



DELAWARE MEDICAL ASSISTANCE PROGRAM

■ PART C ■ RENAL ■ MEDICAID ■ VFC ■ DHCP ■ DPAP

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DELAWARE HEALTH AND SOCIAL SERVICES

Division of Medicaid & Medical Assistance

Provider Specific Announcements

For billing or other provider questions,
call Provider Relations at
(302) 454-7154
OR
1-800-999-EDS1 (3371).

Attention: Hospice Providers

On November 1, 2008, the DMAP will begin using revenue code 0658 instead of 0659 for nursing home room and board to be consistent with national revenue code usage. This change is effective regardless of the date of service. If a claim processed before November 1, 2008 needs to be adjusted, the adjustment must be submitted with 0658.

A new automated process will calculate the total room and board allowable amount. The patient pay will be deducted from the lesser of the billed amount or the calculated allowed amount to determine the final payment. This new process will eliminate the possibility of manual errors in pricing the claims.

When submitting claims, please note that Field 17 Patient Status and Field 39 Value Codes (Hospice covered days = 80) are required fields. Refer to section 2.3 of the UB-04 billing manual.

Electronic Prescribing

The Division of Medicaid & Medical Assistance (DMMA) received a Federal Grant from the Center for Medicare & Medicaid Services (CMS) to implement a statewide E-Prescribing Pilot Project. E-Prescribing will enable practitioners to check patient drug benefit eligibility and coverage, review medication history, send secure, legible prescriptions electronically to local pharmacies, and respond electronically to renewal authorization requests from pharmacies. It will also save money, reduce errors and

improve overall quality. DMMA, EDS and DrFirst (technical support contractor) selected 50 practitioners throughout Delaware to participate in the Pilot Project. Practitioner selection was based on specific criteria including claim count, prior authorization requests, denied claims, physician or practice specialty, and geographical location. Communication strategies to promote the project included provider bulletins, articles, blast faxes, press releases, e-mail notifications, and presentations at various meetings. Full project implementation is on schedule for November 3, 2008. If you have any questions or want additional information about E-Prescribing, please check the DMAP website at www.dmap.state.de.us or call Susan Mateja at (302) 255-9607.



TPL Update

To save taxpayers money, the federal government requires by law that DMAP be the payer of last resort. This means Medicaid can pay only after all other available insurance coverage is billed first.

Because of these laws, it is especially important to screen patients for other health insurance coverage. Keep in mind other insurance will usually pay more for incurred charges than DMAP, so it is beneficial to always inquire thoroughly.

In addition, DMAP is continually improving processes that allow other insurance information to be available to them in a more automated, proactive manner. Providers may see an increase in cost avoidance measures as a result of these improvements. Please remind patients on each visit to disclose any insurance information they have to ensure the most efficient processing of claims.

Provider Specific Announcements

Payment Error Rate Measurement (PERM)

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 the next 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, and Eligibility. Providers must submit medical record documentation pertinent to the claim(s) selected. Documentation must include enough information to determine that services were provided, were medically necessary, and were consistent with the diagnosis.

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, Policy Administrator, DMMA, at (302) 255-9607.

It is critical that all providers submit the requested medical record documentation to support the claim payment timely to the Federal Contractor, Livanta, LLC.

Pharmacy Specific Announcements

Tips from Pharmacy Services

Why are my claims denied for invalid NDC?

Many claims are being submitted with NDCs for drugs that expired several years ago being used on the medical claim forms with HCPC codes and Revenue codes.

Please use the actual product NDC when invoicing.

The NDC must be 11 digits:

5 = labeler,

4 = product/drug/strength/formulation,

2 = package size

If any digit is missing, a zero (0) should be added at the beginning or end of the segment.

The DMMA interactive Website provides a search-by-product-name tool at

<https://www.dmap.state.de.us/secure/ndcLookup.do>.

Where applicable, please add the diagnosis code on the prescription.

Pharmacies should insert diagnosis codes, when provided by the prescribing doctor, on the claim.



Paper Billing Announcements

An easy way to trim costs!

Did you know that Medicaid received approximately 85,000 paper claims in the third quarter of 2008? Think of all the postage and ink costs associated with this large amount of claims. **You can eliminate these costs by billing electronically.**

Do you currently have a vendor for electronic claim submission? Check the vendor list on the DMAP Website to see if the vendor you currently use is an approved DMAP vendor. If your vendor is on the list, your DMAP claims can be billed electronically once we obtain a signed agreement. The agreement can also be downloaded from this link.

www.dmap.state.de.us/downloads/software.html

If you currently do not have a vendor and would like to bill electronically, call Provider Relations at **454-7154** or **1-800-999-EDS1 (3371)**.

DMAP offers free software to all Medicaid providers, so "go electronic" today!

To apply for an NPI online, visit <https://nppes.cms.hhs.gov>.

