



# DELAWARE MEDICAL ASSISTANCE PROGRAM

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## MEDICAID SPECIAL Bulletin

[www.dmap.state.de.us](http://www.dmap.state.de.us)

### In This Issue

- ✓ Billing for IUD Insertion
- ✓ TPL Eligibility
- ✓ Enrollment Reminder
- ✓ Updated Provider Appeals Policy
- ✓ Register for Interactive Services and Notifications
- ✓ PERM
- ✓ Dental
- ✓ Pharmacy Reminders
- ✓ Provider Manual Updates
- ✓ DSAAPD Elder Abuse Reporting



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Medicaid & Medical Assistance

# Provider Specific Announcements

## Attention Providers Billing for IUD Insertion

- Providers billing for insertion of Mirena® **when they provided the device** must bill two separate details on a professional claim form: 1) procedure code 58300 for insertion of the IUD and 2) procedure code J7302 with an appropriate NDC for the Mirena system.
- Providers billing for insertion of intrauterine devices **other than Mirena** must bill for both the IUD and insertion using procedure code 58300 on a professional claim form and attach an invoice showing their cost for the device.
- Providers billing for insertion of any IUD **when they did not provide the device** must bill for insertion only on a professional claim form using procedure code 58300.

IUD insertion is covered under the managed care benefit package. Providers should follow the MCO's instructions when billing this service for recipients enrolled in managed care.

®Mirena is a registered trademark of Bayer.

## TPL Eligibility

Delaware Medicaid will begin receiving monthly eligibility updates from the major insurance carriers. This information may affect your clients' eligibility. As a reminder, Delaware Medicaid is the payor of last resort.

Always check client eligibility on the DMAP Website for the most current information.

## Enrollment Reminder

We continually review and update enrollment applications. For example, all new physician groups that enroll are now required to provide us with a business license.

## Updated Provider Appeals Policy

Effective April 1, 2010, Delaware Medicaid began using an updated, streamlined provider appeals policy. A new appeal form was created for providers to use.

Please review Section 6.0 of the General Policy Manual for the appeals policy and form: <http://www.dmap.state.de.us/downloads/manuals/General.Policy.Manual.pdf>.



For billing or other provider questions, call **Provider Relations** at **(302) 454-7154** or **1-800-999-3371**.

If you do not have a vendor and would like to bill electronically, call us. DMAP offers free software to all Medicaid providers, so "go electronic" today!

## Register Now!

To prepare for completion of on-line disclosure forms, please take a moment to register each NPI now for Interactive Services and e-mail notifications. Complete instructions are included at each link.

### Interactive Services:

<http://www.dmap.state.de.us/downloads/bulletins/Register.for.IS.pdf>

### E-mail Notifications:

<http://www.dmap.state.de.us/downloads/bulletins/Register.for.listservs.pdf>

# Provider Specific Announcements

## P<sub>ayment</sub> E<sub>rror</sub> R<sub>ate</sub> M<sub>easurement</sub>

The Centers for Medicare and Medicaid Services (CMS) published regulations that require States to measure the accuracy of payments made to providers for Medicaid and the State Healthy Children Insurance Program (SCHIP). The project is entitled "Payment Error Rate Measurement (PERM)." The Division of Medicaid & Medical Assistance (DMMA) participated in the pilot projects and started Delaware's second PERM cycle in October 2008.

As part of the initiative, a random sample of paid claims is selected for review in the following areas for both Medicaid and SCHIP: Fee-for-Service, Managed Care, Eligibility. Providers must submit medical record documentation pertinent to the claim(s) selected **within 60 days**. Documentation must include enough information to determine that services were provided, were medically necessary, and were consistent with the diagnosis.

All of the Medical Record (MR) Requests were sent to providers and the documentation was due to Livanta, LLC, the federal auditor, by March of 2010.

Previous findings resulted in a significant amount of errors due to provider non-response or insufficient documentation. **CMS will collect the Federal Financial Portion (FFP) back from the State for claims where proper documentation is not submitted by providers. Consequently, DMMA will need to recoup the payment from the provider as a PERM Recovery.**

If you have any questions or concerns regarding this project, please contact Susan M. Mateja, Planning and Policy Administrator, DMMA, at (302) 857-5055.



# Dental Specific Announcements

This is the first in a series of articles for the Dental Community. The Delaware Medicaid and Medical Assistance Program will be answering your most frequently asked questions beginning with **How to Handle Orthodontic Transfer Patients**.

We define orthodontic transfer patients as an individual:

- Whose treatment began through a private-pay arrangement with the provider, and prior to treatment completion, the individual became Medicaid- or DHCP-eligible; and/or
- Who moves to Delaware from another state, whose treatment has already started, and whose treatment had been approved by another state's medical assistance program.

The DMAP may assume financial responsibility for an orthodontic transfer patient if the individual's case would have met the State's orthodontic criteria at the time the treatment began. The provider must submit to the DMAP Dental Administrator the treatment plan, x-rays, photographs, and models used for the initial evaluation prior to the beginning of treatment, along with the scoring sheet used for DMAP patients.

For an individual who moved to Delaware from another state and whose orthodontia was approved by the medical assistance program in the other state, the provider must submit the following to the Dental Administrator: documentation confirming medical assistance program approval from the other state and a treatment plan for the individual, outlining remaining treatment and time required to complete treatment.

In both situations, the DMAP will review submitted documentation to determine whether the individual's case qualifies for coverage. In either case, the provider shall not continue treatment until receiving prior authorization (PA) from the DMAP.

