

Up-to-Date with Alaska Medicaid

A Monthly Newsletter for Alaska Medicaid Providers

July 2017

Conduent

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800.770.5650 (toll-free)

Fraud and Abuse Hotline

907.644.5975 or
800.256.0930 (toll-free)

Recipient Services

907.644.6800, option 6
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Provider Inquiry

907.644.6800, option 1
800.770.5650, option 1, 1 (toll-free)

Provider Enrollment

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

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New Lead Screening Periodicity Requirements

Even low blood lead levels have been shown to negatively affect children’s cognition, resulting in lower IQ levels, decreased ability to pay attention, and decreased academic success. Current Alaska Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) regulations require lead screening for recipients under age 21 when “appropriate for age and risk factors.”

In September 2016, the Centers for Medicare and Medicaid Services informed the Department of Health and Social Services that lead screening is now required at age 12 and 24 months. For more information, visit

<https://www.medicaid.gov/medicaid/benefits/epsdt/lead-screening/index.html>.

Dental Services – Changes Effective 08/01/2017

Alaska Medicaid has adjusted the coverage of the following dental services effective 08/01/2017:

- Tobacco cessation counseling (D1320) is not a separately billable service; when appropriate, providers should include in the oral evaluation a referral to the Alaska Quit Line, 888.842.7848
- Oral evaluations (D0120, D0150) are limited to one time per *fiscal* year (July 1 – June 30) for adults (age 21 and older)
- Fluoride treatment applied topically (D1206, D1208) is limited to four times per *calendar* year for children and four times per *fiscal* year for adults
- Prophylaxis – Adult (D1110) is limited to two times per *fiscal* year

Providers are reminded to review the fee schedule prior to rendering services as codes have been added, removed, or re-categorized from Emergent to Enhanced Adult Dental services. The fee schedule for dental services provided on and after July 1, 2017 is now available at

<http://manuals.medicicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp>.

Admitting Diagnosis Code HCPSC K0856 and K0861 SA Documentation Requirements for Dual-Eligible Members

Form locator 69, Admitting Diagnosis Code, of the NUBC UB-04 Data Specifications Manual is not a required field for inpatient claims submitted with a type of bill (TOB) code of 028X, 065X, 066X, or 086X. As of June 7, 2017, to ensure HIPAA compliance, Alaska Medicaid is no longer requiring admitting diagnosis codes to be submitted on claims with these TOB codes.

Consistent with NUBC standards, the admitting diagnosis may **not** be submitted when TOB codes are 028X, 065X, 066X, or 086X. Hence, effective July 14, 2017, claims submitted with these TOB codes and an admitting diagnosis code in form locator 69 will be denied.

All inpatient claims submitted with an inpatient TOB code other than 028X, 065X, 066X, or 086X, and that do not include an admitting diagnosis code, will continue to deny for exception 1450, admitting diagnosis code missing. Electronic claims submitted with these TOB codes and no admitting diagnosis code will be rejected with a negative 999 transmission.

Alaska Medicaid UB-04 Claim Form Instructions, a supplement to the NUBC UB-04 Data Specifications Manual, have been updated to reflect this requirement, and are available on the Provider Reference page at <http://manuals.medicidalaska.com/docs/ProviderReference.html> or the Provider Billing Manuals page at <https://medicidalaska.com/portals/wps/portal/enterprise/provider/billingmanual>.

Vitamin D is important for strong bones and may contribute to overall good health. Alaskans should select foods that are high in vitamin D, such as Alaska salmon, and should talk with their health care provider about vitamin D and the risks and benefits of supplementation.

New Licensure Fees and Process Regulations

New and revised regulations affecting licensure fees and the process for applying for and obtaining a license were adopted by the Department of Health and Social Services, filed by the Lieutenant Governor, and are effective June 29, 2017. The filed regulations are available at <https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=186039>.

