The Provider Perspective

South Carolina Department of Health & Human Services

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*****Important Information*****

Bulletins

In an effort to reduce administrative expense, SCDHHS will no longer mail paper bulletins starting **November 1, 2008**. Medicaid Bulletins will only be distributed electronically through e-mail and will be available online at www.scdhhs.gov.

To ensure that you receive future bulletins as well as this newsletter via e-mail, you <u>must</u> go to http://bulletin.scdhhs.gov and subscribe to the Provider listserv.

Discontinued Code

The code 99050 is listed in the Current Procedural Terminology (CPT) 2008 Standard Edition for services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g. holidays, Saturday or Sunday).

Internal research has shown that CPT code 99050 was being inappropriately utilized in the majority of cases. Providers with regular scheduled evening and weekend office hours should not have used this code to define services offered during those times or for caring for patients whose visits last beyond the posted hours of the facility. The intent of the American Medical Association's definition of the code is to cover services provided to patients at times and days that fall outside of the regularly scheduled office hours or days.

SCDHHS discontinued this code as of June 03, 2008.

South Carolina Department of
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The National Provider Identifier (NPI)

The National Provider Identifier (NPI) is part of the HIPAA mandate requiring a standard unique identifier for health care providers. This 10 digit number has replaced other identifiers such as your UPIN and BCBS numbers, as well as other payer identifiers like Tri-Care, Medicaid, Medicare, etc. Having an NPI enables coordination of commercial and government-sponsored medical claims by providers.

Health care providers who conduct HIPAA standard transactions such as eligibility queries, electronic claims filing, claims status queries and electronic remittance advices need an NPI. There are two types of health care providers required to have an NPI:
· Individuals/Entity Type 1 - physicians, nurse practitioners, CRNA's, chiropractors, dentists, nurse mid-wives, psychologists, therapists, audiologists, optometrists, podiatrists, etc. (individuals are assigned one number and keep it for a lifetime)
· Organizations/Entity Type 2 - hospitals, clinics, lab/x-ray, home health, DME, ambulance, group practices, infusion centers, ambulatory surgical centers, home care nursing service providers, adult day health care providers, etc. (may have multiple NPIs for each subpart such as urgent care, lab, etc.)

NPIs are assigned and maintained by the National Plan and Provider Enumeration System (NPPES). NPPES validates application data to ensure accuracy and authorization.

Ways to apply for an NPI:
-Apply through the web address: https://nppes.cms.hhs.gov
-Call (800) 465-3203 or (800) 692-2326 (TTY) for a paper application
-Email customerservice@npienumerator.com to obtain a paper application
-Write to the NPI Enumerator, P.O. Box 6059, Fargo, N.D. 58108-6059

Providers have the responsibility of informing payers and plans of their NPI. To share your NPI with SCDHHS, you can register online at: https://secure.dhhs.state.sc.us/npi/index.asp, send a copy of your NPI enumeration document to: Medicaid Provider Enrollment, PO Box 8809, Cola, SC 29202-8809; Fax: 803-699-8637, or Email: provider.enrollment@bcbssc.com

Want to know more?   See the web sites below for more information on the NPI.
http://www.scdhhs.gov

SCHIEx

The South Carolina Information Exchange, or SCHIEx, is a free online tool that allows health care providers to quickly access 10 years worth of patient information on up to 850,000 South Carolina Medicaid recipients. Information available includes:
· Prescribed Medications
· Previous Diagnosis
· Treatments

Enrolling in SCHIEx is easy; all you need is internet access and a user ID and password. To sign up and find out more about SCHIEx, please visit www.schiex.org. A video demonstration is also available to help you get started.

New Hospice Edits

Medicare Part A provides coverage for hospice services to eligible patients. Medicaid policy requires that, when an individual needing hospice services is dually eligible for both Medicare and Medicaid, Medicare is the primary payer for the hospice benefit. A recent analysis of hospice Medicaid claim data has shown that multiple hospice providers mistakenly billed Medicaid for hospice services instead of Medicare for several hundred patients who were dually eligible.

