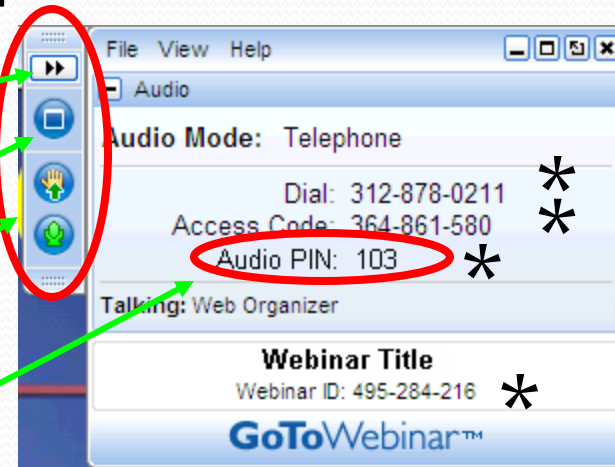


## Using the Attendee Control Panel

- Grab Tab
  - Click arrow to open/close Control Panel.
  - Click square to toggle Viewer Window between full screen/window mode.
  - Click hand icon to raise/lower hand.

- **When joining via telephone, be sure to enter on the telephone keypad the Audio PIN noted in your Control Panel.**

- By default, you will be joined into the Webinar muted. Questions will be taken at the conclusion of the presentation.
  - Please use the Hand Icon to raise your hand to ask a question.
  - When the organizer is ready to address your question, your line will be unmuted and you will be cued to ask your question.



The \* phone number, Access Code, Audio PIN, and Webinar ID shown are for informational purposes only. Please do not use these numbers.

# **Provider Billing Errors for BAYOU HEALTH Claims Submitted to Shared Savings Plans**

**Molina Medicaid Solutions  
Community Health Solutions  
United HealthCare Community Plan  
Joint Training**

**Webinar #4**

**May 8, 2012**



# **Bayou Health Implementation**

## **A Transition from Legacy Medicaid to Medicaid Managed Care**

**This webinar is the fourth in a series of webinars addressing billing issues identified with claims processed for Shared Health Plan members.**

# Reminders

- At the end of the presentation there will be a question and answer session. For this please make sure that you have dialed into the conference using your audio PIN and raise your electronic hand to ask questions. A red arrow means that your hand is up and the green arrow signals that your hand is down.
- There is a brief survey at the conclusion of this Webinar, Please take a moment to complete it as your feedback is vital for the preparation of the next Webinar.

# Dissolving of KIDMED Program

- “KIDMED”, The Program name for EPSDT Screening for Medicaid recipients, and the administration of that function through the Medicaid Program is being discontinued. **EPSDT Screenings will continue.**
- Effective June 1, 2012 the KIDMED Program name in Louisiana will be dissolved
- KIDMED Clinics will no longer be an active provider type with Medicaid
- KM-3 Forms and the 837P .KID (electronic KidMed transactions), will no longer be accepted by Medicaid for claims with a date of service 6/1/2012 and after
- Claims for EPSDT screening services (including immunization claims) for patients enrolled in a BAYOU HEALTH Plan on the date of service (which can be verified through the eMEVS system), must submit either electronically via 837-P or hardcopy using the CMS-1500 form.

# Elimination of Edit 517

## Bill in KIDMED Format

With the transition from KIDMED claims submissions to the CMS-1500 Form or the 837P electronic transaction:

- The Denial/Edit 517 is being removed and claims that denied for this edit from date of service 2/1/12 forward will be recycled
- A new duplicate denial edit 845 has been established to prevent payment of the screening/preventive medicine code(s) as both a professional claim billed on the 1500/837P and a KIDMED claim from February to June when the KIDMED program is eliminated.

# EPSDT Screenings and General Claims Submissions

- While the periodicity schedule will not change, certain policies and procedures will change and may differ depending on the Health Plan.
- It is very important that you contact each plan to determine the requirements.
- All claims for BAYOU HEALTH members must be submitted to the Health Plan in which the patient is enrolled on the date of service.

