

DME/O&P Videoconference
August 2010



Presented by:
Marianne Diana
HP Enterprise Services

DMA Website

<http://www.ncdhhs.gov/dma>

s.gov/dma/

HHS Home | A-Z Site Map | Divisions | About Us | Contacts | En Español Search DHHS Search DMA



NC Division of
Medical Assistance

Home

DMA SERVICES

FOR COUNTY STAFF

FOR PROVIDERS

STATISTICS AND REPORTS

▼ DMA Home

ABOUT DMA

CONTACT DMA

DHHS > DMA

NC Division of
Medical Assistance

High quality health care through Medicaid and Health Choice for Children

What's New

- [Request for Applications: 1915\(b\)/\(c\) Waiver Expansion for Mental Health, Developmental Disabilities, and Substance Abuse Services](#)
- [Memo to ACH, CAP/MR-DD, Enhanced Behavioral Health, PCS, and Residential Treatment Facility Providers on Suspension of Mandatory Cost Reporting, February 3, 2010](#)
- [Public Notices Regarding Rate Reductions and Changes to Reimbursement Methodology](#)

Our Services

- [Medicaid](#)

Most Popular Pages

- [DMA Budget Initiatives](#)
- [False Claims Act Education](#)
- [Fee Schedules](#)
- [Fraud and Abuse Reporting](#)
- [Medicaid State Plan](#)
- [National Provider Identifiers](#)
- [Prior Authorization Criteria for Medications](#)

For Providers



DMA HOME

Providers

Health Choice Providers

Medicaid Providers

A-Z Provider Topics

Calendars

Claims and Billing

Community Care (CCNC/CA)

Contacts for Providers

Enrollment

EPSDT and Health Check

Fee Schedules/Cost Reports

Forms

Fraud and Abuse

HIPAA

Library (bulletins, policies)

National Provider Identifier

Programs and Services

Seminars

ABOUT DMA

CONTACT DMA

DHHS > DMA > Providers

Medicaid and Health Choice Providers

Service specific information for North Carolina Medicaid providers. Please select the program or service from the menu below and click GO.

SELECT PROGRAM OR SERVICE



Go

[Medicaid Information for Consumers](#)

[Health Choice Information for Consumers](#)

Announcements

Suspension of Mandatory Cost Reporting

DMA and the DHHS Controller's Office are suspending mandatory cost reporting for providers of enhanced mental health services, community based personal care services, adult care home personal care and special care services, CAP/MR-DD services, and residential treatment facility services.

- [Medicaid Providers, February 3, 2010](#) (184 KB)

What's New

- [April 2010 Basic Medicaid Billing Guide](#)

- [March 2010 Medicaid Bulletin](#)

▪ [Update](#) to article titled *Medically Necessary Incontinence, Ostomy, and Urological Supplies*

February 2010 Pharmacy Newsletter (110 KB)

For Providers



DMA HOME

Providers

- Health Choice Providers
- Medicaid Providers**
- A-Z Provider Topics
- Calendars
- Claims and Billing
- Community Care (CCNC/CA)
- Contacts for Providers
- Enrollment
- EPSDT and Health Check
- Fee Schedules/Cost Reports
- Forms
- Fraud and Abuse
- HIPAA
- Library (bulletins, policies)
- National Provider Identifier
- Programs and Services
- Seminars

ABOUT DMA

CONTACT DMA

DHHS > DMA > Providers

Medicaid and Health Choice Providers

Service specific information for North Carolina Medicaid providers. Please select the program or service from the menu below and click GO.

SELECT PROGRAM OR SERVICE

[Medicaid Information for Consumers](#)

[Health Choice Information for Consumers](#)

Announcements

Suspension of Mandatory Cost Reporting

DMA and the DHHS Controller's Office are suspending mandatory cost reporting for providers of enhanced mental health services, community based personal care services, adult care home personal care and special care services, CAP/MR-DD services, and residential treatment facility services.

- [Memo to Providers, February 3, 2010](#) (184 KB)

What's New

- [April 2010 Basic Medicaid Billing Guide](#)
- [March 2010 Medicaid Bulletin](#)
 - [Update](#) to article titled *Medically Necessary Incontinence, Ostomy, and Urological Supplies February 2010 Pharmacy Newsletter* (110 KB)

Who's Who in Medicaid?

