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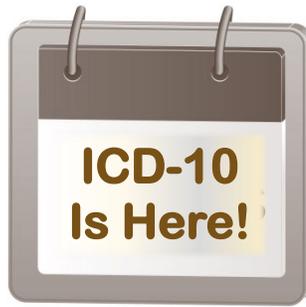
Rhode Island Medicaid Program

PROVIDER *update*

Volume 274

November, 2015

THIS MONTH'S FEATURED ARTICLES



ICD-10 is here!

Is your facility making the necessary adjustments?

See pages 6-8 for helpful information

Ordering, Prescribing And Referring Provider Information Required for Many Claims



Read pages 2-5 to see if your claims are affected

RI Medicaid Provider Revalidation



If you have received notification, you MUST complete revalidation as soon as possible!

See page 10 for important details



Ordering, Prescribing, and Referring Providers

The Affordable Care Act (ACA) requires physicians or other eligible practitioners to be enrolled in the Medicaid Program to order, prescribe and refer items or services for Medicaid beneficiaries, even when they do not submit claims to Medicaid.

RI Medicaid requires this information on claims with dates of service on or after **October 1, 2015**, to ensure all orders, prescriptions or referral for items or services for Medicaid beneficiaries originate from appropriately licensed practitioners who have not been excluded from Medicare or Medicaid.



It is the responsibility of the RI Medicaid provider rendering the service to obtain the NPI of the Ordering, Prescribing, Referring Provider (OPR) and confirm that the OPR provider is enrolled in the RI Medicaid Program.

Claims that are submitted without the required information for OPR will deny due to missing information. (See Frequently Asked Questions pages 3-5 for required information). Claims with complete information that are processed and paid, will be subject to a post-claim review. If it is determined that the OPR is not enrolled as a RI Medicaid provider, the claim may be recouped.

This change affects the following Provider Types:

Inpatient Claims
Outpatient Claims except:
 Clinic visits (rev codes 510-519), ER visits (rev codes 450-459) and Observation (rev codes 760-769)
Pharmacy (POS currently requires NPI for prescriber)
Psychiatric Hospital
Skilled Home Health
Independent Radiology
Independent Labs
DME
Chiropractor
Dialysis
Ambulatory Surgical Centers
Hospice

For clearing houses/vendors, the OPR information should be entered in Loop 2310A for professional claims and Loop 2310F for institutional claims. PES users should must upgrade to PES Version 2.08.

For more information, see the **Frequently Asked Questions** on pages 3-5. If you have any other questions, please contact your provider representative directly. Contact information is found on the [Provider Representative list](#) on the EOHHS website.

Ordering, Prescribing, and Referring Providers

Frequently Asked Questions



Q: What provider types are impacted?

A: Inpatient
 Outpatient (except clinic visits-rev codes 510-519,
 ER visits-rev codes 450-459 and observation-rev codes 760-769)
 Pharmacy
 Psychiatric Hospital
 Skilled Home Health
 Independent Radiology
 Independent Laboratory
 Durable Medical Equipment (DME)
 Chiropractor
 Dialysis
 Ambulatory Surgical Centers
 and Hospice.

Q: Who is eligible to order/refer?

A: Only Medicaid– enrolled individuals of the follow types can order/refer:

- Certified Nurse-Midwives
- Clinical Nurse Specialists
- Clinical Psychologists
- Clinical Social Workers
- Interns, Residents, and Fellows*
- Nurse practitioners
- Optometrists (may order and refer only laboratory and X ray services)
- Physician's Assistants
- And Physicians (Doctors of Medicine or Osteopathy, Doctors of Dental Medicine, Doctors of Dental Surgery, Doctors of Podiatric Medicine, Doctors of Optometry)

*Interns and non-licensed residents must use the NPI of the teaching, admitting, or supervising physician.

Q: How will I know if an OPR provider is enrolled with RI Medicaid?

A: It is ultimately the responsibility of the RI Medicaid provider rendering the service to obtain the OPR provider's NPI and taxonomy code, and to confirm participation with RI Medicaid. RI Medicaid maintains a [provider search function](#) on the website, although all providers may not be listed.

Q: How will I know the NPI of the physician or health care professional who wrote the prescription or order?

A: A prescribing physician or licensed health care provider should be including their NPI on the prescription or order.

Ordering, Prescribing, and Referring Providers

Frequently Asked Questions Continued

Q: I am a member of a group. As an OPR provider, do I list my group NPI or my individual NPI?

A: Only individual NPIs are accepted as an OPR provider on a claim.

Q: What will happen to a qualifying claim submitted without a OPR listed?