Recently, CMS announced expanded prior authorization requirements for HCPSC K0856 and K0861 for Medicare beneficiaries, effective July 17, 2017. Alaska Medicaid is the payer of last resort and does not require a DME service authorization (SA) for services provided to dual-eligible (Medicare and Medicaid) beneficiaries who would otherwise pay a coinsurance and deductible. A DME provider who voluntarily elects to submit a SA request to Alaska Medicaid for K0856 and K0861 when Medicare is the primary payer should include the same documentation that was submitted to Medicare in support of the Medicare prior authorization request (PAR) in addition to the Medicare “affirmed” or “non-affirmed” decision documentation. Providers must continue to make full use of all other third-party resources of payment prior to billing Medicaid (7 AAC 160.200).

https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Downloads/DMEPOS_PA_FAQs.pdf

<https://www.medicaid.gov/federal-policy-guidance/downloads/cib011317.pdf>

Questions? Contact Kristina Rice at 907.334.2418 or kristina.rice@alaska.gov.

Reminder: Requested Service Authorizations That Will Not Be Used Must Be Cancelled

Alaska Medicaid reminds providers that approved authorizations for requested services must be canceled if they will not be used.

If cancelling an authorization, submit the original approved authorization form with a cancellation statement across the full authorization. The request must be signed and dated by the requestor and include a contact phone number. Fax the cancellation request to the Conduent Service Authorization Department at 907.644.8131.

For travel authorization cancellations, providers must contact the original Travel Department that approved the travel request.

Requested Dental Service Authorizations That Will Not Be Used Must Be Cancelled

Alaska Medicaid reminds providers that approved authorizations for requested dental services must be canceled if they will not be used.

If partially cancelling an authorization, enter the codes to be cancelled and the authorization number on a *Dental Service Authorization Update Request* form. If cancelling an entire authorization, submit the original approved authorization form with a cancellation statement across the full authorization. Either request must be signed and dated by the requestor. Fax the cancellation request to the Conduent Service Authorization Department at 907.644.9861.

Medicaid Compliance Notice: CHA/P Supervision and Reimbursement

Alaska Medicaid conducted a review of billing practices related to physician supervision of and consultation to community health aide/practitioners (CHA/P). Based on findings of regulatory and policy noncompliance, Alaska Medicaid has issued a compliance notice that addresses services provided by CHA/Ps and their supervising physicians. Some of the topics include:

- CHA/Ps may practice only under the supervision of a licensed physician; supervision is not separately reimbursable by Alaska Medicaid.
- Medically necessary consultation should occur first with the CHA/P's supervising physician and may occur in-person or via telemedicine.
- The initial examination performed by a CHA/P, prior to the telemedicine session, may be reimbursed based on the level of care provided by the CHA/P. This initial examination should be billed with the applicable procedure code for that date of service based on CPT guidelines.

CHA/Ps and their supervising physicians are encouraged to review the compliance notice carefully to ensure full compliance with Alaska Medicaid program regulations. The "Medicaid Compliance Notice: Community Health Aide/Practitioner Supervision and Reimbursement" dated 06/28/2017 is available at <http://manuals.medicaidalaska.com/docs/updates.htm>.

Dental Services – Medical Justification Required Effective 08/01/2017

Effective for dates of service on or after August 1, 2017, all claims for general anesthesia and IV sedation (D9223 and D9243) require medical justification for children and adults. Claims for these services on or after 08/01/2017 will be denied if medical justification is not submitted with the claim.

Providers are reminded to review the fee schedule prior to rendering services as codes have been added, removed, or re-categorized from Emergent to Enhanced Adult Dental services. The fee schedule for dental services provided on and after July 1, 2017 is available at <http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp>.

Presumptive and Definitive Drug Screening/Testing Policies Effective 08/01/2017

Alaska Medicaid will implement presumptive and definitive drug test coverage changes effective August 1, 2017. Presumptive drug tests will be covered under 80305 or 80306 CPT codes only, no other drug screens or tests will be covered when performed at the time of an evaluation and management office visit, and may be billed only once per day, up to 12 times per calendar year. Definitive drug tests will be covered under G0480-G0483 only, and when performed in order to confirm a presumptive drug tests, and may only be billed once per day up to 12 times per calendar year. For additional information, please refer to provider flyer "Medicaid Policy Update: Drug Screening/Testing Policy" dated 06/26/2017 at <http://manuals.medicaidalaska.com/docs/updates.htm>.

