



## Communications and Updates

January 9, 2013

### General Updates

#### Update on Medicaid ID Cards

Effective January 1, new eligibility rules and requirements under the Affordable Care Act resulted in many children being switched from NC Health Choice to Medicaid. As a result, the N.C. Department of Health and Human Services (DHHS) had to issue new Medicaid identification (ID) cards to these children. It has been determined that some of these ID cards were mailed to an incorrect parent or responsible adult. New cards are being mailed. In the meantime, parents and guardians of children who did not receive a correct Medicaid ID card may access Medicaid medical services for their child by using the child's NC Health Choice ID number or card. A letter was sent to all providers which included a list of [Frequently Asked Questions](#) to assist with addressing any concerns from their patients.

#### ACA Fee Increase for Provider Enrollment - (Corrected in 01-09-14 Newsletter)

Effective January 1, 2014, according to the provisions of the Affordable Care Act, the application fee for provider enrollment (or re-enrollment) has increased to \$542. The change will take place with applications that have a date of 1/1/2014 or later. Beginning this week, invoices sent to providers who are enrolling (or re-enrolling) in Medicaid will reflect the fee increase.

#### Common error - Missing Service Location for Rendering Providers

A common error that is being observed in many claims is the result of missing service location(s) for rendering providers. Rendering providers must have the addresses of all facilities where they perform services listed as a provider service location under their NPI in NCTracks. The system uses a combination of NPI, taxonomy code, and service location in processing claims. If the address where the service was rendered is not listed in the provider record as a service location for the rendering provider's NPI, the claim will suspend with Edit 4526, holding up the completion of claim adjudication and payment. (The description of the EOB associated with the Edit is RENDERING LOCATOR CODE CANNOT BE DERIVED.)

Rendering providers can add service locations to their provider record by having their Office Administrator complete a Manage Change Request in the Enrollment Status and Management section of the secure NCTracks provider portal. **Please note that when adding a new service location, the application will also require that taxonomies and applicable accreditations be added to the new service location.** The pended claims are recycled periodically and will recognize changes in the provider record that alleviate this edit.

### **Update to Physician Assistant Taxonomy Codes - (Corrected in 01-09-14 Newsletter)**

During the transition into NCTracks, some Physician Assistants claims were denied because of their taxonomy codes. The system has now been updated to accept taxonomy codes 363AM0700X, 363AS0400X, and 363A00000X. Physician Assistants can now resubmit denied claims with those taxonomy codes to be reimbursed for services on their fee schedule.

### **Duplicate Management Fees to be Recouped**

Duplicate management fees were generated for the month of October 2013 for some providers. The duplicate management fees will be recouped during the January 2014 management fee process. Providers who received duplicate management fees during the month of October will notice those amounts being recouped as part of the January 14 checkwrite and it will be reflected on their Remittance Advice (RA).

### **Claims With New 2014 Codes to Pend**

New CPT and HCPCS codes go into effect on January 1, 2014. However, due to the federal shutdown, the states were delayed in receiving the new codes from the Centers for Medicare and Medicaid Services.

The State has been actively engaged in making coverage decisions and CSC is updating the system with the new codes, covered and non-covered, as well as the end-dated codes, to ensure that claims billed with the new codes will process and pay correctly.

Claims submitted from January 1 through January 8 with the new codes may deny for "procedure code not on file." Providers can resubmit the claims once the codes have been loaded into the system and tested. To avoid this, providers may want to hold claims with the new codes until next week.

Beginning January 9, providers will be able to bill Medicaid using the new codes. (This date is revised from previous communication.) However, to avoid having the codes denied while the review and update is being completed; the rates will not be implemented for the new codes. This will cause the codes to pend for "rate not on file" instead of denying. The advantage to the provider is that once the update is complete, CSC will automatically recycle the pended claims and the provider will not need to resubmit them. This process will also be applicable to the Medicare crossover claims.

To maintain cash flow, providers may wish to split claims with the new codes from the other existing codes, where possible, so that the entire claim doesn't pend.

The NC Department of Health and Human Services is currently reviewing the new procedure codes, rates, and the associated business policy and will be testing them in the next few weeks in NCTracks. We will provide weekly updates so that providers will know our progress.

## Ambulance Service Provider Update

### Reminder - Billing with Condition Codes

When billing for Ambulance Services, providers should ensure they are using the correct condition codes. Effective with date of service October 15, 2003, the N.C. Medicaid program end-dated the following condition codes to comply with the implementation of national codes mandated by the Health Insurance Portability and Accountability Act (HIPAA): 81, 82, 83, 84, 85, 86, 90, 91, 92, 93, 94, 95, 96, 97, and 98. Providers must bill using the national condition codes listed below. Claims submitted with missing or end-dated condition codes will deny.

Condition Code	Description	When to Include on UB-04/837I
AK	Air ambulance required - time needed to transport poses a threat	Use on any appropriate air ambulance claim.
AL	Specialized treatment/ bed unavailable	Use if recipient is taken to a hospital other than the nearest, due to treatment unavailable or beds unavailable.
AM	Non-emergency medically necessary stretcher transport	Use when recipient is bed-confined and his/her condition is such that a stretcher is the only safe mode of transportation.

## Pharmacy Update

### Reminder - New Pharmacy PA Fax Number

There is a new toll-free Pharmacy Prior Approval (PA) fax number. It is **(855) 710-1969**. Using this new fax number will enable pharmacy PA requests from providers to be routed more quickly to the team responsible for acting on them. The new Pharmacy PA fax number is available now and providers are encouraged to begin using it immediately. The old Pharmacy PA fax number is currently still available, but may be phased out at a future date.

## Prior Approval Update

### Update on MedSolutions PAs

As noted in a previous newsletter, an issue was identified with billing providers getting paid for services requiring prior approval from MedSolutions. The rendering provider's claims submitted for these services have been denying stating that there is NO PA ON FILE. CSC and MedSolutions have continued to work together to address this issue. An update had previously been made so that prior approvals received from MedSolutions on or after November 11, 2013 are correct and the claims should process in NCTracks. An additional update has been received and providers can now bill the claims for the period July 1 through November 11.

## Visual Aids Update

### Visual Aids Prior Approval Known Issues

Procedure Codes are not required when entering requests for visual aids via the web portal. Do not enter procedure codes, leave that field blank.

When entering requests for visual aids via the web portal, under 'Health Care Services Delivery Information' section, enter 5 for the Service Units.

Before submitting request for visual aids via the web portal be sure the prescription is complete and correctly entered. Be sure to enter the '+' and '-' as the system defaults to all '+' powers

Also be sure PD (pupillary distance) and frame information is entered correctly. It cannot be changed once the request has been submitted.

Thank you,

The NCTracks Team

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