

## Provider Update, December 2008, Vol. 194

### Your Signature Please

DHS and EDS are requiring that all active Medicaid providers sign an updated Provider Agreement. The addition of item 18 in the Agreement acknowledges the new requirement that providers who receive requests from the Department of Human Services for information about their employer-sponsored health insurance provide the requested documentation to DHS in a timely manner.

As we informed you in the October and November Provider Updates, this requirement is found in Article 17 of the Rhode Island State Budget for State Fiscal Year 2009. The information will be used to determine if Medical Assistance-eligible employees can be enrolled in Rite Share, Rhode Island's Premium Assistance Program.

Please find the Provider Agreement by clicking [here](#).

**Provider agreements must be completed with signature, date and provider number.**

Incomplete agreements will be returned.

Mail completed provider agreements to:

EDS an HP company  
ATTN: Barbara Lynch  
PO Box 2010  
Warwick, RI 02887-2010

If you are unable to access the Agreement, please contact your Provider Representative for assistance.

Find your Provider Representative by clicking [here](#).

### New Changes To Timely Filing That Effect You

#### *Modification to Timely Filing Guidelines Effective June 1, 2008*

- Claims with a date of service over one year with an involved third party payer (insurance), must be submitted within ninety days (90) from the process date of the other payer (insurance).
- Claims with a date of service over one year that had denied previously by EDS must be submitted within ninety (90) days from the date on the remittance advice.
- Any claim with a service date over one year and a process date from another payer or a remittance advice date from EDS over (90) days will be denied for timely filing.

The Rhode Island Department of Human Services Program has a claim submission restriction of twelve (12) months from the date of service provided to Medical Assistance clients. EDS must receive a claim for services for Medicaid clients, with no other health insurance and no previous denial from EDS within 12 months in order to process claims

for adjudication. Any claim submitted with a date greater than twelve months from date of service will deny for timely filing.

## Securing Personal Information

The RI Department of Human Services and EDS are very cognizant of the vast amount of personal health information (PHI) that passes from you, the providers, to us. The majority of this information comes to us via secure, electronic transactions. A very small portion, however, comes by e-mail. We all have an obligation to make sure PHI is not compromised.

**REMINDER**—Please do not e-mail unencrypted information which can be personally associated with a particular recipient (first and last name, social security number, diagnosis, etc).

Thank you for helping us keep PHI secure and confidential!

## End Stage Renal Disease Dialysis Fee Schedule Effective October 1, 2008

Effective October 1, 2008, the Rhode Island Department of Human Services (DHS) updated the fee schedule for procedures and drugs used during End Stage Renal Disease dialysis services.

Claims received for recipients with (a) no other primary insurance and (b) for dates-of-service on or after October 1, 2008 will be processed per the attached fee arrangement.

**Please note: Your billing procedure has not changed.**

Should you have questions, please contact the Dialysis Provider Representative, Sandra Bates at 401-784-3832 or email: [sandra.bates@eds.com](mailto:sandra.bates@eds.com).

Procedure Code	Procedure Code Description	Dosage	Revenue Code	Fee Eff. 10/01/08
<b>Dialysis Drugs</b>				
J0133	Acyclovir injection	5 MG	0636	0.02
J2997	Alteplase recombinant	1 MG	0636	32.80
J0278	Amikacin sulfate injection	100 MG	0636	0.60
J0300	Amobarbital 125 mg injection	125 MG	0636	11.68
J0288	Ampho b cholesteryl sulfate	10 MG	0636	12.00
J0285	Amphotericin B	50 MG	0636	13.06
J0287	Amphotericin b lipid complex	10 MG	0636	10.66
J0289	Amphotericin b liposome injection	10 MG	0636	16.47
J0290	Ampicillin injection	500 MG	0636	1.99
J0295	Ampicillin sodium	1.5 GM	0636	4.37

