APRIL, 2011 Volume 219

RHODE ISLAND MEDICAL ASSISTANCE PROGRAM

PROVIDER UPDATE

PRESCRIBERS & DURABLE MEDICAL EQUIPMENT PROVIDERS

NUTRITIONAL SUPPLEMENTS

Access to Nutritional Supplements is a two-part process involving both the provider of the nutritional supplement and the prescriber.

1. The Prior Authorization (PA) form must be completed by the DME provider which will be supplying the nutritional supplement. DME providers include pharmacies which are enrolled as DME providers or stand-alone DME entities.
2. The prescriber of the nutritional supplement is **NOT** the provider of the supplement, therefore PAs submitted by them will not be considered.
3. The prescriber **IS** responsible for completing the Certificate of Medical Necessity (CMN) which must include the following information:
   - Indication that the nutritional supplement is the sole source of the beneficiary's nutrition, OR
   - Indication that there is a medical condition preventing the absorption of nutrients from solid food, but the beneficiary has a functional gastrointestinal tract
   - Indicate the number of calories required daily

The policy along with the prior authorization form and the certificate of medical necessity can be downloaded from the DHS web site, www.dhs.ri.gov.

If you need additional information, please contact Jeanne Giroux at (401) 463-2358 or jeanne.giroux@hp.com.

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AMBULANCE PROVIDERS

NON EMERGENCY TRANSPORTATION BILLING REFERENCE

Ground Mileage –

Ground mileage (codes A0425 and A0021) at $0.51/mile for non-emergency medical transportation is allowed for trips coded T2003 (non-emergency medical transportation for persons who are ambulatory) for **out-of-state trips only. Mileage for the T2003 for out-of-state transports is effective for transports with a February 1, 2011 or later date of service.**

Modifiers –

Accepted Origin/Destination Modifiers
D Diagnostic or therapeutic site
E Residential, custodial facility *
G Hospital-based dialysis facility
H Hospital **
J Non-hospital based dialysis facility
N Skilled nursing facility
P Physician's office
R Residence

* "E" modifier should be used for adult daycare.

** When billing for transports to and/or from a physician or physician group located within a hospital, please use the "P" modifier in the appropriate combination. The "H" modifier should be reserved for actual hospital services.

Accepted modifier combinations

RD	ED	GD	JE	ND	PR
RE	EG	GE	JN	NE	PE
RG	EH	GN	JR	NG	PN
RH	EJ	GP	JP	NH	
RJ	EP	GR	JD	NJ	
RP	ER			NP	

AMBULANCE PROVIDERS

General Claims Handling —

- Transports and Mileage should be billed on one claim
- Claims with mileage of more than 60 miles one way, must be submitted manually (paper), with the run reports
- Claims for more than one round trip on the same date of service, must be submitted manually (paper), with the run reports for each transport

Please submit claims to your Provider Representative at:

Rhode Island Medical Assistance
Attn: Sandra Bates
HP Enterprise Services
P.O. Box 2010
Warwick, RI 02887-2010

NON EMERGENCY TRANSPORTATION

IMPORTANT REMINDER

Multiple stops during a non-emergency transport **can not** be billed as a separate transport.

Examples:
Residence —>Dr. Appointment—>Dr. Appointment—>Residence
Residence —>Dr. Appointment—>Pharmacy—>Residence
Residence —>Dr. Appointment—>Lab—>Pharmacy—>Residence

These transports can only be billed as a round trip. When billing, it must only be billed as two (2) units of the authorized procedure, A0130 or T2003. The same limitation applies to non-emergency procedure A0428. **Billing for a third (or more) unit is not allowed.** If the procedure is A0130 or A0428, mileage **only** may be billed for the additional stop(s).

