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World Wide Web: <http://health.utah.gov/medicaid>

Medicaid Information

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

Requesting a Medicaid publication?

Send a Publication Request Form.

- By fax: (801) 536-0476
- By mail: Division of MHF
Box 143106, Salt Lake City UT 84114-3106

10- 105 Outpatient Services - Primary Care Network (PCN)

The Primary Care Network (PCN) health plan is intended to cover primary and preventive care for eligible recipients. As a reminder to hospital providers, outpatient surgery is not a benefit for PCN members.

Outpatient claims that were partially reimbursed in the past, will be denied in the future. Beginning November 1, 2010, if the Revenue Codes 0360 (Operating Room Service) and/or 0370 (Anesthesia) are present on the claim, the entire claim will be denied.

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10- 106 Retroactive Medicaid Coverage Clarification

The eligibility worker may approve Medicaid coverage for a client prior to the first of the month in which the client applied for Medicaid. The eligibility period prior to the month of application is called the retroactive period. The retroactive coverage period for Medicaid is limited to a three-month time period immediately preceding the date of application. Coverage may begin on the first day of the month, three months prior to the month the application was filed. For example, a client applies on May 16 for Medicaid and asks for retroactive coverage for services in February. Retroactive Medicaid may be approved back to February 1.

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10- 107 Request for Hearing/Agency Action Form

The Utah Department of Health released a new *Request for Hearing/Agency Action* form in August 2010. The form was revised and updated to clarify what information is needed by the Office of Formal Hearings in order to initiate the hearing process. Currently, submitted hearing request forms are lacking important information. These incomplete requests delay the hearing process by requiring extra time to process.

The new form can be found on the Medicaid website at:

<http://www.health.utah.gov/medicaid/provhtml/forms.htm> (select "Hearing Request" from the Forms drop-down box).

Please use the new form and fill it out completely. Beginning January 2011, the Office of Formal Hearings will reserve the right to return any request made on an outdated form and/or lacking the required information. If you have questions about the form or its submission, contact the Office of Formal Hearings at (801) 538-6576.

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10- 108 CMS National Correct Coding Initiative (NCCI)

To comply with federal legislation, Utah Medicaid will, over the coming months, adopt the Centers for Medicare and Medicaid Services' (CMS) National Correct Coding Initiative (NCCI) standard payment methodologies.

Why are we making this change?

President Obama signed the federal Patient Protection and Affordable Care Act (PPACA) into law in March 2010. The bill contains provisions that impact healthcare policy nationwide across the public and private sectors. A provision of this law requires that state Medicaid agencies integrate the NCCI payment methodologies into their claims payment systems by October 1, 2010.

What do the NCCI payment methodologies do?

These methodologies prevent reimbursement for services that should not be billed together, as well as prevent the reimbursement for units of service in excess of the number that a provider would report under most circumstances for a single client on a single date of service.

The methodologies apply to both Current Procedural Terminology (CPT) Level I codes and Healthcare Common Procedure Coding System (HCPCS) Level II codes.

When will the change take place?

Claims submitted on or after implementation. Currently, implementation is planned for December 20, 2010. The following NCCI methodologies will be applied to the claims adjudication of a select number of codes and code pairs for all practitioners, outpatient facilities, and ambulatory surgery centers (ASC):

1. NCCI Edits
2. Medically Unlikely Edits

What will be the impact on providers?

The NCCI edits were originally implemented by Medicare carriers on January 1, 1996, and many private payers also use them for their claims processing. Most likely, you have already encountered the application of these methodologies to claims submitted for adjudication and payment by Medicare and private payers. These methodologies will now also apply to Medicaid claims.

For more information on the NCCI, please visit the CMS website at:
<http://www.cms.gov/NationalCorrectCodInitEd/>.

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10- 109 PCN Open Enrollment

Utah's Primary Care Network (PCN) will be open for enrollment November 8-22. PCN is a primary preventive health coverage plan for uninsured adults whose incomes are under 150% of the Federal Poverty Level. Benefits include primary care physician services, up to four prescriptions per month, dental services, eye exams, family planning services, and general preventive services.

Since May 2010, PCN has been closed for enrollment and has not accepted new applications. Beginning November 8 through November 22, all uninsured Utah adults may apply online, by mail, or in person to receive primary healthcare. Those meeting program eligibility criteria will be enrolled in the program.

For more information call 1-888-222-2542 or visit www.health.utah.gov/pcn.



10- 110 Ownership Disclosure Form

Centers for Medicare and Medicaid Services (CMS) regulations require that the Division of Medicaid and Health Financing collect ownership data for all enrolled providers. An Ownership Disclosure Form is available on the Medicaid website at www.health.utah.gov/medicaid.

The Division asks that all providers complete the form. If the provider does not own 5 percent or more, please indicate "does not own 5% or more" on the form. The form may be sent to Provider Enrollment via fax or mail to:

Medicaid Operations
Attn: Provider Enrollment
PO Box 143106
Salt Lake City, UT 84114-3106

Fax: (801) 536-0471

Any changes to your existing Ownership Disclosure Form must be submitted on a new form and mailed or faxed to Provider Enrollment.

