MAY, 2012 Volume 232

RHODE ISLAND MEDICAL ASSISTANCE PROGRAM

PROVIDER UPDATE

All PROVIDERS

PROVIDER ENROLLMENT

EOHHS has been working with HP Enterprise Services 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 Medicaid Management Information System (MMIS) that are active and have submitted a claim since January 1, 2010.

Letters were mailed to notify providers that they will need to revalidate their provider enrollment information on the new Enrollment Portal. In late March 2012 our Provider Enrollment Team outreached to the providers listed here:

BHDDH Behavioral Health Group
Children's Behavioral Health Group
Community Mental Health Center
Physician

In early April 2012 our Provider Enrollment Team outreached to the providers listed here:

FQHC
Indian Health Center
Local Education Agency
Optician
Other Therapies/Hippotherapy
Podiatry
Psychologist
Vision

The letter will contain a pre-determined Tracking ID. Providers will be asked to log into the Provider Enrollment Portal with this Tracking ID 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.

Information updates about the new enrollment process will be available on the Provider News and Updates page of the DHS website: http://www.dhs.ri.gov/ForProvidersVendors/MedicalAssistanceProviders/ProviderNewsUpdates/tabid/907/Default.aspx

If you have not received your letter 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.

ALL PROVIDERS	**1-2**
ADULT DAY, ASSISTED LIVING, HOME CARE and NURSING HOME PROVIDERS	**3**
DENTAL PROVIDERS	**4-8**
TRANSPORTATION PROVIDERS	**9**

All PROVIDERS *continued*

Rhode Island Medical Assistance HIPAA 5010

Rhode Island is now compliant with CMS requirements for the 5010 & NCPDP D.O standards. As of February 18th, 2012, we no longer accept 4010 transactions. At this time, we are only accepting the 5010 format for the following transaction sets:

837P, I and D – Professional, Institutional and Dental
270 and 271 – Eligibility Inquiry and Response
277U – Unsolicited – Health care claim status
835 – Health care payment and remittance advice
NCPDP D.O. – POS Retail Pharmacy Drug and Professional Services

If you are a Provider Electronic Solutions software user (PES) you should be using the most current version of 2.06. If you have not already upgraded to version 2.06, the newest version can be found at:

http://www.dhs.ri.gov/ForProvidersVendors/MedicalAssistanceProviders/HIPAA/ElectronicDataInterchange/ProviderElectronicSolutions/tabid/363/Default.aspx

Claims submitted in a 4010 format will not be accepted for processing. If you need any assistance upgrading to version 2.06 or becoming 5010 compliant, please contact our EDI Coordinator Mary Jane Nardone at 401-784-8014 or mary-jane.nardone@hp.com.

Welcome to Medicaid- New Provider E-Learning Course

In an effort to assist new and existing providers with navigating the Rhode Island Medical Assistance Program, HP Enterprise Services has created a "Welcome to Medicaid" E-Learning Course. This course intends to empower providers with increased knowledge so that they can more easily resolve common questions and billing difficulties. In this course, we review key information about the RI Medical Assistance Program, including provider responsibilities, basic billing procedures, recipient eligibility, and utilizing the Executive Office of Health and Human Services (EOHHS) website.

You may access this course by visiting the Executive Office of Health and Human Service website at www.dhs.ri.gov. In the left margin, click on "Provider Services," followed by "Customer Service. The "Welcome to Medicaid" course is located at the bottom of the page, under "Links."

ADULT DAY, ASSISTED LIVING, HOME CARE and NURSING HOME PROVIDERS

RITE RESOURCES

The Rhode Island Medical Assistance Program has implemented a new web site, RIte Resources, which aims to provide better information about the availability of services provided by **nursing homes, assisted living residences, home care agencies, and adult day healthcare agencies**.

