

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

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11- 57 Limited Medicaid Provider Enrollment

Effective March 25, 2011, CMS has mandated all State Medicaid agencies to require that all claims submitted for payment contain the National Provider Identifier (NPI) of the physician or other professional who ordered, referred, or prescribed such items or services.

All ordering, referring, or prescribing physicians, or other professionals providing services under the State Plan or under a waiver of the plan, must be enrolled as a participating provider. If you are already enrolled to provide services to Medicaid clients, you do not need to enroll again to order, refer, or prescribe.

There are two types of Medicaid enrollment. The standard enrollment allows you to provide medical services, order, refer, and prescribe. The limited enrollment is for providers who only order, refer, or prescribe to Medicaid clients, and who do not wish to provide any other services to Medicaid clients. Under limited enrollment, the provider can neither bill Medicaid nor be paid for services. Enrollment forms for the limited and formal enrollment processes are located on the Medicaid website at <http://health.utah.gov/medicaid>.

For questions regarding the Medicaid enrollment process, please call Provider Enrollment at (801) 538-6155, or toll free 1-800-662-9651, menu option 3, then 4.

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

Medicaid Information

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

11- 58 Payment Adjustments for Provider-Preventable Conditions Including Health Care-Acquired Conditions

Effective July 1, 2011, in accordance with the Affordable Care Act, Utah Medicaid will expand its current payment adjustments for Provider Preventable Conditions and Health Care-Acquired Conditions. Currently, there is proposed federal regulation on this matter and a final rule is anticipated in late May.

For more information, see the proposed federal rule as published in the *Federal Register*, Vol. 76, No. 33 (February 17, 2011) at <http://edocket.access.gpo.gov/2011/pdf/2011-3548.pdf>.

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11- 59 New Hotline to Report Provider Fraud and Abuse

In response to legislation passed during the 2011 Legislative General Session, the Utah Department of Health has created a new hotline to report improper billing by Medicaid providers.

The legislation requires any health care professional, a provider, or a state or local public official who becomes aware of Medicaid fraud, waste or abuse to report the activity. The bill also creates the Office of Inspector General of Medicaid Services (OIG); effective July 1 the OIG will assume responsibility for the new hotline.

Reports can be made by dialing the new toll-free hotline, 1-800-403-7283, by e-mailing the department at mpi@utah.gov, or by visiting the website www.health.utah.gov/mpi.

Helpful information to provide to the hotline may include:

- The name of the Medicaid recipient.
- The name and address of the doctor, hospital, pharmacist, or other health care provider.
- The date of service.
- Your association to the Medicaid recipient and/or provider.
- A description of the acts you suspect may constitute fraudulent, abusive or wasteful activities.

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11- 60 Coverage for Evaluation & Management Codes in Outpatient Hospital-Based Clinics

Effective for service dates on or after July 1, 2010, outpatient hospital-based clinics may receive reimbursement for evaluation and management (E&M) codes.

The following CPT codes are considered E&M codes for the purpose of payment: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214 or 99215. One of the following revenue codes must also be included on the same billing line as the above listed CPT codes: 0510, 0511, 0512, 0514, 0515, 0516, 0517, 0519.

Hospital-based clinics are defined as those clinics having an approval letter from CMS designating them as meeting the policy requirements for provider-based designation as described in 42 CFR 413.65. Providers having such an approval letter may submit that documentation to Randy Baker at randybaker@utah.gov for review.

Payments for these services will be through the usual claims process for outpatient hospital services under existing provider agreements, and at the Medicaid fee schedule found at <http://www.health.utah.gov/medicaid/>.

Since the coverage is retroactive, providers must resubmit claims in order to receive the E&M reimbursement for claims previously not paid.

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