If you have any questions, contact Provider Enrollment toll-free at 1-800-662-9651 (select option 3, then option 4), or locally at (801) 538-6155 (select option 3, then option 4).



10- 111 Overpayment Checks

When a provider sends in a check for reimbursement of an overpayment, supporting documentation must accompany the check. Please submit one of the following with the check:

- Copy of the remittance statement with a notation explaining the overpayment in detail, or
- Spreadsheet/check stub listing provider name, provider NPI or provider ID as submitted on the original claim, client name, client ID, date of service, original submitted charge, amount of the overpayment and detailed reason for the overpayment, or
- Copy of the credit balance letter.

If an overpayment is due to payment from another payer, please include the explanation of benefits from the other payer(s). For checks being returned due to a credit balance letter, please mark "credit balance" on the envelope.

Checks should be mailed to:

Medicaid Operations Overpayment
PO Box 143106
Salt Lake City, UT 84114-3106

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10- 112 Interpretive Services

The Division of Medicaid and Health Financing offers interpretive services for Medicaid, CHIP, and 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.

The service is offered for those eligible clients who are not enrolled in a Managed Care Plan (MCP), such as an HMO, MCO, etc., or have a need for carve-out services including dental, pharmacy, and chiropractic care. Clients who are members of a MCP must use the interpretive services offered by the MCP, except for the carve-out provision, as described above. Mental health services are not covered by this policy.

Change: Effective September 1, 2010, Medicaid recipients and providers must use the State contracted vendors for interpretive services, including sign language interpreting. 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 *Utah Medicaid Provider Manual - General Attachments*. Most of the vendors have 24-hour service, 365 days a year and have toll-free numbers (if necessary) for your convenience. Please see the *Utah Medicaid Provider Manual - General Attachments* for details and instructions for all agencies that have contracted with the state.

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 1-800-662-9651 to verify eligibility. For further information, you may contact Diana Webb at (801) 538-6443, or Randa Pickle at (801) 538-6417.

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10- 113 Pharmacy Updates

Prior Authorization Update

Effective October 1, 2010, the criteria for Revatio has changed to the following:
Documented diagnosis of pulmonary hypertension.

Non-Traditional Medicaid Pharmacy Co-pays - Reiterated

Generic drugs with an A B rating are mandated for dispensing. When a generic product is available and the name brand is requested, the total payment must be made by the client. No physician DAW or prior authorization is available.

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10- 114 Criteria for Medical and Surgical Procedures Updates

The Hospital Manual and Physician Manual have been updated as follows:

Criteria #4: Knee Arthroscopy is updated and detailed as follows:

Criteria #4A: Arthroscopy Surgical Knee - Effective 10/5/2010

Criteria #4B: Arthroscopy Assisted, Surgical Knee - Effective 10/5/2010

Criteria #4C: Arthroscopy-Diagnostic-Synovial Biopsy Knee - Effective 10/5/2010

Criteria #9B: Circumcision - Effective 10/5/2010

Criteria #23: Negative Pressure Wound Therapy - Effective 10/1/2010

Please review the *Criteria for Medical and Surgical Procedures* attachment to the manuals for specific changes. The manuals can be found online at www.health.utah.gov/medicaid. (Click on "Manuals", "Medicaid Provider Manuals", "Physician and Anesthesiology", "Attachments", and then "Criteria For Surgical Procedures".)

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10- 115 CPAP and Bi-PAP Compliance Criteria

The following article, published in the October 2010 MIB, is hereby amended as follows:

10 - 92 CPAP and Bi-PAP Policy Clarification

The following is a correction to the July 2010 MIB article, **10 - 71 CPAP and Bi-PAP Policy Update**. Effective July 1, 2010, criteria for CPAP (code E0601LL) and Bi-PAP (codes E0470LL and E0471RR) will follow InterQual criteria as found in Appendix 1 and Appendix 2 at the end of the *Utah Medicaid Medical Supply Manual*. [Text removed]

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10- 116 Medical Supplies Policy - Wheelchair Letter Clarification

The following is a correction to the July 2010 MIB article, **10 - 70 Medical Supplies Policy - Wheelchairs**:

Utah Medicaid will send a letter to the medical supplier for each authorized power wheelchair and customized wheelchair. The letter will inform the medical supplier that a bill cannot be submitted until the subsequent evaluation is completed by the physical therapist or occupational therapist. In addition to the letter sent to the provider with each approval, an updated copy of the Motorized or Custom Wheelchair Final Evaluation Letter can be found on the Medicaid website below:

<http://www.health.utah.gov/medicaid/provhtml/forms.htm>

This follow-up evaluation is to train the client on how to use the power or customized wheelchair and to assure the client is receiving the properly authorized equipment. Providers are required to maintain appropriate documentation of services rendered and training provided.

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