A: The claim will be denied by RI Medicaid with EOB Message 574—Referring/Ordering Provider required and missing or invalid.

Q: Where is the OPR information entered on the claim form?

A: **UB-04** – Box 79 – Other– Referring Provider NPI,
Box 81CC (Row d) Referring Provider Taxonomy Code

The diagram shows a portion of the UB-04 form. On the left, there are two columns for 'OTHER PROCEDURE CODE' and 'DATE'. Below these is a section for '81CC' with rows 'a', 'b', 'c', and 'd'. An orange arrow points from the text 'Box 81CC (Row d) Referring Provider Taxonomy Code' to the 'd' row. On the right, there are three rows for '77 OPERATING NPI', '78 OTHER NPI', and '79 OTHER NPI', each with a 'LAST' field. An orange arrow points from the text 'Box 79 – Other– Referring Provider NPI' to the '79 OTHER NPI' field.

CMS 1500 Claim Form Box 17a—Referring Provider Taxonomy code with qualifier “ZZ”
Box 17b—NPI of referring provider

The diagram shows a portion of the CMS 1500 Claim Form. It includes fields for '14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)' and '15. OTHER DATE', both with MM, DD, and YY sub-fields. Below these is '17. NAME OF REFERRING PROVIDER OR OTHER SOURCE', which is split into '17a.' and '17b, NPI'. An orange arrow points from the text 'Box 17a—Referring Provider Taxonomy code with qualifier “ZZ”' to the '17a.' field. Another orange arrow points from the text 'Box 17b—NPI of referring provider' to the '17b, NPI' field.

Q: Where can I obtain the OPR taxonomy code, if I only have the NPI?

A: This information can be found on the [NPPES website](#), by completing a provider search by NPI.

Q: Where is the OPR information entered for electronic claims?

A: For electronic submission of claims (Non-PES users), the OPR information should be entered in Loop 2310A for professional claims and Loop 2310F for institutional claims. Both the name and the NPI are required.

Ordering, Prescribing, and Referring Providers

Frequently Asked Questions Continued

Q: I use the Provider Electronic Solutions (PES) software. Will I need to upgrade the software?

A: Yes. Install the [PES 2.08 upgrade](#) from the EOHHS website. Information for OPR is entered and then selected from the “Other Provider” form in the software. The following information must be entered for the OPR: NPI, Taxonomy, Provider Name, Tax ID, and Provider Address.

Entering information for the OPR on the Other Provider screen will generate a list. When entering the claim information, you will be able to select the provider from the drop down list in the Referring Provider field.

Q: Will claims submitted with an NPI for a non-Medicaid OPR be denied?

A: Claims submitted with complete information will be subject to a post-claims review. If it is determined that the OPR listed on the claim is not enrolled as a RI Medicaid provider, the claim may be recouped.

Q: If RI Medicaid is secondary, is the OPR provider still required?

A: Yes. The enrollment requirement applies even if Medicaid is the secondary payer.

Q: Do Medicare crossover claims require the OPR provider to be enrolled?

A: Yes, Medicare crossover claims are subject to the enrollment requirement.

Q: What if the OPR provider is enrolled with another state's Medicaid program?

A: Enrollment in another state's Medicaid program does not exempt a provider from enrolling with the RI Medicaid program.

Q: I wish to enroll as a RI Medicaid provider. Where do I go to enroll in the Medicaid program?

A: RI Medicaid moved to an electronic enrollment process on July 30.

The Provider Enrollment Portal can be accessed by visiting the [Healthcare Portal](#) and clicking Provider Enrollment. Please note the following:

1. The Provider Enrollment Portal is now available.
2. Paper applications are no longer accepted, except for attending providers being added to an existing group.

Q: What is the effective date of this change?

A: Claims submitted with a date of service of October 1, 2015 or after must include the OPR information.

Transition to ICD-10

Important Reminders for Providers

Important!!!

Reminder!

ICD-10 is date of service driven, **not date of submission**.
You must use the date(s) of service to determine if you should submit ICD-9 or ICD-10.

All claims must include an ICD qualifier, which indicates if you are submitting ICD-9 or ICD-10 codes.

Refer to the instructions for your method of submission to determine the required qualifier.

You must ensure that you select the correct qualifier for the version of codes that you are submitting. Submitting an indicator for ICD-9 with ICD-10 coding will cause your claim to deny.

Selecting ICD Version

The version of ICD is determined by the date(s) of service, not submission date.

