	64418	67805
50725	51925	57283	59015	61340	62180	64425	67810
50740	51940	57288	59020	61345	62190	64435	67820
50750	51960	57305	59030	61440	62192	64445	67825
50760	51980	57307	59100	61450	62200	64450	67840
50770	52265	57310	59120	61458	62201	64505	67850
50780	52402	57311	59121	61460	62220	64508	67915
50785	53025	57320	59130	61470	62223	64555	67922
50800	53060	57330	59135	61480	62256	64560	67930
50810	53085	57420	59136	61490	62258	64565	67938
50815	53415	57421	59140	61500	62284	64640	68020
50820	53500	57425	59150	61510	62290	64681	68040
50830	53600	57452	59151	61512	62291	64752	68100
50840	53601	57454	59200	61514	62292	64755	68110
50860	53620	57455	59300	61516	63001	64760	68135
50900	53621	57456	59325	61518	63003	64761	68200
50920	53660	57461	59350	61519	63005	64763	68399
50930	53661	57500	59400	61520	63011	64766	68400
50940	53899	57505	59410	61522	63015	64804	68420

68440	68850	69100	69220	69405	69535	69799	69970
68530	68899	69105	69222	69410	69540	69949	69979
68705	69000	69155	69399	69420	69554	69950	
68760	69005	69200	69400	69424	69610	69955	
68840	69020	69210	69401	69433		69960	

Codes opened in Ambulatory Surgery Centers This list includes the codes mentioned in the January MIB as additional codes covered by Medicaid (Medicare-noncovered) for the ASC reimbursement system. The codes which may be related to pain management (62311, 62318, and 62319) will be opened when the Medicaid ASC reimbursement system is instituted. Some of the codes on the list are not covered in Medicaid and are opened in provider type 55 for Medicare crossover patients.

11011	24341	27825	29891	43205	40806	52648	58562
11012	24498	27826	29892	43216	40812	53431	58672
11730	24516	27827	29893	43231	40830	53444	58673
11750	24538	27828	29895	43232	41110	53446	59871
11752	24546	27892	29900	43236	41115	53850	60281
11960	24566	27893	29901	43240	41820	54057	61026
11970	24582	27894	29902	43242	41825	54111	61055
11971	25025	28010	30120	43244	41830	54112	61215
12005	25275	28046	30462	43256	41870	54162	61886
12006	25490	28108	30465	43259	41872	54163	62263
13132	25491	28124	30801	43261	41874	54164	62281
15570	25492	28220	30802	43265	41899	54304	62287
15879	25520	28232	31000	43269	49321	54308	62361
19102	25525	28531	31051	43458	49422	54312	62362
19103	25526	28576	31225	43653	49496	54316	64470
19126	25574	28636	31235	44365	49521	54318	64472
19140	25671	28666	31238	44370	49553	54322	64475
19290	26117	28735	31239	44376	49557	54324	64476
19291	26357	29800	31240	44377	49561	54326	64479
19316	26373	29804	31287	44378	49566	54328	64480
19318	26437	29805	31611	44379	49568	54340	64483
19324	26478	29807	31730	44383	49572	54344	64484
19325	26479	29820	33222	44394	49582	54348	64821
19328	26504	29825	33223	45190	49650	54352	64885
19330	26546	29830	35876	45308	50947	54401	64886
19355	26548	29834	36555	45309	50948	54406	66180
19357	26591	29835	36557	45320	51045	54408	66185
20692	26593	29836	36558	45335	52001	54410	66700
20693	27049	29837	36560	45337	52282	54415	67710
21015	27193	29838	36561	45338	52327	54416	66740
21029	27194	29840	36563	45339	52341	54512	66852
21121	27265	29843	36565	45340	52342	54522	66986
21122	27329	29844	36566	45381	52343	54690	67027
21245	27403	29845	36819	46020	52344	55175	67039
21246	27427	29847	36820	46288	53445	55180	67318
21248	27496	29850	36831	46611	52346	55859	67334
21249	27497	29851	36833	46615	52351	56441	67340
21270	27498	29855	36870	46761	52352	57023	67900
21462	27499	29856	37607	46762	52353	57415	68810
23077	27501	29860	37790	46922	52354	58353	69711
23107	27503	29861	38505	46924	52355	58546	69714
23490	27509	29862	38570	47511	52400	58555	69715
23491	27615	29863	38571	47556	52450	58559	69717
23616	27745	29885	38572	47560	52510	58560	69718
24006	27759	29887	43201	47561	52647	58561	
24077	27824	29889					

06 - 52 Codes Closed to FQHC Provider

27880 Amputation of leg, through tibia and fibula
27881 Amputation of leg, with immediate fitting technique, including application of first cast
27882 Amputation, leg, open, circular (guillotine)
27886 Re-amputation
37617 Ligation of major abdominal artery

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06 - 53 The Turn Around Document (TAD) -- phased out by April 1, 2006

Utah Medicaid is replacing the proprietary TAD with the HIPAA compliant 837 Institutional (837I) electronic transmission by April 1, 2006. All providers currently billing with the TAD are encouraged to begin submitting the electronic 837I.

Services after April 1, 2006, must be billed on the electronic 837I, or the TAD will be returned to the vendor.

