

Provider Update, September 2008, Vol. 191

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State Fiscal Year 2009 Medical Assistance Financial Calendar

Month	LTC Due	EMC Claims Due	Cycle Date	EFT Payment	3 wk cycle
June	6/5/2008	6/6/2008	6/7/2008	6/13/2008	
		6/20/2008	6/21/2008	6/27/2008	
July	7/10/2008	7/11/2008	7/12/2008	7/18/2008	1
		7/25/2008	7/26/2008	8/1/2008	
August	8/7/2008	8/8/2008	8/9/2008	8/15/2008	
		8/22/2008	8/23/2008	8/29/2008	
September	9/4/2008	9/5/2008	9/6/2008	9/12/2008	
		9/19/2008	9/20/2008	9/26/2008	
October	10/9/2008	10/10/2008	10/11/2008	10/17/2008	1
		10/24/2008	10/25/2008	10/31/2008	
November	11/6/2008	11/7/2008	11/8/2008	11/14/2008	
		11/21/2008	11/22/2008	11/28/2008	
December	12/4/2008	12/5/2008	12/6/2008	12/12/2008	
		12/19/2008	12/20/2008	12/26/2008	
January	1/8/2009	1/9/2009	1/10/2009	1/16/2009	1
		1/23/2009	1/24/2009	1/30/2009	
February	2/5/2009	2/6/2009	2/7/2009	2/13/2009	
		2/20/2009	2/21/2009	2/27/2009	
March	3/5/2009	3/6/2009	3/7/2009	3/13/2009	
		3/20/2009	3/21/2009	3/27/2009	
April	4/9/2009	4/10/2009	4/11/2009	4/17/2009	1
		4/24/2009	4/25/2009	5/1/2009	
May	5/7/2009	5/8/2009	5/9/2009	5/15/2009	
		5/22/2009	5/23/2009	5/29/2009	
June	6/4/2009	6/5/2009	6/6/2009	6/12/2009	
		6/19/2009	6/20/2009	6/26/2009	
July	7/9/2009	7/10/2009	7/11/2009	7/17/2009	1
		7/24/2009	7/25/2009	7/31/2009	

Instructions for Billing NDC on the CMS-1500 Form

As a reminder the Rhode Island Department of Human Services, in accordance with the Deficit Reduction Act of 2005, requires that all Providers, when billing a CPT/HCPC code for a covered outpatient drug, must also submit the appropriate National Drug Code (NDC).

For Electronic Professional Billing:

Upgrade your Provider Electronic Solution (PES) software to version 2.05, by clicking [here](#).

OR

Make the necessary coding changes within your systems, utilizing Loop 2410, segments LIN and CPT. For further guidance on this loop, refer to our Companion Guide by clicking [here](#).

Instructions for Billing NDC on the CMS- 1500 form:

The CMS-1500 form allows for the submission of one NDC per HCPCS detail billed on the claim. If sending NDC/HCPCS information, enter the 5 character HCPCS code that describes each procedure in the un-shaded area of box 24D. Also enter the modifier (up to four, if any) that applies to each procedure code. HCPC must be entered in un-shaded fields.

An NDC is required if a physician administered drug is billed. In the shaded area of box 24A, enter “N4” (which is the qualifier that indicates an NDC is being used), followed by the 11 digit NDC (include all leading zeros, the NDC must be 11 digits), followed by the two letter abbreviation for the unit of measurement (see chart below) and the number of units (up to five digits, a decimal and three spaces after the decimal). Do not leave any blank spaces between these elements.

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE		C. D. PROCEDURES, SERVICES, OR SUPPLIES				E. DIAGNOSIS		F. CHARGES		G. UNITS		H. I. ID. NUMBER		J. RENDERING PROVIDER ID #	
From	To	MM	DD	YY	MM	DD	YY	SEVICE	EMG	OPT/HCPCS	MODIFIER	NUMBER	CHARGES	UNITS	UNIT	TYPE	ID.	NUMBER	PROVIDER ID #		
N400026064871UN2																					
10	01	05	10	01	05	11				J1563				13		500 00	20	N	1B	12345678901	
																			NPI	0123456789	

Abbreviations for Units of Measurement

FL.....International Unit

GR.....Gram

ML.....Milliliter

UN.....Unit(s)

To report more than one NDC per HCPC, use the NDC Attachment Form by clicking [here](#).