ICD **9** When date of service is prior to 10/1/15

ICD **10** When date of service is on or after 10/1/15

To For inpatient claims with a date span, use the "to" date of service to determine version

From For all other claims with a date span, use the "from" date of service to determine version

The following resources may help answer questions:

- [ICD-10 page on the EOHHS website](#)
- [Road to 10 website](#)
- [CMS website](#)
- [Medical Associations for your provider type](#)

Helpful Resources

Other Important ICD-10 Updates:

Prior Authorization Form Revisions



Some Prior Authorization forms have been revised for ICD-10.

It is critical for claim processing that these documents contain the correct diagnosis codes for the date(s) of service, as well as an ICD Type indicator to identify the code as an ICD-9 or ICD-10 code.

The forms that have been revised are the following:

- Prior Authorization Form
- Certificate of Medical Necessity
- Request for Prior Authorization for DME– Children Only
- Pharmacy Prior Authorization Forms

Please discard all earlier versions .

In addition to the field for entering the diagnosis code, there is an added field for entering the ICD Indicator/Type. The values for this field are **2** when using ICD-9 codes and **3** when using ICD-10 codes. The image below is from the Prior Authorization form with the revised areas highlighted.

RHODE ISLAND MEDICAID PRIOR AUTHORIZATION FORM

Recip MID _____ Last Name _____ First Name _____ Middle _____ Birth Date _____

Requesting Medicaid Provider NPI _____ Taxonomy _____

Requesting Provider Name _____ Return Mailing Address _____

City _____ ST _____ ZIP _____ Phone _____ Fax _____

Performing/Billing Provider Name _____

HOSPITALS ONLY SERVICE TYPE INPATIENT OUTPATIENT

The ICD TYP Values are defined as follows: 2=ICD-9, 3=ICD-10

EOHHS ONLY	BILLING PROV NPI	TAXONOMY	START DATE	END DATE	PROCEDURE OR REVENUE CODE/MOD	ADD MOD	TTH SRF	ICD TYP	DIAG CODE	UNITS/OCCUR	DOLLAR AMOUNT

The Certificate of Medical Necessity and the Request for Prior Authorization for DME—Children Only have an added field for the indicator next to the diagnosis code.

SECTION B: TO BE COMPLETED OR REVIEWED AND SIGNED BY PRESCRIBER

Prognosis: _____ **ICD Type¹ / DX:** () _____

How long is this problem expected to last? _____ Months

Please enter number of months, 1-99 (99=Lifetime)



The indicator, **2** for ICD-9 and **3** for ICD-10, must be entered in the field shown with the arrow. The diagnosis code will be entered on the line to the right of the indicator. Providers should use the revised forms, as the older version will not be processed and will be returned to the provider. If you have any questions when completing the form, please contact the Customer Service Help Desk at (401) 784-8100.

[See next page for additional ICD-10 updates](#)

Waiver Claim Form Revision

Update for ICD-10

Important!!!

The Waiver claim form has been revised for ICD-10. Providers should use the revised form, as the older version will not be processed and will be returned to the provider.

An ICD indicator has been added to the bottom of the claim form. Providers must determine whether to submit ICD-9 or ICD-10 codes on the claim, based on the date(s) of service. For ICD-9 codes on claims with dates of service prior to 10/1, the ICD indicator is 9, indicating that ICD-9 codes are being submitted. For ICD-10 codes, the indicator is 0. Reminder: ICD-9 and ICD-10 claims may not be mixed on one form as the indicator applies to all claims on the form.

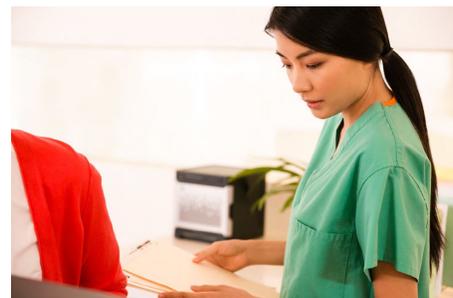
[Click here for Waiver Claim Form](#)

[Click here for Waiver Claim Form Instructions](#)



ICD-10 Diagnosis Codes that are Never Used as Primary Diagnosis

With the adoption of ICD-10, CMS designated that certain Supplementary Classification of External Causes of Injury, Poisoning, Morbidity (E000-E999 in the ICD-9 code set) and Manifestation ICD-10 Diagnosis codes cannot be used as the primary diagnosis on claims. These codes can be used as a secondary diagnosis.



Claims submitted with these diagnosis codes as primary will deny. To view the complete list of codes, [click here](#).

Reminder: ICD-10 general category description codes can never be used as either primary or secondary diagnoses.



Great American Smokeout

American Cancer Society

The American Cancer Society Great American Smokeout® is observed on the third Thursday of November to encourage smokers to finally give up smoking. This year the event is observed on November 19.