Assisted Living Home Cost of Care Reporting Guidance

Cost of care is the amount of money a recipient may be responsible for paying toward their assisted living costs. Alaska Medicaid has released additional guidance, at <http://manuals.medicaidalaska.com/docs/updates.htm>, to aid assisted living providers with accurately reporting the recipient cost of care amount on the CMS-1500 claim form.

Office Consultations via Telemedicine Applications

Medically necessary office consultations (CPT 99241, 99242, 99243, 99244, 99245, and HCPCS D9310) provided via telemedicine may be covered only when used as a second opinion.

Office consultations provided via telemedicine may be reimbursed only if the consulting provider is of a different specialty than the requesting provider.

Office consultations performed by a provider of the same specialty within the same organization as the requesting provider are not covered.

For further clarification of covered telemedicine services and documentation requirements, please refer to provider flyer "Medicaid Policy Clarification: Office Consultations via Telemedicine Applications" at <http://manuals.medicaidalaska.com/docs/updates.htm>.

Termination of Dental Third Party Waiver

Effective July 1, 2017, the dental services third party liability (TPL) waiver, also known as TPL avoidance, was terminated. As a result, dental providers must first bill the TPL for Medicaid recipients who have other health insurance, and must apply TPL payments against the billed charges on the claim submitted. Dental claims submitted to Alaska Medicaid for patients with TPL must also be accompanied by the TPL explanation of benefits.

Claims submitted on and after July 1, 2017 that are not compliant with this change will be denied.

Durable Medical Equipment Face-to-Face Requirements

Effective July 1, 2017, in accordance with 42 CFR 440.70, enrolled Durable Medical Equipment providers and Home Health providers will be required to follow the face-to-face requirements set forth in the federal regulation for Alaska Medicaid members.

For more information, please see provider flyer "Durable Medical Equipment Face-to-Face Requirements" available on the Updates page at <http://manuals.medicaidalaska.com/docs/updates.htm>.

Reminder: Requested DME Authorizations That Will Not Be Used Must Be Cancelled

Alaska Medicaid reminds providers that approved authorizations for requested DME services must be canceled if they will not be used.

If cancelling an authorization, submit page 2 of the original approved *Certificate of Medical Necessity* form. Include the date to end the authorization, the quantity of services or items used to date, and the charges for the quantity used. The request must be signed and dated by the requestor and include a contact phone number. Fax the cancelation request to the Conduit Service Authorization Department at 907.644.8131.



Provider Training Dates

Alaska Medicaid is coming to your area! In July, training is scheduled in Anchorage and via Webinar. In August, training is scheduled in Wasilla and via Webinar.

July

Webinar	July 11 — 13
Anchorage	July 25 — 27

August

Wasilla	August 8 — 10
Webinar	August 15 — 17

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>.

Changes to Community Behavioral Health Services Coverage

Effective May 21, 2017, telemedicine delivery methods are no longer covered by Alaska Medicaid for procedure codes T1016, H2015, H2015 HQ, H2019, H2019 HQ, H2019 HR, and H2019 HS.

Telemedicine services are now covered by Alaska Medicaid for Crisis Intervention procedure codes H2011, S9484, and S9484 U6. As a reminder, providers rendering services through telemedicine must use appropriate telemedicine delivery methods and comply with all applicable clinical documentation requirements for the service provided.

Several rate increases were also applied to community behavioral health codes effective May 21, 2017. For new rate information, refer to the CBHS Provider Rates Effective Date May 21, 2017 fee schedule available at <http://dhss.alaska.gov/dbh/Pages/Resources/Medicaidrelated.aspx>.

New Dental Fee Schedule Effective 07/03/2017

A revised version of the Alaska Medicaid Dental Fee Schedule is effective July 3, 2017. As part of this revision, coverage for specified codes was moved from adult emergent dental services to enhanced adult dental services, and coverage for some codes was eliminated. All changes to the fee schedule are consistent with prevailing Alaska Medicaid regulations. The revised Alaska Medicaid Dental Fee Schedule, effective July 3, 2017, is available at <http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp>.

Questions? Please contact Mary Hansen, Alaska Medicaid Dental Program Manager, at mary.hansen@alaska.gov or 907.334.2403.