Should you have questions, please contact the Customer Service Help Desk at 401-784-8100 or your Provider Representative, Sandra Bates, at 401-463-2385 or via email at sandra.bates@hp.com

ALL PROVIDERS

RIte SHARE PREMIUM ASSISTANCE PROGRAM

RIte Share members actually receive health coverage through their employer-sponsored health plan such as Blue Cross Blue Shield of Rhode Island, BlueCHIP/ Coordinated Health Partners, and United Healthcare, Inc. The RIte Share benefit package is identical to the RIte Care benefit package. Services and member co-payments which are not covered by the commercial carriers are billed directly to the RIte Share Program. Member co-payments or co-insurance and/or deductible amounts are reimbursed through the Medical Assistance Program by **billing either electronically as you would for any other recipient or by billing on a CMS1500 Form using the codes listed below.**

When checking eligibility on The Department of Human Services web-site (www.dhs.ri.gov), membership in a RIte Share Program will be displayed. Only claims for RIte Share members can be submitted with the X0700 and X0701 codes.

For additional information on the Rite Share and RIte Care programs, reference the DHS website. For specific information on billing procedures for RIte Share members, contact the Customer Service Help Desk at 401-784-8100.

Remember: At no time should providers collect the co-payments directly from a client. This is against Medical Assistance regulations.

PROVIDER CATEGORY	RIte SHARE MEMBER BILLING PROCEDURE AND NOTES
Physicians and other Medical professionals:	**Use State Local Code X0700 for billing copayments**: **(For CMS 1500 Professional Billing)** Do not submit an Explanation of Benefits (EOB)/Remittance Advice (RA) from the primary or RIte Share commercial insurance carrier Field/Box: • 9D -- No carrier code is required • 11D -- Indicate **NO** to other insurance • 24F, 28 & 30 -- amount of the co-payment • should be entered • 29 —Leave blank

ALL PROVIDERS

[redacted]

PROVIDER CATEGORY	RIte SHARE MEMBER BILLING PROCEDURE AND NOTES
Physicians and other Medical professionals: (For CMS 1500 Professional Billing)	**State Local Code X0701 for billing coinsurance and/or deductible amounts:** Submit an EOB/RA from the primary or RIte Share commercial insurance carrier. Field/Box • 9D -- List the 3 digit carrier code for the commercial insurance • 11D -- Indicate **YES** to other insurance • 24F, 28 & 30 -- amounts of the coinsurance and deductible should be combined and entered • 29—Leave blank These claims will be manually priced according to the co insurance and/or deductible amount posted on the EOB from the RIte Share primary commercial insurance carrier. If there is a dollar amount under **one** column on the EOB or RA which indicates co-pay/co-insurance or deductible, look for the reason code for that line item. It should specifically designate whether the amount is a co-pay or co-insurance/deductible and that will indicate the correct code to be billed. If there is no reason code, the Claims Department will accept whichever "X" code the provider bills and will either pay the amount billed or up to the allowable amount whichever is the lesser amount.

Federally Qualified Health Center (FQHC) Billing Co-payments:

- Bill the encounter code T1015 on detail #1 at the co-pay amount (not encounter rate)
- Detail #2 is billed with procedure code X0700 at $0.00

Please note: You must indicate NO to other insurance and an EOB is not needed to process these claims

ALL PROVIDERS

FQHC billing co-insurance and/or deductible:

- Bill the encounter code T1015 on detail #1 at the co-insurance/deductible amount (not encounter rate)
- Detail #2 is billed with procedure code X0701 at $0.00

Please note: You must indicate YES to other insurance and an EOB is required to process these claims.

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Pharmacies

POS Claim:

- Use the NDC dispensed and bill commercial co-payment in field 433 (patient paid amount).

Paper Claim:

- Use the mock NDC 99999-1111-11 for billing the commercial co-payment in the charge field.

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PROVIDER ENROLLMENT PORTAL

DHS has been working with HP in developing a new web based provider enrollment process. The first phase involves collecting all of the enrollment information for all current providers within the MMIS that are active and have submitted a claim within the past 12 months. HP has been piloting this new enrollment solution with several providers and has received positive feedback about the product, including that it is user friendly and more efficient than the paper application process.

Over the next several months our Provider Enrollment Team will begin outreach to small groups of providers. Providers will be asked to log into the Provider Enrollment Portal to verify their information that is currently in the MMIS. In addition, Providers will answer disclosure questions and attest online to their statements and the Provider Agreement.

Please watch your mail for more information about our new Provider Enrollment Portal and how to access your enrollment.