In order to prevent future billing errors of this type, SCDHHS has expanded an existing MMIS edit code (980) to include certain hospice procedures. This will cause claims for hospice services to be rejected when the client record shows that the beneficiary is dually eligible. The specific procedures and procedure codes now covered under this edit are:

· S9126 – Hospice care in the Home (routine Care)
· S9125 – Respite Care
· S9123 – Nursing Care
· T1015 – Inpatient Care either in Hospital or Hospice House

Hospice providers can continue to bill these codes for services to beneficiaries who only have Medicaid coverage. It is the responsibility of hospice providers to understand and comply with all Medicaid policies contained in the Hospice Provider Manual, which specifies that Medicare is the primary payer for any beneficiary eligible under both programs.

Verification of Eligibility

It is essential that providers always verify the status of each Medicaid recipient they see at their time of visit. The possession of a South Carolina Medicaid ID number or card does <u>not</u> automatically entitle recipients to all Medicaid services. The services that are allowed are determined by the program or plan that the recipient is enrolled in, and each program has their own policies or guidelines.

Eligibility can be checked online via the web tool or through the interactive voice response system (IVRS) at (888) 809-3040. To subscribe to the web tool, visit www.scdhhs.gov for more details.

Transparency Project

Under the direction of Gov. Mark Sanford, SCDHHS has added a new tool to its website that will allow the public to view total Medicaid payments made to individual Medicaid providers and the number of beneficiaries they served. The information contained on the site does not include identifying beneficiary information, but will list enrolled Medicaid providers by name.

This information is designed to give the public an overview of how tax dollars are spent in support of the Medicaid program. It is not intended to detail each health care service individual Medicaid providers deliver to patients. We hope information presented here will prompt discussions and lead to a better understanding of our agency's mission. Go to www.scdhhs.gov and click on 'Medicaid Transparency Database.'

Provider Exclusion List Now on SCDHHS Website

SCDHHS now has a link on its web page to show which South Carolina health care providers have been excluded from participation in the Medicaid program. "Exclusion" means that these providers cannot submit any claims for reimbursement to Medicaid, Medicare, and any other federal health care program. It also means that pharmacies and durable medical equipment suppliers cannot claim Medicaid reimbursement for any prescription written or supplies and equipment ordered by an excluded physician, dentist, or other provider.

Both the SCDHHS Division of Program Integrity and the federal Office of Inspector General (OIG) can exclude providers from participation in Medicaid. When the OIG excludes a provider, SCDHHS is required under federal law to follow suit. Exclusion usually lasts from three to five years, and can be applied because of any of the following reasons:
· Conviction of fraud related to delivery of services in a health care program.
· Conviction of patient abuse in connection with delivery of health care.
· Failure to comply with financial responsibilities and obligations.
· Adverse action by a licensing board.

This payment prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, any hospital or other provider where the excluded person provides services, and any health care organization where the excluded individual has an ownership or management interest. The exclusion applies regardless of who submits the claims and also applies to all administrative and management services furnished by the excluded person. Therefore, group practices, clinics, hospitals, state agencies, managed care organizations and any other health care provider or entity need to be aware that they could also be excluded if they employ an excluded individual to serve Medicaid beneficiaries.

Reinstatement into the Medicaid program is not automatic, even once the exclusion period is over. Before a request for re-enrollment in Medicaid will be considered, the provider must have an active, valid license to practice and must not be excluded from Medicaid by the federal government (OIG). It is the provider's responsibility to satisfy these requirements. All requests for re-enrollment in Medicaid will be considered by SCDHHS on an individual basis and on their own merit.

The list of providers currently excluded from the South Carolina Medicaid program is available at www.scdhhs.gov under the Bureau of Compliance and Performance Review. There is also a link to the Office of Inspector General's website which gives a detailed explanation of federal requirements for exclusions and a link to the federal exclusion database.