42 million Americans still smoke cigarettes and tobacco use remains the single largest preventable cause of disease and premature death in the United States. As of 2013, there were also 12.4 million cigar smokers in the US, and over 2.3 million who smoke tobacco in pipes—other dangerous and addictive forms of tobacco.

Visit

<http://www.cancer.org/healthy/stayawayfromtobacco/greatamericansmokeout/toolsandresources/resources>

to download or print resources for your patients/clients including:

Posters

Flyers

Quit cards

Information sheets

Infographics

Images for Facebook or your own Website

Provider Representative Assignments

Some situations may require a call to your Provider Representative.

Recently some Provider Representative assignments have changed.

Provider Representative assignments can be verified by visiting the [Provider Directories page](#) on the EOHHS website. Select your provider type from the list to access your provider representatives name and contact information.



Revalidation of RI Medicaid Providers



OHHS and HP Enterprise Services are revalidating Provider Enrollment information for **one third** of the enrolled Medicaid providers that are active and have submitted a claim since January 1, 2014.

The provider types in the 2015 Revalidation are as follows:

Inpatient Facility	ICF-MR Public Facility/ ICF-MR Private Facility
Outpatient Facility	Federally Qualified Health Centers
Freestanding Psychiatric Hospital	Assisted Living Facility
Independent Pharmacy	Case Management
Independent Laboratory	Adult Day Care
Ambulance	Shared Living Agency
DME Supplier/Prosthetics/Orthotics	Day Habilitation
Nursing Home	Personal Choice/Habilitation Case Management
Rhode Island State Nursing Home	Self-Directed Community Service
Freestanding Ambulatory Surgical Center	Home Meal Delivery
RICLASS	Outpatient Psychiatric Facility
Hospice	Eleanor Slater Hospital

In early August, our Provider Enrollment Team outreached to the above groups of providers. Providers should have received two letters for the re-validation process. The first letter contained a pre-determined Tracking ID. The second letter contained the password information. Providers are asked to log into the [Provider Enrollment Portal](#) with this Tracking ID and Password to verify the information that is currently in the Medicaid Management Information System. In addition, providers must answer disclosure questions and attest online to their statements and the Provider Agreement. Providers must complete the revalidation as soon as possible or risk termination from the RI Medicaid Program.

If you have moved your office location recently but have not notified us, please ensure that Medicaid has your most current address by completing the form here:

<http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/provcoi.pdf>

If you have not received your letters or have questions while completing your enrollment verification, please contact our Customer Service Help Desk at (401) 784-8100 for in-state and long distance calls or (800) 964-6211 for in-state toll calls.

Reminder:

Requirements for Enrollment, Re-Enrollment and Re-validation with RI Medicaid

As a reminder, as part of the Affordable Care Act Mandate, CFR 455.460 requires the collection of an application fee for new enrollment, re-enrollment, and re-validation for all providers

EXCEPT:

- Individual physicians or non-physician practitioners
- Providers who have paid the application fee to Medicare
- Providers who have paid the application fee to another state's Medicaid program

The 2015 application fee is \$553 and must be paid on enrollment, re-enrollment and re-validation, payable to RI Medicaid. If a provider has paid the fee to another state Medicaid program, **proof of that payment must be submitted.**

In addition, the following provider types are subject to additional requirements:

- **Site Visit:** Dental, Independent Labs, Hospice, Community Mental Health Center, Personal Care/Homemaker, Other Therapist (PT, OT, SHL)
- **Site Visit and Fingerprint based Criminal Background Check:** Home Health, DME, Ambulance/Transportation

If you are currently Medicare certified and can provide a letter from Medicare, you may be exempt from these requirements. If you are unable to provide proof of Medicare certification you will be asked to comply with above requirements upon enrollment, re-enrollment, or re-validation.

If you have any questions, please contact the Customer Service Help Desk at (401) 784-8100 for local and long distance calls and (800) 964-6211 for in-state toll calls.



Monthly Provider Update Delivered to Your Inbox

Would you like to receive the monthly Provider Update delivered electronically to your Inbox?

To add or update your email address on the electronic mailing list, send an email to deborah.meiklejohn@hpe.com.

Please put "Subscribe" on the subject line of your email. Also include your Provider Name as well as the primary type of service you provide.

In addition to the Provider Update, you will also receive any updates that directly relate to the services you provide.





Educational Session about Meaningful Use for Medicaid Providers

Please answer our quick survey

The Rhode Island Quality Institute is planning an after-hours, onsite educational program about the RI Medicaid EHR Incentive Program and Meaningful Use (MU). Please save the date: **Wednesday, December 9, 2015**. More details to follow in November.