J0348	Anadulafungin injection	1 MG	0636	1.31
J0350	Anistreplase in	30 Units	0636	23.82
J0456	Azithromycin	500 MG	0636	12.12
J0592	Buprenorphine hydrochloride	0.1 MG	0636	0.74
J0595	Butorphanol tartrate	1 MG	0636	0.51
J0636	Calcitriol injection	0.1 MCG	0636	0.40
J0690	Cefazolin sodium injection	500 MG	0636	0.55
J0692	Cefepime hcl for injection	500 MG	0636	5.71
J0698	Cefotaxime sodium injection	1 GM	0636	3.27
J0694	Cefoxitin sodium injection	1 GM	0636	8.09
J0713	Ceftazidime injection	500 MG	0636	3.86
J0715	Ceftizoxime sodium	500 MG	0636	5.24
J0696	Ceftriaxone sodium injection	250 MG	0636	1.48
J0720	Chloramphenicol sodium injection	1 GM	0636	16.10
J1990	Chlordiazepoxide injection	100 MG	0636	21.05
J3230	Chlorpromazine hcl injection	50 MG	0636	3.88

Procedure Code	Procedure Code Description	Dosage	Revenue Code	Fee Eff. 10/01/08
<b>Dialysis Drugs</b>				
J0743	Cilastatin sodium injection	250 MG	0636	14.23
J0744	Ciprofloxacin iv	200 MG	0636	3.32
J0745	Codeine phosphate injection	30 MG	0636	1.11
J0770	Colistimethate sodium injection	150 MG	0636	19.37
J0878	Daptomycin injection	1 MG	0636	0.38
J0882	Darbepoetin alfa, ESRD use	1 MCG	0636	2.83
J0895	Deferoxamine mesylate injection	500 MG	0636	11.44
J3360	Diazepam injection	5 MG	0636	0.81
J1270	Doxercalciferol injection	1 MCG	0636	3.01
Q4081	Epoetin alfa (for ESRD on dialysis)	100 UNITS	0634	0.91
Q4081	Epoetin alfa (for ESRD on dialysis)	100 UNITS	0635	0.91
J0886	Epoetin alfa, 1000 units (for ESRD on dialysis)	1000 Units	0634	9.07
J0886	Epoetin alfa, 1000 units (for ESRD on dialysis)	1000 Units	0635	9.07
J1335	Ertapenem injection	500 MG	0636	25.36
J1364	Erythro lactobionate	500 MG	0636	6.97
J7194	Factor ix complex	1 IU	0636	0.81
J7193	Factor ix non-recombinant	1 IU	0636	0.90
J7195	Factor ix recombinant	1 IU	0636	1.07
J7189	Factor viia	1 MCG	0636	1.22
J7190	Factor viii	1 IU	0636	0.82
J7192	Factor viii recombinant	1 IU	0636	1.06
J2916	Ferric gluconate complex	12.5 MG	0636	4.88

J1450	Fluconazole	200 MG	0636	8.59
J1580	Garamycin gentamicin injection	80 MG	0636	0.93
J1590	Gatifloxacin injection	10 MG	0636	0.83
J1631	Haloperidol decanoate injection	50 MG	0636	3.32
J1630	Haloperidol injection	5 MG	0636	1.42
90746	Hep b vacc, adult, im	20 MCG	0636	57.26
90740	Hep b vacc, ill pat 3 dose im	40 MCG	0636	114.51
90747	Hep b vacc, ill pat 4 dose im	40 MCG	0636	114.51
J1170	Hydromorphone injection	4 MG	0636	1.26
Q4098	Iron dextran, injection 50 mg	50 MG	0636	11.60
J1751	Iron dextran 165 injection	50 MG	0636	10.33
J1752	Iron dextran 267 injection	50 MG	0636	10.33
J1756	Iron sucrose injection	1 MG	0636	0.35
J1840	Kanamycin sulfate 500 mg injection	500 MG	0636	4.74
J1850	Kanamycin sulfate 75 mg injection	75 MG	0636	0.71
J1955	Levocarnitine injection	1 GM	0636	6.61
J1956	Levofloxacin injection	250 MG	0636	5.75
J2010	Lincomycin injection	300 MG	0636	4.63
J2020	Linezolid injection	200 MG	0636	28.33
J2060	Lorazepam injection	2 MG	0636	0.64
J2180	Meperidine and promethazin hcl [mepergan]	50 mg	0636	3.79
J2175	Meperidine hydrochl	100 MG	0636	1.46
J2185	Meropenem	100 MG	0636	3.86
J1230	Methadone injection	10 MG	0636	3.56
J2765	Metoclopramide hcl injection	10 MG	0636	0.36
J2271	Morphine so4 injection	100 MG	0636	2.69