MiraFlex Frames HCPCS Coding

Effective immediately, use HCPCS code V2025 for all authorization requests and claims submitted to Alaska Medicaid for MiraFlex frames. Please discontinue use of V2799 for MiraFlex frames; V2799 may be used only for specialty lenses.

Coordinated Care Demonstration Project Update

The Request for Proposals (RFP) for the Alaska Medicaid Coordinated Care Demonstration Project (CCDP) closed on April 28. Nine proposals were received by the Department, and all three possible CCDP models (Managed Care Organization, Care Management Entity, and Provider-Based Reform) are represented in the responses.

The Alaska CCDP Provider Certification and Compliance (PCC) team is aware that at least one entity that submitted a proposal has contacted Alaska Medicaid providers, seeking to establish a professional relationship. The CCDP-PCC team has not authorized bidders to contact providers, nor has the team requested or required providers to join any organization or network. At this time, and until otherwise notified by the Alaska CCDP-PCC team, providers are under no obligation to respond to or comply with any potential contractor requests.

Milliman, Inc. is currently analyzing the financial aspects of the proposals, while a team of DHSS staff assess the time and resources that would be required of the department to implement each proposal. The Proposal Review Committee established under SB 74 (2016) will review and rank the proposals during the month of June. These meetings and reviews are not open to the public until the solicitation process is complete, which is anticipated to be sometime this fall following negotiations with potentially successful offerors.

Additional information on this initiative is available on the CCDP Initiative web page at <http://dhss.alaska.gov/HealthyAlaska/Pages/Initiatives/initiative-3.aspx>.



14th Annual Rochester Optical Open House

On Thursday, July 27th, 2017, at 2:15 pm, Rochester Optical, the Alaska Medical Assistance eyewear contractor, will host their 14th annual **Open House** for ophthalmologists, optometrists, opticians, and their staff, who provide vision care services to Alaska Medicaid and Denali KidCare recipients.

Experienced representatives from Rochester Optical will present their current product line and services and discuss ordering procedures. They will also be available to meet with providers one-on-one to discuss current issues and answer questions. Please join us!

Rochester Optical Open House

July 27th at 2:15 pm

1835 South Bragaw Street
Suite 390 (3rd Floor Conduent Training Room)
Anchorage, Alaska 99508

Your reservation is appreciated, but not required. Please complete the information on the reverse of this invitation and return it to **Ryan Bender**, Vision Services Program Manager, at ryan.bender@alaska.gov or by fax at 907.561.1684. You may also contact Ryan at 907.334.2419.



We also invite you to attend Alaska Medicaid Vision Services training beginning at 8:30 a.m. preceding the Rochester Optical Open House. Knowledgeable Conduent trainers will provide guidance on Alaska Medicaid program regulations and discuss billing procedures, service authorization procedures, and other vision care provider topics of interest.

8:30 a.m.	-	9:45 a.m.	Introduction to Alaska Medicaid
10:00 a.m.	-	11:30 a.m.	Vision Claims Management
1:00 p.m.	-	2:00 p.m.	Vision Services

To register for training, please visit the Alaska Medicaid Learning Portal at <http://manuals.medicaidalaska.com/docs/akmedicaidtraining.htm> and follow the registration instructions, or contact Conduent Provider Training staff at 907.644.6800 or 800.770.5650 (toll-free in Alaska). You may also complete and return the information on the 2nd page of this invitation.



**Rochester Optical Open House &
Vision Services Provider Training
July 27th, 2017**

Practice Name _____

Mailing Address _____

Telephone Number _____ Fax Number _____

E-mail Address _____

NPI or Alaska Medicaid ID Number _____

Number Attending:

_____ 8:30 a.m. – Introduction to Alaska Medicaid

_____ 10:00 a.m. – Vision Claims Management

_____ 1:00 p.m. – Vision Services

_____ 2:15 p.m. – Rochester Optical Open House

Attendee Name(s):

Please return this form to **Ryan Bender**, Vision Services Program Manager, at ryan.bender@alaska.gov or by fax at 907.561.1684. If you have any questions, or if we may be of further assistance, please contact Ryan at 907.334.2419.

We look forward to seeing you on Thursday, July 27th!