So that we can best plan and offer you information that you want and need to know, please take a few moments to respond to [a very short survey here!](#)

RIQI's Educational offerings for November:

Webinar: Meaningful Use for 2015-2017 - What You Need to Know

Friday, November 13, 2015 - 12:00 - 1:00 PM

Description: Join RIQI's experts on Meaningful Use, Sue Dettling and Suzette Santos to learn about the modifications to the Meaningful Use Rule for 2015 – 2017 and what it means for you. This webinar will include things you need to know about Meaningful Use today, including what has changed, what has stayed the same, along with a question and answer session.

Cost: RIQI/REC Members: Free* Non-Members: \$10 per person

Not sure if your practice is a member? Contact us at RIREC@RIQI.org

**Fee waived if practice is participating in Medicaid EHR incentive program.*

Please make checks payable to RI Quality Institute and send to:

*RI Quality Institute
50 Holden St.,
Providence, RI 02908*



Rhode Island Quality Institute

New Rules for EHR Incentive Programs Released

Rhode Island Quality Institute is here to help

The Department of Health and Human Services has issued final rules changing the requirements that eligible professionals (EPs) must meet in order to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. The final rules simplify requirements and encompass 2015 through 2017 (Modified Stage 2) as well as Stage 3 in 2018 and beyond.

Some of the changes include:

- In 2015 only, the EHR reporting period will be *any* continuous 90-day period
- There will be "a 60-day public comment period to gather additional feedback about Stage 3"
- Regardless of the 90-day EHR reporting period in 2015, providers will not be able to attest to MU for an EHR reporting period in 2015 prior to January 4, 2016 for Medicare. *The Rhode Island Medicaid attestation system is currently being updated to accommodate these changes – exact date for attestation deadline to be determined.*
- Providers and state Medicaid agencies will now have until Jan. 1, 2018 to comply and prepare for the next set of system improvements
- Stage 3 will now be optional in 2017
- Stage 3 will have eight objectives; more than 60 percent require interoperability; public health reporting will have flexibility options
- Cybersecurity requirements have been strengthened

The **Regional Extension Center (REC)** a service of the **Rhode Island Quality Institute (RIQI)** is here to help you navigate the new rules and help you and your healthcare team meet the new requirements. Get in touch with your Relationship Manager today at **888-858-4815, Option 4**, or email rirec@riqi.org.

For more information:

- [What You Need to Know for 2015 Tip Sheet](#)
- [Link to the published rule in the Federal Register](#) *(These regulations become effective on December 15, 2015)*
- [HHS Press Release](#)



RI Medicaid EHR Incentive Program Update



CMS releases New Final Rules for Program Years 2015 - 2017

The Centers for Medicare & Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) released final rules that simplify requirements and add new flexibilities for providers to make electronic health information available when and where it matters most and for health care providers and consumers to be able to readily, safely, and securely exchange that information.

Click [here](#) for the press release or click [here](#) for the CMS final rule publication

CMS also posted a [What You Need to Know Eligible Provider](#) and [What You Need to Know Eligible Hospital](#) tip sheets on their website that provides a summary of changes to the program.

Please note that more information will follow and that our current MAPIR system will need updated to accommodate these changes. Our MAPIR team is in the process of updating the system. At this moment, we hope to have the new version available by the end of 2015.

2016 Last Year to Participate

Is your practice considering to attest for the Rhode Island Medicaid EHR Incentive? If so, 2016 is the last year to begin your participation. If you don't start by 2016, you will not be able to earn annual incentive payments until the program ends in 2021. If your practice is interested in earning annual incentives up to \$63,750 per provider, then start planning how your practice will adopt, implement, or upgrade certified EHR technology and become meaningful users of certified EHR technology.

Feel free to contact us at OHHS.ehrincentive@ohhs.ri.gov with any questions you may have. Also, for more information please feel free to visit our RI Medicaid EHR Incentive website [here](#).

Security Risk Assessments – Why it's Critical

Each year when a provider applies for the EHR Incentive as a meaningful user, they are asked to attest to the following:

Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities? Yes or No

This measure requires each application to conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

Security Risks—continued

The Office of National Coordinator (ONC) provides our healthcare community with information on how to perform a security risk analysis. The HealthIT.gov website offers a wide array of information, videos and tools available for you. Click [here](#) to find out more. If you need help with your security risk analysis or to meet meaningful use, our local Regional Extension Center (REC) is available. Click [this link](#) to access their website.

