

Alaska Medical Assistance Newsletter

A Monthly Newsletter for Alaska Medical Assistance Providers

October 2016

Xerox

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Provider Inquiry

907.644.6800, option 1
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Provider Enrollment

<https://medicaidalaska.com/portals/wps/portal/ProviderEnrollment>

Fax Numbers

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SA Travel, MRI	907.644.5982
SA Mental Health	866.653.1435
SUR.....	907.644.8128
EPS	907.644.9845
Finance.....	907.644.8120
Training.....	907.644.9845
Attachments.....	907.644.8122
or	907.644.8123
Enrollment	907.646.4273
Provider Inquiry.....	907.644.8126

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New Service Authorization Notification Letter

Effective September 12, 2016, providers will be notified of service authorization (SA) decisions made by Xerox by letter instead of a faxed or emailed copy of the Service Authorization Request form.

This new *Notification of Service Authorization Decision* letter contains the same information providers previously received with each SA line item listed in columns in the *Service Authorization Detail* table. Each page will detail up to three lines of the SA and any additional lines will be on additional pages. The overall SA decision will appear at the top of the letter. Separate line item decisions will appear in each line item column.

Xerox will mail a *Notification of Service Authorization Decision* letter for each SA on the same day that the authorization decision is made.

Updated Provider Billing Manual for Dental Services

An updated Alaska Medical Assistance provider billing manual is now available for dental services. Updates include:

- Addition of a new article on EPSDT screenings and screening guidelines (see [Section I](#), Early and Periodic Screening, Diagnosis, and Treatment Screening)
- Clarification of covered orthodontic services (see [Section I](#), Orthodontic Services)
- Clarification of covered prosthodontics (see [Section I](#), Prosthodontics)

To view this manual, visit <http://medicaidalaska.com> and select Provider > Billing Manuals > click **here** > click on the Dental book on the provider billing manual bookshelf.

Holiday Closures

The State of Alaska offices will be closed Tuesday, October 18, 2016 in observation of Alaska Day and Friday, November 11, 2016 in observation of Veterans Day. The State of Alaska and Xerox offices will be closed Thursday, November 24, 2016 in observation of Thanksgiving Day.

Medicaid Policy Clarification: Dentures

Policy Clarification Concerning Coverage of Dentures

Effective July 1, 2016, Alaska Medicaid announced several Medicaid dental coverage changes, including the elimination of coverage for immediate dentures, wait times for denture placement, and service limitations for dentures and related services. In response to questions received subsequent to these changes, Alaska Medicaid recently released a policy statement that includes the following clarifications:

- Immediate dentures are **not** covered by Alaska Medicaid
- A provider must wait a **minimum of 8 weeks** following extraction of teeth before beginning the denture fabrication and placement process
- The **replacement** of complete or partial dentures is limited to
 - once per five year period, and **only** if medically necessary (i.e., replacement is not automatic at the 5-year mark)
 - three times in a lifetime for replacement of dentures within the same dental arch
- The **replacement** of a partial denture with a complete denture is not covered within the first five years after payment for the partial denture
- Denture **adjustments** are limited to four times per calendar year
- **Rebase and reline** procedures are limited to once per three year period

The policy clarification and FAQs are available at <http://manuals.medicaidalaska.com/docs/updates.htm>.

Date of Service is Date of Seatment

In accordance with 7 AAC 110.145(h), when billing for permanent crowns, partials, and dentures, the date of service must be the seatment date of the appliance. Medicaid does not provide interim or partial payments for incomplete or in-progress dental services.

Pharmacogenetics Policy Clarification and Covered Codes

Alaska Medicaid has issued a policy clarification regarding covered and non-covered pharmacogenetics testing (see *Medicaid Policy Clarification: Pharmacogenetics Testing*, available at <http://manuals.medicaidalaska.com/docs/updates.htm>)

Opioid Reversal Agents

The risk of death from opioid overdose increases when an individual has had a previous opioid overdose experience. To provide a safety net for patients who have experienced prior opioid overdoses, Alaska Medicaid will alert a pharmacist filling a prescription for an opioid reversal agent when the patient has filled three or more prescriptions for naloxone within a 365-day rolling period.