To request a paper application, call 1-800-465-3203.

Services Available

What's happening between newsletters?

DMAP offers e-mail notifications of billing/policy manual updates, scheduled system downtime, and other important program-related news to all registered users.

Please don't worry about being swamped with extra e-mails - messages are sent only as news is released. Visit the Website at <https://www.dmap.state.de.us/secure/emailIntro.do>. Click on **Register** to enter your e-mail address and name or on **Update Profile** to modify your existing e-mail information. You have 30 days to complete your registration. If registration is not completed in 30 days, your e-mail address is deleted and you will need to restart the registration process.

Interactive Services

The DMAP Website offers the following secure Interactive Services for providers' convenience:

- **Client Eligibility** for quick verification of DMAP client eligibility
- **Claims Status Request** to inquire about previously submitted claims
- **Check Write** to view recent check write information
- **DUR+ PA Criteria** allows entry and inquiry of prior authorization criteria
- **NDC Lookup** allows inquiry of NDC coverage by entering NDC or product name

If you haven't already registered for access to Interactive Services, please check the Website at <https://www.dmap.state.de.us/secure/logon.do> and click the Register link.

What's New?



Provider Manual Updates

The following provider manual revisions were posted to the DMAP Web site What's New page: www.dmap.state.de.us. Notification also appeared on Remittance Advice Banner Pages and the DMAP e-Mail Notification System.

DME Provider Specific Manual

Revision Date: 10/ 24/08

Sections Revised: 5.11 and 8.6

Added sizing definition for incontinence underpads. Deleted prohibition on coverage of pull-up disposable training pants as pediatric and youth pull-on incontinence products are now covered and reimbursed at the same rate as the corresponding size brief/diaper code. Added pediatric and youth pull-on incontinence product codes and clarified incontinence product three month limits.

Revision Date: 8/29/08

Section Revised: 9.0

Updated Medicaid Certificate of Medical Necessity.

Revision Date: 8/6/08

Sections Revised: 5.11 and 8.6

Clarification of incontinence product usage and reimbursement and code table updates.

General Policy Manual

Revision Date 9/26/08 and 10/1/08

Sections Revised 8.1 and 4.4

PA Request Form - Updated Prior Authorization Request Form; Added to Covered Medicaid Services.

Revision Date: 8/29/08

Sections Revised: 8.1, 2.3.5.2.2, and 20.2

PA Request Form - Updated Prior Authorization Request Form; Removed the following wording from 2.3.5.2.2 that states "Magnetic Resonance Imaging (MRI)"; Added fax number for Robscott building.

Revision Date 7/31/08

Sections Revised 2.3.4 and 6.0

Added Diamond State Partners Behavioral Health Benefit Prior Authorization directives and language is being added to clarify provider appeal policy.

Hospice Provider Specific Manual

Revision Date: 10/16/08

Section Revised: 9.0

Clarified the 10/8/08 revision of section 9.0 revenue codes.

Revision Date: 10/8/08

Section Revised: 9.2

Changed revenue code on Hospice service - Other.

Revision Date: 8/15/08

Sections Revised: 7.1.1, 7.1.1.1, 7.1.2, 7.1.3.2

Clarification of contact addresses and contact information under Hospice Notification.

Pharmacy Provider Specific Manual

Revision Date: 9/18/08

Sections Revised: Manual Heading, 11.66 and 11.67

Removed obsolete numbering. Authorization forms have been added for Leukotriene Receptor Antagonists and Inhaled Glucocorticoid/Beta-Agonist Combination.

Revision Date: 8/14/08 and 9/1/08

Sections Revised: 2.1 and 6.0

Update to correct the wording associated with the listed publication examples. Added Cough and cold, oral and diabetes supplies to the PDL.

Revision Date: 7/22/08

Sections Revised: 1.1 and 2.1

MMA coverage for FDA approved indications and reversed prescription requirements.

Practitioner Provider Manual

Revision Date 10/07/08

Section Revised: 30.0 Appendix O

Added wording to the Periodicity schedule regarding number of visits for early childhood years.

Revision Date 9/18/08

Sections Revised: Manual Heading, 29.64 and 29.65

Removed obsolete numbering. Authorization forms have been added for Leukotriene Receptor Antagonists and Inhaled Glucocorticoid/Beta-Agonist Combination.

Revision Date 8/14/08 and 9/1/08

Sections Revised: 1.11 and 10.0

Update to correct the wording associated with the listed publication examples. Added Cough and cold, oral and diabetes supplies to the PDL.

Revision Date: 7/22/08

Sections Revised: 1.11 and 1.2

DMMA coverage for FDA approved indications and clarification of the reporting requirement of the National Drug Code (NDC).

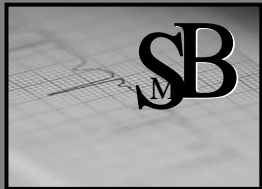


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