Procedure Code	Procedure Code Description	Dosage	Revenue Code	Fee Eff. 10/01/08
<b>Dialysis Drugs</b>				
J2270	Morphine sulfate injection	10 MG	0636	1.74
J2275	Morphine sulfate injection	10 MG	0636	2.50
J2280	Moxifloxacin injection	100 MG	0636	2.79
J2300	Nalbuphine hydrochloride injection	10 MG	0636	0.97
J2310	Naloxone hydrochloride injection	1 MG	0636	3.22
J2700	Oxacillin sodium injection	250 MG	0636	1.47
J2460	Oxytetracycline injection	50 MG	0636	0.88
J2501	Paricalcitol	1 MCG	0636	3.68
J0580	Penicillin g benzathine injection	2400000 UNITS	0636	45.13
J0550	Penicillin g benzathine injection	2400000 UNITS	0636	32.52
J0540	Penicillin g benzathine injection	1200000 UNITS	0636	32.52

J0530	Penicillin g benzathine injection	600000 UNITS	0636	14.75
J0570	Penicillin g benzathine injection	1200000 UNITS	0636	40.90
J0560	Penicillin g benzathine injection	600000 UNITS	0636	23.40
J2540	Penicillin g potassium injection	600000 UNITS	0636	0.63
J2510	Penicillin g procaine injection	600000 UNITS	0636	9.85
J2515	Pentobarbital sodium injection	50 MG	0636	7.98
J2560	Phenobarbital sodium injection	120 MG	0636	2.93
J2543	Piperacillin/tazobactam	1.125 GM	0636	5.28
90732	Pneumococcal vaccine	0.5 ML	0636	32.70
J0780	Prochlorperazine injection	10 MG	0636	1.63
J2550	Promethazine hcl injection	50 MG	0636	1.37
J2993	Retepase injection	18.1 MG	0636	829.51
J3320	Spectinomycin di-hcl injection	2 GM	0636	28.65
J0697	Sterile cefuroxime injection	750 MG	0636	4.12
J2995	Streptokinase injection	250,000 IU	0636	76.32
J3000	Streptomycin injection	1 GM	0636	7.38
J3260	Tobramycin sulfate injection	80 MG	0636	2.51
J3365	Urokinase 250,000 iu injection	250000 IU	0636	457.73
J3364	Urokinase 5000 iu injection	5000 IU	0636	9.16
J3370	Vancomycin hcl injection	500 MG	0636	3.09
<b>Composite Rate Procedures*</b>				
90945	Continuous Cycling Peritoneal-Dialysis procedure other than hemodialysis (eg, peritoneal, hemofiltration) requiring repeated evaluations, with or without substantial revision of dialysis prescription.		0851	49.84
90947	Dialysis procedure other than hemodialysis (eg, peritoneal, hemofiltration) requiring repeated evaluations, with or without substantial revision of dialysis prescription.		0851	49.84
90937	Hemodialysis procedure requiring repeated evaluation (s) with or without substantial revision of dialysis prescription.		0821	116.30
90999	Unlisted dialysis procedure, inpatient or outpatient		0821	116.30
<b><u>*The facility's composite rate covers any drugs or services not listed.</u></b>				

### Notification of Reimbursement Rate Change

Effective July 1, 2008, the rate of reimbursement for procedure code S5102 is \$52.98. A mass adjustment will be processed for any claim that was reimbursed at the lower rate.

If you have any questions, please contact your provider representative, Mary Jane Nardone at 401-784-3813 or email Mar Jane by clicking [here](#).