The Utah Medicaid LTC Companion Guide for the 837I can be found at: www.health.utah.gov/hipaa/guides.htm.

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06 - 54 Professional Component MRI Inpatient Payment

Computer programming for inpatient MRI professional component was completed February 1, 2006. The change to allow payment for the professional component on MRI's formally requiring a prior authorization, has an effective date of January 15, 2006. Radiologists need to request that the coder or billing person specifies the site of service as hospital inpatient on the CMS-1500. Billing the site of service as hospital inpatient on the claim will allow the system to automatically reimburse the professional component of MRI's which normally require prior authorization.

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06 - 55 Allergen Immunotherapy Testing

Effective April 1, 2006, code 86001 – IgG Allergen specific testing will be non-covered. There is insufficient evidence that the presence or quantity of food allergen specific IgG produced as a result of normal exposure is related to allergic disease. The measurement of subclass specific IgG antibodies to foods have been inconsistent between various studies and therefore of questionable diagnostic value. The issue is still listed as controversial at the American College of Allergy and Asthma and considered investigational.

The code 86003 – Allergen specific IgE will require submission of medical record documentation to support medical necessity of IgE testing. This service should not be a screening method for allergy. Skin patch testing is the standard of care. Providers billing with code 86003 must include documentation of the history of the suspected allergy, duration, severity, results of other allergy test, and previous treatment of the disorder and an attachment to support the medical necessity of the IgE testing including at least one of the following:

a) Direct skin testing is impossible due to infancy, extensive dermatitis or the patient has marked dermatographism.
b) Patient is unable to discontinue medication (i.e. tricyclic antidepressant, prednisone, or beta blocker, antihistamine) that interferes with skin testing.
c) Direct skin testing is negative despite clinical indications of an allergic condition and specific IgE tests have been determined.

The testing will be reimbursed only for testing of suspected allergens. Use as a multiple allergy screening tool is not covered. An initial allergy screen is twelve tests. Coverage will be limited to one panel with a unit limit of 12 tests. If all tests are negative, an additional testing beyond the initial 12 tests is not considered medically necessary.

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06 - 56 Criteria #18: Carpal Tunnel

Medical Record Documentation must support ALL of the following:

A. History of one or more:
   1. Persistent pain and/or paraesthesia symptoms affecting the first three digits with or without fourth and fifth digits.
   2. Progressive muscle weakness in thumb abductors and opponens.

B. Other diagnoses or conditions have been considered such as:
   1. Other nervous system disease if there are continuous symptoms, polyneuropathy, or no pain.
   2. Polymyalgia rheumatica if there is bilateral upper-extremity aching in an elderly person.
   3. Thoracic outlet syndrome, brachial plexopathy, or vascular compromise if symptoms depend on arm position or use.
   4. Cervical-cord or nerve root compression if there is radicular pain, bilateral symptoms, neck pain, or trauma.
   5. Systemic diseases: vitamin B_{12} deficiency, hypothyroidism, diabetes, hypocalcemia, collagen vascular disease, or scleroderma, if there is finger stiffness and Raynaud's.
   6. Herpes Zoster.
   7. Hand-arm vibration syndrome.
   8. Pregnancy.

C. Findings of **two** or more of the following:
   1. Positive Phalen test / Positive Tinel sign.
   2. Paresthesia, hypesthesia, pain or numbness affecting at least part of the median-nerve distribution of the hand.
   3. Atrophy of the thenar eminence (the fleshy mass on the palm of the hand at the base of the thumb).
   4. Abnormal ultrasound indicating median nerve hypertrophy.
   5. Abnormal EMG/nerve conduction study (NCS).

D. At least three months of conservative treatment including:
   1. Splinting of wrist in neutral for at least nocturnal wear; day time wear of the splint at the patient's discretion.
   2. Physical therapy which may include treatment such as:
      - Intermittent nerve gliding exercise.
      - Exercise may include yoga and relaxation.
      - Therapeutic ultrasound treatment.
   3. Activity moderation, including avoidance of sustained gripping, awkward wrist position, and repetitive wrist flexion-extension.
   4. Oral steroids or injected steroidal agents.
   5. Treatment of any underlying disorder.
   6. Pregnant patients are offered conservative treatment. Since carpal tunnel symptoms often spontaneously resolve after delivery, surgery will only be considered after delivery when symptoms persist with conservative treatment.

E. Surgery indications include thenar atrophy or muscle weakness with failure to respond to conservative therapy or documentation of severity to justifying early surgical intervention.

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06 - 57 Revised 1500 Health Insurance Claim Form

A new CMS 1500 Claim Form is being released for public use. Medicaid will begin accepting the new paper form beginning October 1, 2006. During a transitional period, October 1, 2006 through January 31, 2007, multiple versions will continue to be accepted. Effective February 1, 2007, Medicaid will accept only the revised CMS 1500 (version 08/05). The release of the new claim form will accommodate the reporting of the National Provider Identifier (NPI).

Providers should contact their vendors to prepare for the changes.

Medicaid encourages electronic submissions of claims. Providers interested should contact the Utah Health Information Network (UHIN) at (801) 466-7705 or online at http://health.utah.gov/hipaa and access Enrollment.

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 Page 14 of 14

06 - 58 Physician Identifiers

Reminder to Pharmacists

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 .