RIte Resources enables hospital discharge planners, patients, and their families to search for services across the state of Rhode Island by using a range of search criteria, such as distance from home, languages spoken by staff, etc. RIte Resources also serves as an **excellent marketing tool** for providers to promote the availability of their services and highlight unique attributes of their businesses. RIte Resources is available for all licensed entities of the above provider types and is not limited to those enrolled with the Rhode Island Medical Assistance Program.

In order to optimize the value of RIte Resources, providers are required to enter and **update regularly** some basic information about their organizations into the tool, including:

- Name
- Address
- Contact information
- Website URL
- Admission criteria (bed types and availability)
- Special services provided

Before you participate, you must complete and return a **User ID Request form**, which is located on the *RIte Resources* page on the Executive Office of Health and Human Services website. Once you have received your User ID and Password via email, you must complete the required information within the website about your organization. Each provider must have one Administrator and may have as many Users as needed. The Administrator will be responsible for entering all required information and may update that information as needed. Users will only have access to update the admission information of the organization.

The User ID Request form can be accessed at the following link: http://www.dhs.ri.gov/DefaultPermissions/RIteResources/tabid/1008/Default.aspx

The RIte Resources website can be accessed at: https://www.ricsm.net/RIteResources/

If you have any questions regarding RIte Resources, please contact Kate Gilsenan at 401-784-8011or at kathleen.m.gilsenan@hp.com.

DENTAL PROVIDERS

In-Plan Oral Health Benefits

The following procedures are part of the managed care in-plan oral health benefits including Rite Care and Rhody Health Partners. Claims for these services should be billed to the respective plans.

These benefits are included in the capitated benefit and are the responsibility of the Managed Care Health Plan to provide or arrange. The following services will be paid for by the Managed Care Health Plans: (1) Services to diagnose and treat an Oral Health Condition in either an inpatient or an outpatient hospital setting, or (2) Services to diagnose and treat an Emergency Oral Health Condition in a hospital emergency department and (3) Medically necessary oral surgery services as described below.

OTHER SURGICAL PROCEDURES

D7260 **Oroantral fistula closure**

D7261 **Primary closure of sinus perforation**

D7270 **Tooth reimplantation and/or stabilization of accidentally or evulsed displaced tooth and/or alveolus**

D7285 **Biopsy of oral tissue – hard (bone, tooth)**

D7286 **Biopsy of oral tissue - soft**

D7287 **Exfoliative cytological sample collection**

D7288 **Brush biopsy- transepithelial sample collection**

D7291 **Transseptal fiberotomy/supra crestal fiberotomy, by report**
Pertinent documentation to evaluate medical appropriateness should be included when this code is reported

SURGICAL EXCISION OF REATIVE INFLAMMATORY LESIONS (SCAR TISSUE OR LOCALIZED CONGENIAL LESIONS)

D7410 **Excision of benign lesion diameter up to 1.25 cm**

D7411 **Excision of benign lesion diameter greater than 1.25 cm**

D7412 **Excision of benign lesion, complicated**

D7413 **Excision of malignant lesion up to 1.25cm**

D7414 **Excision of malignant lesion greater than 1.25cm**

D7415 **Excision of malignant lesion, complicated**

D7440 **Excision of malignant tumor - lesion diameter up to 1.25 cm**

D7441 **Excision of malignant tumor - lesion diameter greater than 1.25 cm**

D7450 **Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm**

D7451 **Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm**

DENTAL PROVIDERS *continued*

D7460 **Removal of nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm**

D7461 **Removal of nonodontogenic cyst or tumor-lesion diameter greater than 1.25 cm**

D7465 **Destruction of lesion(s) by physical or chemical methods, by report**
Pertinent documentation to evaluate medical appropriateness should be included when this code is reported

D7471 **Removal of lateral exostosis –(maxilla or mandible)**

D7472 **Removal of torus palatines**

D7473 **Removal of torus mandibularis**

D7485 **Surgical reduction of osseous tuberosity**

D7490 **Radical resection of maxilla or mandible**

SURGICAL INCISION

D7510 **Incision and drainage of abscess - intraoral soft tissue**

D7511 **Incision and drainage of abscess-intraoral soft tissue-complicated (include drainage of multiple fascial spaces)**