PHARMACISTS are asked to intervene with the prescriber and inquire if any modifications of the patient's opioid regimen are warranted.

PRESCRIBERS are asked to review high-risk patients' regimens to consider modifications.

For more information on this safety net, please review the Analgesics, Opioid & Reversal Agents information available at http://dhss.alaska.gov/dhcs/Pages/pharmacy/medpriora_uthoriz.aspx#analgesics-opioid.

To learn more about opioid prescribing and risks, please visit the *CDC Guidelines for Prescribing Opioids for Chronic Pain* at <http://dx.doi.org/10.15585/mmwr.rr6501e1>. To aid prescribers and providers in decreasing the risk of opioid dependence, overdose and death, the CDC also has resources available at <http://www.cdc.gov/drugoverdose/prescribing/resources.html>.

Taxi Rates Billed to Alaska Medicaid Cannot Exceed Taxi Rates for the General Public

7 AAC 105.400(24) prohibits enrolled providers from billing Alaska Medicaid a higher rate for services furnished to an Alaska Medicaid recipient than for comparable services furnished to an individual who is not eligible for Medicaid.

Providers who fail to comply with 7 AAC 105.400(24) will be required under 7 AAC 105.410 to repay those claims, and may be subject to additional audits, prepayment review of claims, temporary suspension, and/or permanent termination from the Alaska Medicaid program.

Please make sure the rate you bill to Alaska Medicaid is not higher than your rate for the general public.

Questions? Please contact Provider Inquiry at 907.644.6800, option 1, 1, or 800.770.5650, option 1, 1, 1 (toll-free in Alaska).

Documents Required for Genetic Testing Claims

All genetic testing must be medically necessary, and all genetic testing claims must be accompanied by a lab report and a completed Genetic Testing Supporting Information form, available at

<http://manuals.medicaidalaska.com/docs/forms.htm>.

Questions? Please contact Provider Inquiry at 907.644.6800, option 1, 1, or 800.770.5650, option 1, 1, 1 (toll-free in Alaska).

Coverage Update: Fluoride Varnish Application by Nurses and Medical Assistants

Alaska Medicaid now covers dental fluoride varnish application provided by a nurse or medical assistant if delegated by a physician, nurse practitioner, or physician assistant.

For more information on training requirements, limitations of coverage, and billing instructions please see the updated provider flyer *Coverage of Dental Fluoride Varnish and Oral Evaluations Provided by Non-Dental Providers* dated 08/23/2016, available at <http://manuals.medicaidalaska.com/docs/updates.htm>.

Provider Training Dates

Alaska Medicaid is coming to your area! In October, training is scheduled in Fairbanks and via WebEx. In November, training is schedule in Dillingham and via WebEx.

October	
WebEx	October 18 — 20
Fairbanks	October 25 — 27
November	
WebEx	November 1 — 3
Dillingham	November 8 — 10

Register Today!

Alaska Medicaid training courses will guide you and your staff in understanding and billing for services reimbursed by Alaska Medicaid and Denali KidCare. Included are introductory courses such as Member Eligibility, Adjustments and Voids, Claims Management, and Service Authorizations. Register online at <http://learn.medicaidalaska.com>.