Please note that any meaningful use RI Medicaid EHR Incentive application from program year 2014 and beyond will require a copy of a security risk assessment performed for each program year prior to payment approval. Securing patient information is critical to our program, vital to your operations and more importantly imperative to the patients we serve.

Confused with Electronic Health Record (EHR)?

Don't Know Where to Start?

Our Regional Extension Center is here to help with the following:

- *Maximize your ability to receive federal incentive dollars*
- *Help in obtaining and using an electronic health record*
- *Reduce or eliminate the risk of a penalty payment adjustment for not using and EHR*

The RI Executive Office of Health and Human Services is pleased to announce that we have recently contracted with our local Regional Extension Center (REC), operated by the Rhode Island Quality Institute. Our goal is to provide you and your practice with technical and operational assistance in order that you can become meaningful users of Electronic Health Records systems and earn up to a total of \$63,750 in federal incentives payments before the program ends in 2021 and avoid Medicare payment adjustments in the coming years.

If you either registered or have not registered to participate in the RI Medicaid EHR Incentive program and have not started, or that you began the program by adopting implementing or upgrading an EHR, but have not reached become a meaningful user (MU) of the EHR.

In order to identify barriers you may be encountering and assist you with participating in this program, we have asked the REC to be available to help you and offer their services. This includes assessing your current environment, identifying barriers, and developing action plan that will allow your practice to engage in and/or continue with participating in the Medicaid EHR Incentive program.

Over the past five years, the REC has helped well over 850 providers become meaningful users and we would like to extend their helping hand to you free of charge. If you have any questions or would like more information about our combined efforts, please feel free to email our program at ohhs.ehrincentive@ohhs.ri.gov or if you want to contact the REC directly, feel free to email them at RIREC@riqi.org or call them at 888-858-4815.

After all, there is money to be gained when achieving meaningful use.

Pharmacy Spotlight

Treatment of Hepatitis C Updated Pre-Authorization Guidelines



Hepatitis C has been identified as a significant etiology of chronic liver disease, associated co-morbidities, need for liver transplant and death. Additional medications or drug classes receiving FDA approval for the treatment of Hepatitis C will require separate review.

- The guidelines include the use of Solvaldi® (sofosbuvir), Olysio® (simeprevir), Harvoni® (ledipasvir and sofosbuvir) and Viekira Pak™ (ombitasvir, paritaprevir, ritonavir and dasabuvir)
- Patients co-infected with HIV with documented stage 2 liver disease are eligible for treatment
- Physician assistants and nurse practitioners employed by and co-located with an approved physician may request preferred provider status

Click the links below for more information:

[Pre-Authorization Guidelines](#)

[Pre-Authorization Form](#)

[Application for Preferred Provider Status](#)



Point of Sale (POS) Prospective Drug Utilization Review (PDUR) *Alerts & Override Codes*

EOHHS Fee-for-Service Medicaid continues to perform a PDUR claim review as pharmacies submit POS claims for adjudication. This prospective claim review is intended to aid the pharmacist who may not have a complete prescription history. If the POS claims system identifies a potential problem, the pharmacy will receive an alert indicating one of the following potential problems:

- **Early Refill (ER)** - If a claim for a refill is submitted before 85% of the prior prescription is used, that claim will deny.
- **Therapeutic Duplication (TD)** - If a claim is for a drug within therapeutic duplication alert categories that claim will deny.
- **Drug-Drug Interaction (DD)** - If a claim is submitted for a recipient whose claim history includes an interacting drug and the date of service of the current claim is within the interaction time of the earlier drug, the claim will deny.

To resubmit the claim, you must include the correct *Reason for Service (Alert)*, *Professional Service (Intervention)* and *Result of Service (Outcome)* codes for the claim to be paid. Intervention and Outcome codes are selected based on the pharmacist's professional judgment and assessment, and may involve contacting the prescriber to obtain more information before a code is used. If the dispensing pharmacist determines that the therapy should be allowed with no change, then the claim must be submitted using valid *Professional Service (Intervention)* and *Result of Service (Outcome)* codes.