Once mid-treatment orthodontics are approved, the DMAP will determine the balance of quarterly payments that the DMAP will pay. The number of DMAP-approved quarterly payments will be listed on the PA approval letter. The DMAP will not assume financial responsibility for any past-due balances between the individual and provider incurred prior to the DMAP's approval of continued treatment.

If you have questions about this article/ideas for other topics, call Annette Lang (302-255-9604). Please continue to call HP with any billing/claims issues.

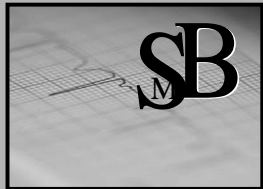


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# DELAWARE MEDICAL ASSISTANCE PROGRAM



# MEDICAID SPECIAL Bulletin



DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Medicaid & Medical Assistance

## What's New?



### Provider Manual Updates

The following provider manual revisions were posted to the DMAP Website What's New page: [www.dmap.state.de.us](http://www.dmap.state.de.us). Notification also appeared on Remittance Advice Banner Pages and the DMAP e-Mail Notification System.

#### **CMS -1500 Billing Manual**

Revision Date: 3/26/10  
Sections Revised: 2.5  
Removed obsolete wording

#### **DME Provider Manual**

Revision Date: 1/19/10  
Section Revised: 8.4, 8.6, and 8.14  
Updates made to various procedure codes to reflect the 2010 HCPC updates.

#### **General Billing Information**

Revision Date: 3/26/10  
Section Revised: 2.7  
Made Adjustment Request Form a fillable form..

#### **General Policy Manual**

Revision Date: 4/21/10  
Section Revised: 1.22.1.1.2  
Updated Medicaid Eligibility Groups and Covered Services subsection.

Revision Date: 3/31/10  
Section Revised: 6.0  
Updated provider appeals procedures.

Revision Date: 3/12/10  
Section Revised: 7.0  
Made the Referral for Fraud and Abuse form a fillable form.

Revision Date: 2/8/10  
Section Revised: 7.0  
Updated the Referral for Fraud and Abuse form.

Revision Date: 1/19/10  
Section Revised: 1.21.12  
New procedure codes have been added for Computed Tomographic Colonography which requires Prior Authorization.

#### **HCBS/DD Waiver Manual**

Revision Date: 4/19/10  
Sections Revised: All  
Replaced references to Mentally Retarded with Developmentally Disabled.

#### **Home Health Provider Policy Specific Manual**

Revision Date: 4/19/10  
Sections Revised: 6.1.6, 7.2.7.1 and 6.3.11.1  
Replaced references to Mentally Retarded with Developmentally Disabled.

#### **Hospice Policy Provider Specific Manual**

Revision Date: 4/19/10  
Section Revised: 1.1.7  
Removed obsolete wording.

#### **Outpatient Hospital Provider Manual**

Revision Date: 3/26/10  
Sections Revised: Appendix K  
Updated the Medicaid Top 20 Physician-Administered Multiple Source Drugs.

#### **Practitioner Provider Specific Manual**

Revision Date: 1/19/10  
Sections Revised: 1.4.1  
Update to reflect that for dates of service January 1, 2010 and after, the Delaware Medical Assistance Program (DMAP) will no longer cover inpatient and outpatient/office consultation codes.

## Division of Services for Aging and Adults with Physical Disabilities



1-800-223-9074



DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Services for Aging and Adults with Physical Disabilities

# Pharmacy Specific Announcements

**Pharmacy Updates:** All pharmacy information updates can be obtained at this link:

<http://www.dmap.state.de.us/information/pharmacy.html>.

**Preferred Drug List (PDL):** The latest PDL is available at this link:

<http://www.dmap.state.de.us/information/Pharmacy/DEM%20PDL.pdf>. Please use an updated copy of the PDL for reference and remember that

- Client medication profiles must show failure of first-line agents on the PDL in order to get a non-preferred agent.
- Use of drug samples for DMAP clients will no longer be accepted as failure of first-line agents.
- New Medicaid clients previously on a non-preferred agent will need proof (submitting a pharmacy profile from the other payer).

**Prior Authorizations (PAs):** All prior authorization forms are available at <http://www.dmap.state.de.us/information/paforms.html> for printing. You can also complete the forms online and check the status of PA requests in the interactive services section of the DMMA Website at <https://www.dmap.state.de.us/secure/logon.do>.

**Emergency Supply:** DMAP covers an emergency supply of medications. No client should be denied drugs at a pharmacy after hours, on holidays, or on weekends. If required, one 72-hour emergency supply can be dispensed when a request is submitted after business hours and the delay will result in loss of life, limb, or organ functions. Eligibility should always be verified in emergency situations.

## Calls to the Pharmacy Call Center

In compliance with HIPAA regulations, please have the following ready when you call:

- Provider's NPI
- Client's MID (Medicaid ID#)
- Client's chart

**NOTE:** We do not use the same member ID number as Unison.

Call us at **1-800-999-3371**.

## How do I find out the status of my pharmacy prior authorization (PA) request?

The MMIS automatically generates a letter with the PA status and you are notified by mail. However, you can also use our automated phone system to check PA status or submit and check requests online at [www.dmap.state.de.us](http://www.dmap.state.de.us). If you are not registered for Interactive Services and would like to learn more about online submissions and status checks, please call 1-800-999-3371.

## Why do I need a diagnosis code on a prescription?

The diagnosis code on a prescription may allow a claim to process automatically, eliminating the need for a manual PA request.