- Title XIX
- CMS
- DHHS
- DMA
- DSS
- HP Enterprise Services
- CSC



Recipient Eligibility

Basic Medicaid Billing
Guide, Section 2

Verifying Eligibility

- Medicaid program codes
- Recipient information to identify:
 - Identity
 - Current eligibility
 - Medicaid program (benefit category)
 - CCNC/CA information
 - Other insurance information

[Recipient Eligibility]

Restricted types by program code

- MPW Medicaid for Pregnant Women
- MAFD Family Planning Waiver
- MQB Medicare Qualified Beneficiary

- Piedmont Cardinal Health Plan

Recipient Eligibility Verification Web Tool

- Access through the NCECSWeb Tool
- ECS Agreement required
- Logon ID and password required
- September 2009 Special Bulletin, North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool

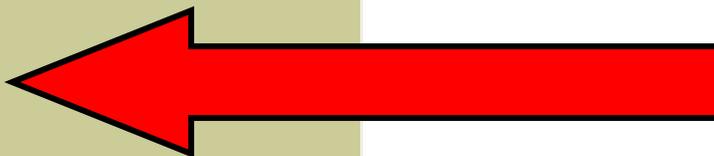


[NCECSWeb Access]

North Carolina
Electronic Claims Submission/
Recipient Eligibility Verification

 Main Menu

-  Claims Entry
-  List Management
-  Reports
-  Claims Submission
-  Reference Materials
-  Recipient Eligibility
-  View RA



Recipient Eligibility Inquiry

Recipient Eligibility Inquiry

Selection Criteria

MID: ... Provider Medicaid ID: National Provider Id:

Last Name: First Name:

DOB: SSN:

Elig From Date: Elig To Date:

Note: Valid search allowed are:

A. Search by MID

B. Search by name and DOB

C. Search by SSN and DOB

D. Search By Name and SSN



[Recipient Eligibility Results]

Selection Criteria

MID: [redacted] **Provider Medicaid Id:** [redacted] **National Provider Id:** [redacted]
Last Name: [redacted] **First Name:** [redacted]
DOB: [redacted] **SSN:** [redacted]
Elig From Date: 09292009 **Elig To Date:** 09292009

Error Message:

No Errors

Recipient Information

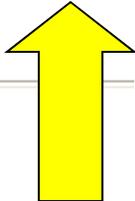
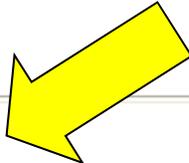
Name: [redacted] **MID:** [redacted] **DOB:** [redacted]
Eligibility Date: 09/29/2009 - 09/29/2009 **Eligibility Status:** E **Program Code:** MADQ

Carolina Access PCP Data

Medicare Information

HIC: [redacted]

PART A and PART B



[AVR 1-800-723-4337]

- Option 6 – Recipient Eligibility and Coordination of Benefits
 - Program code
 - Managed Care information (if applicable)
 - TPL information
 - Medicare

Remittance Advice Update

- Paper discontinued
- RA available on NCECSWeb in PDF format
- Providers must complete request form

<http://www.ncdhhs.gov/dma/forms/RARequest.pdf>

NCECS Web Access

North Carolina
Electronic Claims Submission/
Recipient Eligibility Verification

 Main Menu

-  Claims Entry
-  List Management
-  Reports
-  Claims Submission
-  Reference Materials
-  Recipient Eligibility
-  View RA

[September 2009 Special Bulletin III, NCECS Submission/Recipient Eligibility Verification Web Tool Instruction Guide](#)

[MID Card Update]

- Annual Cards will be Reissued in September
- Date of Birth Added

2010 Annual MID Card

Cut along dotted lines

ANNUAL MEDICAID IDENTIFICATION CARD

CASEHEAD NAME
CASEHEAD ADDRESS LINE 1
CASEHEAD ADDRESS LINE 2
CASEHEAD ADDRESS LINE 3
CASEHEAD ADDRESS LINE 4
CASEHEAD ADDRESS LINE 5

Recipient Signature _____
(Not valid unless signed)

USE OF THIS CARD BY ANYONE NOT LISTED ON THE CARD IS FRAUD
AND IS PUNISHABLE BY A FINE, IMPRISONMENT OR BOTH

Cut along dotted lines

N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

RECIPIENT I.D. RECIPIENT NAME
000.00.0000.N JONNXXXXX Q. PUBLIC

BIRTH DATE ##/##/#### ISSUE DATE SEPT 1, 2010

FOLD HERE

PRIMARY CARE PROVIDER NAME
PRIMARY CARE PROVIDER ADDRESS LINE 1
PRIMARY CARE PROVIDER ADDRESS LINE 2
PRIMARY CARE PHONE NO. AND AFTER HOURS NO.