Pharmacy Program Updates

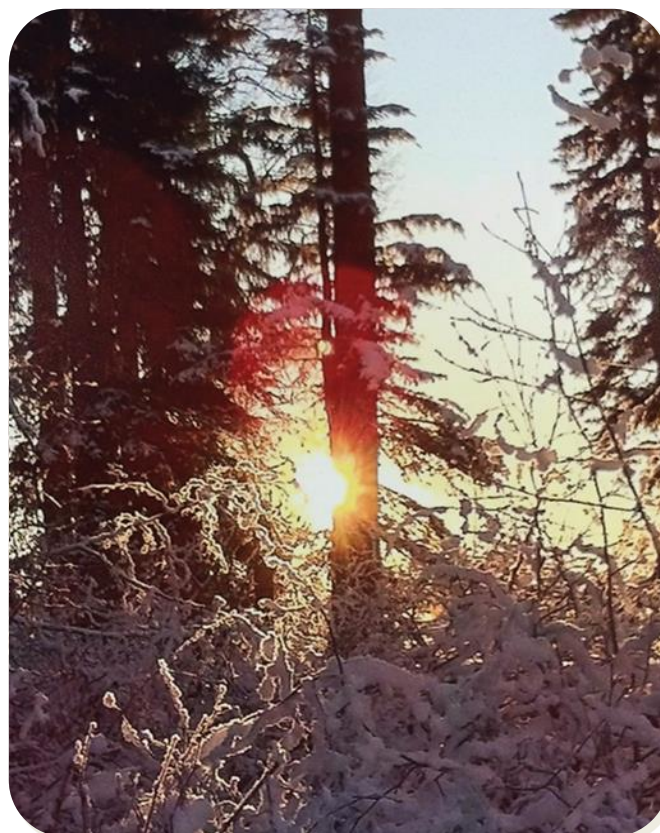
Alaska Medicaid will incorporate claims processing edits into the pharmacy point of sale system on 10/03/2016 for the following medications: Belsomra®, Cosentyx®, Fortamet®, Glumetza®, Lemtrada®, Lyrica®, Orkambi®, Praluent®, Repatha®, and Tecfidera®.

Revised clinical prior authorization criteria will go into effect on 10/03/2016 for the following medications: Botulinum toxin preparations, H.P. Acthar Gel®, human growth hormone, Kalydeco®, lidocaine patch, Serostim®, and Xifaxan®.

A claims processing edit in the pharmacy point of sale system will become effective 11/30/2016 for Movantik™.

Butrans® Patch will no longer require prior authorization; however, prescriptions for Butrans® will continue to require “Medically Necessary” documentation as required under 7 AAC 120.112(7)(B) until the Preferred Drug List is updated under regulation.

These changes reflect work by the Alaska Medicaid Drug Utilization Review Committee. For more information, please refer to the 08/22/2016 *Pharmacy Program Changes and Updates* flyer at <http://manuals.medicaidalaska.com/docs/pharmacy.htm>.



Ask Medicaid

Q: We submitted all necessary documentation for our claims that include TPL but they are still suspended. Is this in error?

A: No, all claims that include third-party liability (TPL) are suspended for further review by the claims processing staff. The claims processing staff look at each TPL claim individually to check the information submitted on the claim against the explanation of benefits (EOB) attachments. If all the necessary information and attachments are provided, then the claim will adjudicate.

Refer to the table below for the most common TPL exception codes and tips on exception resolution.

Exception Code	Tips on exception resolution
6060	Alaska Medicaid does not have the member's other insurance on file. Alaska Medicaid will update the member's file and adjudicate the claim.
6420	A TPL amount is indicated on the claim, but there was no EOB attached to the claim. If an EOB is not attached to the claim, the claim will deny. Resubmit with an EOB attachment.
6430	No TPL amount was indicated on the claim, but there was an EOB attached to the claim. Wait for the claim to process before resubmitting. A claims processor must verify that the correct TPL amount is indicated on the claim and on the EOB attached. If the claim is denied, verify the amount indicated on the claim against the EOB and resubmit.

Notes: Even if the TPL carrier denies the claim, providers must indicate a \$0.00 paid amount for TPL on the claim submitted to Alaska Medicaid and attach the EOB denial.

If submitting a TPL claim electronically, submit the EOB by fax the same day for validation.

Dental services have federal TPL avoidance. Even if other insurance is indicated, dental providers may choose to bill Alaska Medicaid as the primary.

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