D7520 **Incision and drainage of abscess-extraoral soft tissue**

D7521 **Incision and drainage of abscess- extraoral soft tissue- complicated (includes drainage of multiple fascial spaces)**

D7530 **Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue**

D7540 **Removal of reaction-producing foreign bodies-musculoskeletal system**

D7550 **Partial ostectomy/sequestrectomy for removal of non-vital bone**

D7560 **Maxillary sinusotomy for removal of tooth fragment or foreign body**

TREATMENT OF FRACTURES – SIMPLE

D7610 **Maxilla - open reduction (teeth immobilized, if present)**

D7620 **Maxilla - closed reduction (teeth immobilized, if present)**

D7630 **Mandible - open reduction (teeth immobilized, if present)**

D7640 **Mandible - closed reduction (teeth immobilized, if present)**

D7650 **Malar and/or zygomatic arch - open reduction**

D7660 **Malar and/or zygomatic arch - closed reduction**

D7670 **Alveolus –closed reduction, may include stabilization of teeth**

D7671 **Alveolus-open reduction, may include stabilization of teeth**

DENTAL PROVIDERS *continued*

D7680 **Facial bones - complicated reduction with fixation and multiple surgical approaches**

TREATMENT OF FRACTURES - COMPOUND

D7710 **Maxilla - open reduction**

D7720 **Maxilla - closed**

D7730 **Mandible - open reduction**

D7740 **Mandible - closed reduction**

D7750 **Malar and/or zygomatic arch - open reduction**

D7760 **Malar and/or zygomatic arch - closed reduction**

D7770 **Alveolus - open reduction stabilization of teeth**

D7771 **Alveolus, closed reduction stabilization of teeth**

D7780 **Facial bones - complicated reduction with fixation and multiple surgical approaches**

REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS

Procedures which are an integral part of a primary procedure should not be reported separately.

D7810 **Open reduction of dislocation**

D7820 **Closed reduction of dislocation**

D7830 **Manipulation under anesthesia**

D7840 **Condylectomy**

D7850 **Surgical discectomy, with/without implant**

D7852 **Disc repair**

D7854 **Synovectomy**

D7856 **Myotomy**

D7858 **Joint reconstruction**

D7860 **Arthrotomy**

D7865 **Arthroplasty**

D7870 **Arthrocentesis**

D7872 **Arthroscopy - diagnosis, with or without biopsy**

D7873 **Arthroscopy – surgical: lavage and lysis of adhesions**

D7874 **Arthroscopy – surgical: disc repositioning and stabilization**

DENTAL PROVIDERS *continued*

D7875 **Arthroscopy – surgical: synovectomy**

D7876 **Arthroscopy – surgical: discectomy**

D7877 **Arthroscopy – surgical: debridement**

D7880 **Occlusal orthotic device, by report**

D7899 **Unspecified TMD therapy, by report**
This code should be used only if a more specific code is unavailable.

REPAIR OF TRAUMATIC WOUNDS
Excludes closure of surgical incisions.

D7910 **Suture of recent small wounds up to 5 cm**

COMPLICATED SUTURING (RECONSTRUCTION REQUIRING DELICATE HANDLING OF TISSUES AND WIDE UNDERMINING FOR METICULOUS CLOSURE)
Excludes closure of surgical incisions.