For questions about your Medicaid coverage and/or to report
Medicaid fraud, waste or program abuse, please contact
CARE-LINE at 1-800-662-7030 or locally call 919-855-4400.

Cut along dotted lines

[Billing a Medicaid Recipient]

- Notify ***prior to*** rendering the service
- May bill the recipient for ...
 - EOB 11
 - EOB 953

[Reporting Provider Changes]

- Medicaid Provider Change Form
- Provider Enrollment Application

<http://www.nctracks.nc.gov/provider/cis.html>

Third Party Forms

- Health Insurance Information Referral (DMA- 2057) Now Available Online!

<http://ncprovider.hms.com/>



DME and CAP Waiver Supplies

New enrollment available for
DME providers

CAP Programs

- CAP/C: Children
- CAP/DA: Disabled Adults
- CAP/Choice: Pilot Program in Cabarrus and Duplin Counties
- CAP/MR/DD: Mentally Retarded/Developmentally Disabled

DME and CAP Waiver Supplies

- Effective 07-01-2010
- Current DME providers can complete an application for enrollment as a CAP provider
- CAP Case Manager and Value Options (VO) will provide authorization
 - Limitations will be specified
 - VO only applies to CAP/MR/DD

DME and CAP Waiver Supplies

The following table lists HCPCS codes for CAP waiver supplies. Refer to the DMA Fee Schedules on DMA's [Fee Schedule web page](#) for maximum reimbursement rates. Provider must bill their usual and customary charges.

CAP Program	Procedure Code	Description	Limitations	Billing Unit	Maximum Allowable
CAP/C CAP/DA CAP/Choice	T4535	Disposable liner/shield/guard/pad/undergarment	*		\$ 0.34
CAP/C CAP/DA CAP/Choice	T4539	Incontinent product, diaper/brief, reusable, any size	*		\$ 21.22
CAP/DA CAP/Choice	T2028	Specialized supply, not otherwise specified, waiver (medication dispensing boxes)	*		\$ 11.11
CAP/MR-DD	T1999	Specialized Equipment and Supplies	\$3,000 per waiver year		



DME and CAP Waiver Supplies

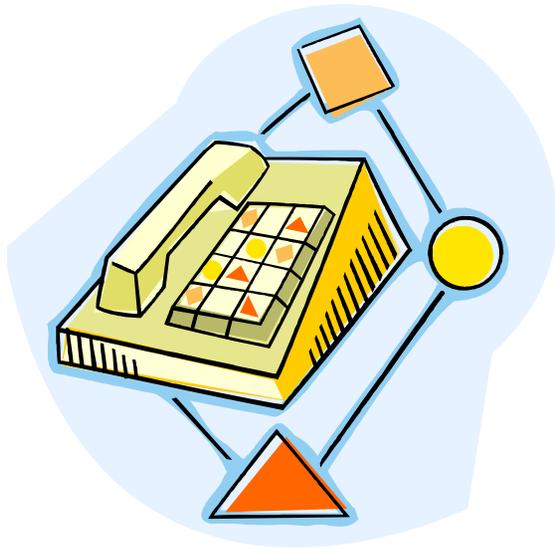
- DME provider must send itemized monthly invoice to case manager
- Enteral Supplies with BO modifier apply to recipients age 21 and over
 - Service covered under DME for age 20 and under
- Refer to the May 2010 bulletin



Carolina ACCESS Information

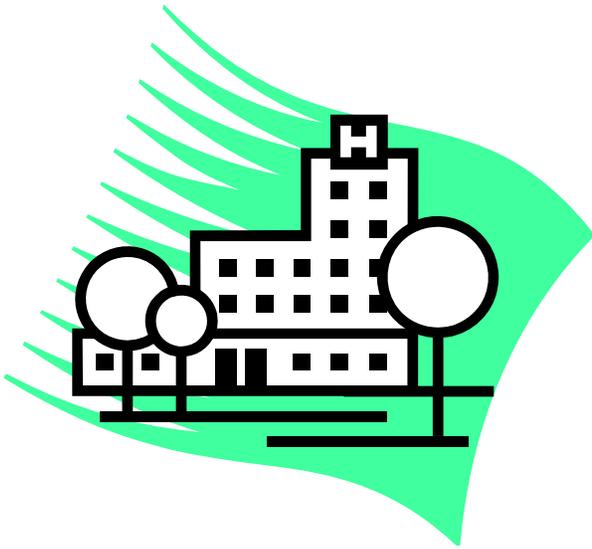
Basic Medicaid Billing Guide,
Section 4

[New Carolina ACCESS Line]