Please call Darphine Monroe at 401-784-3879 or [e-mail](#) Darphine with any questions.

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 process 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 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.

Examples:

1. A claim for 6/30/08 Date of Service may be submitted through 6/29/09.
2. A claim for 6/30/08 Date of Service for which there is an Explanation of Benefits from a third party payer (insurance) dated 7/31/09 may be submitted through 10/29/09
3. A claim for 6/30/08 Date of Service which RI Medical Assistance denied on 7/31/09 may be submitted through 10/29/09

Child and Adolescent Intensive Treatment Services (CAITS)

Effective August 1 2008, DHS will administer the Children's Intensive Services (CIS) program under a new name Child and Adolescent Intensive Treatment Services (CAITS).

CAITS is a short-term acute behavioral health service available for up to 16 weeks per 12-month period. It is designed to provide intensive treatment to children and youth with moderate to severe emotional and/or behavioral disturbance. Medically necessary services are delivered both in the child or adolescent's home and community settings. Essential to improved outcomes is the consistent and active participation of families throughout a child's or youth's course of care.

Treatment is focused on improving parent-child relations as well as developing parent knowledge and skills to improve the child's functioning. CAITS, an empirically grounded behavioral health intervention, provides an array of intensive clinical treatment services designed to reduce the likelihood of inpatient psychiatric hospitalization or residential treatment.

These services are delivered in a timely manner in order to stabilize the at risk

behaviors of children and adolescents. Throughout the course of care, CAITS supports the transition of children, adolescents, and their families to traditional outpatient behavioral health care services.

Parties interested in applying to become a CAITS provider are encouraged to contact the Center for Child and Family Health at DHS for further information and clarification. Letters of Interest are strongly encouraged to ensure that DHS is able to keep interested parties up to date regarding scheduled meetings or program clarifications that may be needed. Inquiries, Letters of Interest, requests for application, and/or completed applications should be directed to:

Center for Child and Family Health
Department of Human Services
600 New London Avenue
Cranston, RI 02920
Attn: Sharon Kernan
Phone: (401) 462-3392
Email: SharonK@dhs.ri.gov

Electronic Commercial Medicare Billing

In order to facilitate electronic billing and proper reimbursement for commercial Medicare Plans such as United Senior Care and Blue Chip Medicare, the following conditions must be met:

- Include the Carrier Code of other insurer in the SVD01
 - 06A United Health
 - 12A Blue Chip
- The Claim Filing Indicator must be MA or MB as appropriate in the SBR09
- Coinsurance and/or Deductible amount(s) in the CAS segment
- Other Insurer Paid Amount in the AMT segment

For assistance setting this up electronically, please contact Mary Jane Nardone at 401-784-3813 or e-mail Mary Jane by clicking [here](#).

Changes to Transportation Benefit for RItE Care and RItE Share Recipients

Effective July 1, 2008, RItE Care and RItE Share members will be eligible for a **Rhody Ten** ride pass which replaces the monthly bus pass for most members. (Persons on the Family Independence Program (FIP) and Extended Medical Assistance recipients will continue to be eligible for a monthly RIPTA bus pass.) **The Rhody Ten ride pass is for transportation to and from medical appointments only.** Each pass is worth ten (10) one way trips (with transfers) and is good for one month. Each family member over age 5 will be eligible to receive a pass. Children under 5 years of age ride for free. For more information, members can call the DHS Info Line at (401) 462-5300.

High Acuity - Home Care Providers

Minimum Data Set (MDS) forms need to be received approximately 2 weeks prior to the expiration date of High Acuity. Once the MDS form is received, a confirmation fax will be sent within 4 days. If you do not receive a confirmation within 4 business days, please contact the Customer Service Help Desk at 401-784-8100 for local calls and 1-800-964-6211 for In-State toll calls, to verify High Acuity has been established. If High Acuity has not been established, your fax request will need to be resubmitted.

Please remember that it is not possible to approve High Acuity for dates that precede the date that the fax is received. Therefore, if an MDS form is submitted late, there will be a gap in eligibility for High Acuity, and that level will not be billable for the given time period.

If you have any questions regarding this process, please contact Kelly Leighton at 401-784-3823 or by [e-mail](#)