Point of Sale (POS) Prospective Drug Utilization Review (PDUR) Frequently Asked Questions



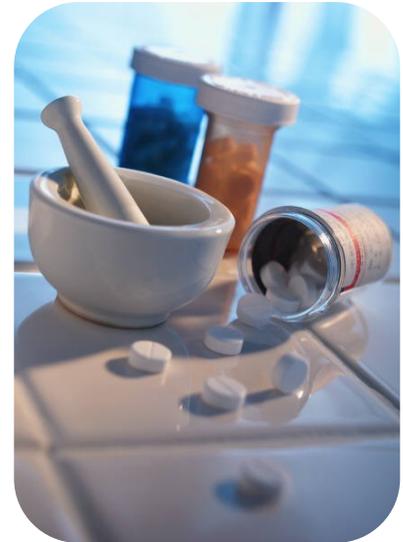
- Who should select the Intervention and Outcome codes?
The codes are selected based on the pharmacist's judgment and may involve contacting the prescriber to obtain more information before resubmitting the claim.
- What code can be submitted when a prescription is lost or stolen?
Code 3H will be accepted for a lost or stolen prescription. Please check the EOHHS website for additional steps that need to be taken if the prescription is lost or stolen.
- What Intervention and Outcome codes can be used if the ER alert is returned to the pharmacy and the patient is going on vacation?
None. Vacation overrides are not allowed.
- How long do I have to override an alert?
Alert overrides must be resubmitted within 3 days of receipt of the denial. Providers trying to override an alert beyond the 3 day time period will receive a message of "No corresponding claim; please resubmit".
- Why does the override claim continue to deny?
The claim will deny when submitted without the correct Alert, Intervention and/or Outcome codes. The pharmacy will receive the following message "No corresponding claim; please resubmit".
The claim will deny when submitted with invalid codes.
- Do I have to let the claim deny before submitting an override?
Yes.

Reason For Service Codes (Alert)	Professional Service Codes (Intervention)	Result of Service Codes (Outcome)
DD = Drug-Drug Interaction ER = Early Refill TD = Therapeutic Duplication	MØ = Prescriber consulted MR = Medication review PH = Patient medication history PM = Patient monitoring PØ = Patient consulted	1C = Filled, With Different Dose 1D = Filled, with Different Directions 1E = Filled, With Different Drug 1G = Filled, With Prescriber Approval 3C = Discontinued Drug 3D = Regimen Changed 3E = Therapy Changed 3H = Follow-up/ Report

Pharmacy Spotlight

Meeting Schedule:

Pharmacy & Therapeutics Committee
Drug Utilization Review Board



2015 Meeting Dates

December 1



The next meeting of the
Pharmacy & Therapeutics Committee (P&T)
is scheduled for:

Date: December 1, 2015

Registration: 7:30 AM

Meeting: 8:00 AM

Location: HP Enterprises Services
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886

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The next meeting of the
Drug Utilization Review (DUR) Board
is scheduled for:

Date: December 1, 2015

Meeting: 10:30 AM

Location: HP Enterprises Services
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886

[Click here for agenda](#)



RI Medicaid Customer Service Help Desk for Providers

Available Monday—Friday

8:00 AM-5:00 PM

(401) 784-8100 for local and long distance calls

(800) 964-6211 for in-state toll calls



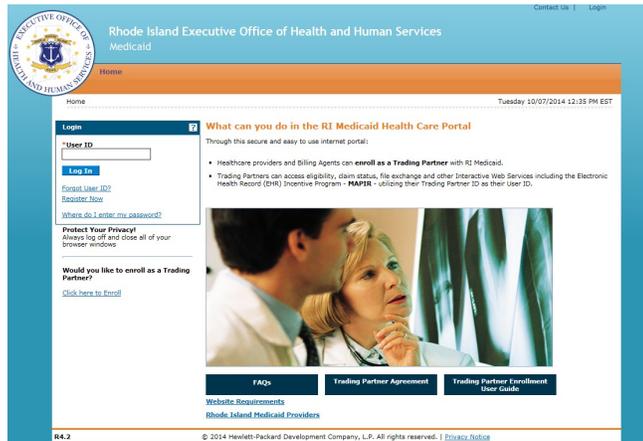
Healthcare Portal

Important Information for All Trading Partners

All Trading Partners must access information through the Healthcare Portal.

Trading Partners must register in the new Healthcare Portal to continue to access information.

[Click here](#) to access the Healthcare Portal.



For step by step instructions, use these User Guides

SELF PACED USER GUIDES AVAILABLE ON THE EOHHS WEBSITE

Self –paced user guides are available on the EOHHS website. These guides will give you step by step instructions:

- [Enrolling as a New Trading Partner](#)
- [Registering to Use the Healthcare Portal](#)
- [Using the Healthcare Portal](#)

Click the links above to access the User Guides.

To troubleshoot problems as they occur, use these Quick Reference Guides

Registration Tips

This guide will help with initial registration questions, adding delegates and password questions.

[Click here for Registration Reference Guide](#)

Access to Web Services

This guide will help you access services such as eligibility verification, remittance advice, and other business actions.

[Click here for Web Access Reference Guide](#)

835/277 Transactions

This guide explains the steps for adding a provider to the Trading Partner account for the purposes of receiving the 835/277U transactions.