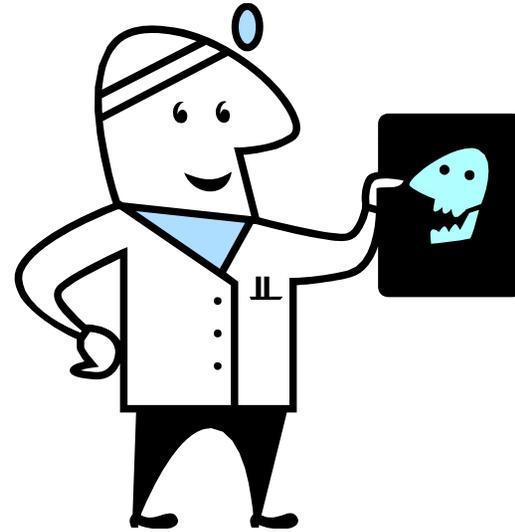


- For Carolina ACCESS denials and questions, call 1-800-688-6696
- Select option 3, then option 1

Group vs. Individual Providers



Group Name



Individual Name

[CA Reporting]

Provider Information

Provider Last Name or Organization Name:

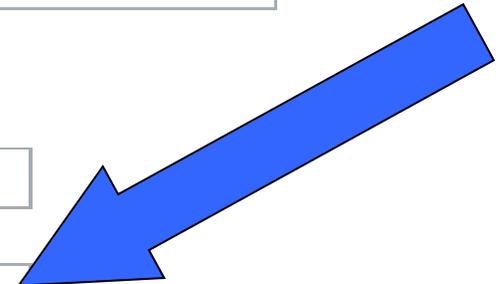
Medicaid Provider Number:

Billing Address:

Billing State:

**Referring Physician Provider No:
(Carolina Access Physician Number)**

**Referring Physician NPI:
(Carolina Access Physician NPI)**



Enter PCP's NPI

CA Override Request

- **Considered only for extenuating circumstances**

<http://www.ncdhhs.gov/dma/provider/forms.htm>



CA Override Reporting

Provider Information

Provider Last Name or Organization Name:

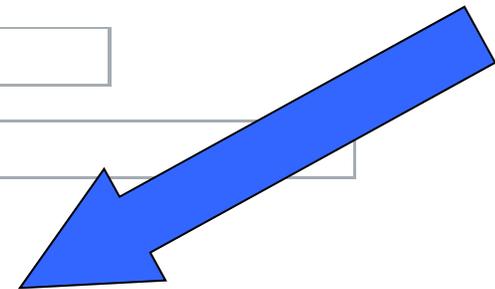
Medicaid Provider Number:

Billing Address:

Billing State:

Referring Physician Provider No:
(Carolina Access Physician Number)

Referring Physician NPI:
(Carolina Access Physician NPI)



2 Alpha characters and 5 numeric



Billing Tips

Avoiding Common Denials

[Submit Claims Electronically]

- Electronic submission
 - Required as of 10/2/09
- Paper submission
 - Exceptions list only
 - Overrides

[Spanning Dates]

- Scenario: Cross over claim from Medicare with a denial for spanned dates
- Verify eligibility for all months included in the span

[Prodigy Diabetic Supplies]

- Preferred Manufacturer for Glucometers, Diabetic test strips, Control solutions, Lancets, Lancing devices, and Syringes
- Include NDC on claim
- Applies to Medicaid-primary patients only
- CMN can be valid up to one year

[Insulin Pump Overrides]

- For clinical reasons, patient cannot use Prodigy products
- Send the completed CMN/PA indicating the type of pump being used and brand-specific test strips needed with quantity per month

Override Instructions

- CMN/PA and/or Letter of Medical Necessity must also indicate that pump and current glucometer communicate directly with each other
- Fax denial to DMA (919-715-3166) along with medical necessity documentation

[DME Limitation Overrides]

- When prescribing provider orders equipment beyond coverage limitations, DME provider can request authorization from DMA
- Send written request with letter of medical necessity from prescribing provider and copy of CMN

Override Instructions

- Physician must sign off on all medical justification
- Provider and physician must provide legible contact information
- Present any other medical justification
- Fax to 919-715-3166



Prior Approval

Basic Medicaid Billing Guide,
Section 6

[Prior Approval (PA)]