D7911 **Complicated suture - up to 5 cm**

D7912 **Complicated suture - greater than 5 cm**

OTHER REPAIR PROCEDURES

D7920 **Skin graft (identify defect covered, location and type of graft)**

D7940 **Osteoplasty - for orthognathic deformities**

D7941 **Osteotomy –mandibular rami**

D7943 **Osteotomy – mandibular rami with bone graft; includes obtaining the graft**

D7944 **Osteotomy - segmented or subapical - per sextant or quadrant**

D7945 **Osteotomy - body of mandible**

D7946 **LeFort I (maxilla - total)**

D7947 **LeFort I (maxilla - segmented)**

D7948 **LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion)-without bone graft**

D7949 **LeFort II or LeFort III - with bone graft**

D7950 **Osseous, osteoperiosteal, or cartilage graft of the mandible or facial bones - autogenous or nonautogenous, by report**

D7951 **Sinus augmentation with bone or bone substitutes**

D7955 **Repair of maxillofacial soft and hard tissue defect**

DENTAL PROVIDERS *continued*

D7960 **Frenulectomy (frenectomy or frenotomy) - separate procedure**

D7963 **Frenuloplasty**

D7972 **Surgical reduction of fibrous tuberosity**

D7980 **Sialolithotomy**

D7981 **Excision of salivary gland, by report**
Pertinent documentation to evaluate medical appropriateness should be included when this code is reported

D7982 **Sialodochoplasty**

D7983 **Closure of salivary fistula**

D7990 **Emergency tracheotomy**

D7991 **Coronoidectomy**

D7995 **Synthetic graft, mandible or facial bones, by report**
Pertinent documentation to evaluate medical appropriateness should be included when this code is reported

D7996 **Implant, mandible for augmentation purposes (excluding alveolar ridge), by report**
Pertinent documentation to evaluate medical appropriateness should be included when this code is reported

D7997 **Appliance removal (not by a dentist who placed appliance), includes removal of archbar**

D7998 **Intraoral placement of a fixation device not in conjunction with a fracture**

D7999 **Unspecified oral surgery procedure, by report**
This code should be used only if a more specific code is unavailable.

Should you have questions please contact the plan directly.

- **UnitedHealthcare of New England 1-800-587-5187 - www.uhcmedicaid.com**
- **Neighborhood Health Plan of Rhode Island 1-800-459-6019 - www.nhpri.org**

TRANSPORTATION PROVIDERS

The following Non-Emergency Medical Transportation codes are active:

- T2003 for non-emergency medical transportation for persons who do not require a wheelchair or scooter. The rate for this service is $22 per trip, inclusive of mileage.
- A0130 for non-emergency medical transportation for persons requiring a wheel chair or scooter. The rate for this service is $25.65 per trip.

Prior authorization is required through the OHHS Transportation Line. **Ground mileage is not permitted when providing service under T2003.**

Also, effective February 25, 2012 the mileage codes (A0425 and A0021) for emergency and non-emergency medical transportation for the Medical Assistance program have increased to $.56 per mile. This mileage rate is consistent with federal standards for business mileage reimbursement for cars, vans, pickups and panel trucks.

Additionally effective March 1, 2012, tolls services will be reimbursed using procedure code (A0170) for non-emergency medical transportation. The rate for this service is $1.00 per unit/trip up to a maximum of 4 units per day.

Procedure Code	Procedure Description	Allowed Amount	Min Units	Max Units	Prior Auth
A0021	AMBULANCE SERVICE, OUTSIDE STATE PER MILE, TRANSPORT (MEDICAID ONLY)	$.56	1	500	Y
A0130	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN	$25.65	1	4	Y
A0170	NON-EMERGENCY TRANSPORTATION ANCILLARY: PARKING FEES, TOLLS, OTHER	$1.00	1	4	
A0420	AMBULANCE WAITING TIME (ALS OR BLS) 1/2 HOUR INCREMENTS	$12.50	0	4	
A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION	$11.66	0	1	
A0424	EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICAL REVIEW)	$29.15	1	2	Y
A0425	GROUND MILEAGE, PER STATUTE MILE	$0.56	1	60	
A0426	AMBULANCE SERVICES, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	$69.95	1	1	
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	$69.95	1	1	
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	$22.00	1	4	Y
A0225	AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY	$60.00	1	1	
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	$69.95	1	1	
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS EMERGENCY)	$69.95	1	1	