[Click here for 835/277 Reference Guide](#)

Attention Professional Providers:
**Billing Administration Codes
For Vaccines**

RI Medicaid does not reimburse for state supplied vaccines. RI Medicaid will reimburse for the administration of the vaccines.

Procedure code 90460 (immunization administration through 18 years via any route of administration, with counseling by physician) and 90461 (immunization administration through 18 years via any route of administration, each additional vaccine) allows one unit each.



Vaccines with multiple components are considered as one unit. For example, procedure code 90696 (DTap, Tetanus, Acellular Pertussis, Polio) has four components; However it is considered as one unit and will be reimbursed as one unit.

If the vaccines are administered with a flu vaccine, RI Medicaid will reimburse multiple administrations. For example: procedure codes 90748 (Hepatitis B), 90680 (Rotavirus vaccine), and 90670 (Pneumococcal Vaccine) are single components and can be reimbursed using one unit of procedure code 90460 for the first injection and procedure code 90461 for any subsequent injections. (Please note: An administration code is allowed for every injection performed.)

In both examples the claims must be sent for review to :

HP Enterprise Services
Attention: Karen Murphy
P.O. Box 2010
Warwick, RI 02887

If you have any questions, please contact Karen Murphy at 401-784-8004
or by email: karen.murphy3@hpe.com



Attention Physicians: **Procedure for Requesting DME Supplies**



The following is the correct procedure for requesting DME supplies when prior authorization is required:

- The correct type of Certificate of Medical Necessity (CMN) must be filled out by the ordering physician. There are some CMN's that are specific for the type of supply being requested (example: Enteral Nutrition). Not all supplies have a specific CMN. For those supplies without a specific CMN, providers should use the [non-specific version of the CMN](#). All CMN forms and instructions can be found on the www.eohhs.ri.gov website.
- The CMN must be sent **directly to the DME provider** who will be providing the supplies for the RI Medicaid beneficiary and **should not be sent** to HP by the physician.
- Please note: Some CMN forms require that both the prescriber and the supplier complete a portion of the form.
- It is the responsibility of the DME provider to send in the correct type of Prior Authorization form along with the correct CMN. The Prior Authorization form and instructions can be found on the www.eohhs.ri.gov website as well.

Attention: All DME Providers **Revised Coverage Guidelines and Form Revisions**



Please note: The Certificate of Medical Necessity for Enteral Nutrition has been revised.

[Click here for revised form.](#)

Please use only the revised form when submitting this documentation.

Seat Lift Mechanism Coverage Guidelines have also been revised.

[Click here for revised guidelines.](#)

Certificates of Medical Necessity have been revised to include the NPI for the ordering, prescribing, referring provider.

[Click here for revised forms.](#)

Submitting Refunds to RI Medicaid

When it is necessary to submit a refund to RI Medicaid, the preferred method is to process the appropriate adjustment to the paid claim.

If that is not possible, and you must submit a refund, please use the refund log.
 Click here to access the [Refund Log](#).

**Rhode Island Executive Office of Health and Human Services
 Medicaid Program
 Refund Request**

ALL REFUND REQUESTS MUST BE SUBMITTED TO THE PROVIDER WITH A LETTER SUPPLYING ADDITIONAL INFORMATION. PLEASE NOTE THAT ALL CHECKS ARE DEPOSITED UPON RECEIPT.

Provider Name: _____ Contact Name: _____
 Provider NPI: _____ Contact Phone Number: _____

#	Recipient Name	SMO #	SIZ #	Detail # (if Applicable)	DOS	RA Date	Refund Amount	Refund Reason
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

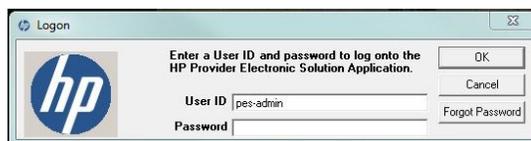
FORM 01-13-2014

You must submit the following information:

- Name
- MID
- ICN
- Date of Service
- RA Date
- Refund Amount
- Any Comments
- Check for payment made payable to RI Medicaid

Attention PES Users:

Provider Electronic Solutions Software Upgrade



Providers who use Provider Electronic Solutions Software (PES) for billing RI Medicaid claims must install a mandatory upgrade to PES 2.08.

The upgrade can be installed from the [PES webpage](#) on the EOHHS website. If you are currently using 2.07 you should select and follow instructions for the Upgrade and not the Full Installation.

This upgrade contains important changes required for Ordering, Prescribing and Referring (OPR) providers. For more information on OPR, please see the article on page 2.