- Identified on Fee Schedule by asterisk
- CMN required for all services
- PA Obtained before rendering a service, product or procedure
- Does not guarantee payment

[Changing Suppliers]

- Prior Approval Not transferable
- New CMN/PA
- Pick up Slip



[DME Prior Approval Tips]

- Common reasons for PA returns:
 - Original signed/dated CMN missing
 - Both state and national codes not included on CMN, or incorrect code listed
 - Use of signature stamp – not acceptable, original, legible signature is required
 - Correction tape/fluid used on CMN
 - Diagnosis date not on or before “from” date

[DME Prior Approval Tips]

- Wheelchairs and Beds
 - Not including recipient weight
 - “Confined” not marked in field 22
 - When “not confined” is marked, provider must complete “walks” section and specify max distance walked
 - Procedure codes in Groups 2 and 3 must include specific wound documentation

[DME Prior Approval Tips]

- Wound Documentation
 - Be specific when documenting. For example: for tunneling, do not write yes or no. Provide location, size, drainage, etc
 - Wound documentation is reviewed each month

[DME Prior Approval Tips]

- Oxygen

- When recertifying, include original qualifying oxygen percent saturation level and the date (mm/dd/yy) it was taken
- At the end of 36 months, **all recipients must be recertified.**

[DME Prior Approval Tips]

- CPAP and Bi-level Device:
 - Sleep studies not included with initial requests
 - Missing criteria when recertifying

[O&P Prior Approval Tips]

- All requests should include:
 - 2 provider numbers in field 7
 - 2 signatures in field 27
 - Manufacturer's price quote sheet for manually priced items
 - Documentation criteria for diabetic shoes
 - For orthopedic footwear, include if an integral part of a covered brace
 - Patient motivation and rehab potential on lower limb prosthetics



Resolving Denied Claims

Basic Medicaid Billing Guide,
Section 8

Adjustment vs. Resolution

Adjustment

- Overpayment
- Underpayment
- Full Recoupment
- Other
 - Further Medical Review

Basic Medicaid Billing Guide,
8-2 to 8-8

Resolution Inquiry

- Time Limit Overrides
- Third Party Overrides
- Medicare Overrides
 - Medicare HMO

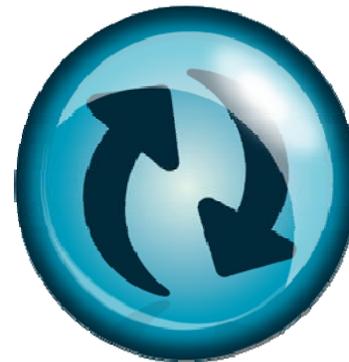
Basic Medicaid Billing Guide,
8-9 to 8-12

Submitting an Adjustment Electronically

- Void



- Replacement



NCECSWeb Tool Professional Adjustment

Miscellaneous Claim Information

EPSDT: Follow-up No

Release of Information: Yes No

EPSDT referral given to Patient?: Yes No

EPSDT Referral Type:

Paperwork on file at Provider Site for Medicare Override?: Yes No

Related Causes:

- Auto Accident
- Employment Accident
- Other Accident Injury

State of Auto Accident:

Date of Accident:

Original ICN:

Place of Service Facility Type Code:

Claim Submission Reason Code:

Adjustment Payer: Payer

- 1-Original
- 7-Replacement
- 8-Void

Rendering/Attending Information

R/A Provider First Name:

R/A Provider Last Name:

Resolution Inquiry Form

- Time Limit Override
- Third Party Override
- Medicare Override
- Professional Claim Form - Medicare HMO
 - Bill for cost share amount only
 - If Medicare HMO does not pay, Medicaid will not pay

[Primary Insurance Overrides]

- Noncompliance
 - Can not be billed to Medicaid

- Compliant Denials
 - Can be billed to Medicaid:
 - applied to the deductible
 - benefits exhausted
 - not a covered service, as defined above
 - pre-existing condition

Contacting Medicaid

- Appendix B – Contacting HP Enterprise Services Telephone Instructions
 - 1-800-688-6696 or 919-851-8888
- Appendix D – HP Enterprise Services Provider Services Representatives
 - Assignments by county
 - 1-800-688-6696 or 919-851-8888, option 3

[Contacting Medicaid]

- CSC – Provider Enrollment

- EVC Call Center – 1-866-844-1113
- NCMedicaid@csc.com
- <http://www.nctracks.nc.gov/>

- DMA Website – Contacts for Providers

<http://www.ncdhhs.gov/dma/provider/provcontacts.htm>

Questions??