# EPSDT Screening Claims Filing Guidelines

- The health plans are responsible for managing EPSDT services and coordinating all specialty services for their members.
- All claims must be submitted to the health plan for preprocessing and within 2 business days, the health plan will send clean claims to Molina for payment.
- To be reimbursed for services provided to members of a Shared Savings Plan, the provider must be enrolled as a Louisiana Medicaid provider.
- Appropriate codes and modifiers covered by Medicaid must be used to assure correct reimbursement.



# Who do I contact now that AHS is no longer the CommunityCARE/KidMed Contractor?

- Eligibility questions or concerns for legacy Medicaid recipients should be directed to Louisiana Medicaid Eligibility at 1-888-342-6207
- For eligibility questions or concerns for Bayou Health Plan members contact the appropriate health plan. You may call 1-855-229-6848 should you need assistance reaching the health plan.
- The Specialty Care Resource Hotline (1-877-455-9955) has not changed.

# Medicaid vs. Commercial Insurance Guidelines

**DO NOT** change your system to accommodate billing guidelines billed for commercial insurance. **Bill claims as previously billed to Medicaid.**

Examples of Identified Errors:

- Billing procedures that are not covered by LA Medicaid
  - Category II CPT codes
  - “G” codes (examples - G8711, G8712, G8708, G8553)

# Anesthesia

- The guidelines for anesthesia billing has not changed
- Modifiers P<sub>1</sub>, P<sub>2</sub> and P<sub>3</sub> are not valid modifiers for Medicaid Claims that are submitted to the Shared Plans, yet they continue to be used for billing Medicaid claims
- Please see the 2012 Professional Provider Manual for current guidelines in regards to anesthesia claims – found online at:

<http://www.lamedicaid.com/provweb1/Providermanuals/PSMain.htm>

# Valid Anesthesia Modifiers

Modifier	Provider Type That May Bill	Billing Definition
AA	Anesthesiologist	Anesthesia services performed personally by the anesthesiologist
QY	Anesthesiologist	Medical direction* of one CRNA
QK	Anesthesiologist	Medical direction of two, three, or four concurrent anesthesia procedures
QX	CRNA	CRNA service with medical direction by an anesthesiologist
QZ	CRNA	CRNA service without medical direction by an anesthesiologist
47	Delivering Physician	Anesthesia provided by delivering physician
52	Delivering Physician or Anesthesiologist	Reduced services
QS**	Anesthesiologist or CRNA	Monitored Anesthesia Care Service

# New/Established Patient

- With the Implementation of Bayou Health, the same guidelines are being followed for the criteria of either a New or Established patient
- The transition from Molina to the health plans, CHS or UHC, does not change this policy
- Claims will run through ClaimCheck (which follows CPT guidelines for this policy) to verify new or established patient
- Claims with a new/established patient conflict will receive the denial of 645

# Newborn Baby Health Plan Eligibility

- If a Mother is not enrolled in a Bayou Health Plan on her newborn's date of birth, the newborn's birth will be covered by Legacy Medicaid
- Check the Mother's eligibility for the month of birth. If the Mother is in a Health Plan, the baby will be covered by that Health Plan for the month of birth.
- Check the babies eligibility to make sure they have been listed on the Medicaid file.
- Refer to Bayou Health Informational Bulletin 12-5 dated February 16, 2012 for complete details.

# Unprocessed EDI Claims

## The 'Black Hole'

- We continue to have claims that are not being processed due to NPI issues (i.e. going in the 'black hole')
- Ongoing Problems Include:
  - Billing with an NPI that is NOT on the Medicaid file
  - Billing with an incorrect Tie Breaker where 1 NPI is being used for multiple Medicaid ID numbers
  - Using NPIs from closed Medicaid ID numbers (i.e. using an incorrect NPI for the Medicaid ID number)
  - Incorporated Individual physicians should report both the individual NPI and the organizational/business entity NPI to Molina Provider Enrollment (225-216-6370 Option 2)

# Home Health – PA – CHS

- Routine home health services prescribed by a physician for only one skilled nursing visit per day or less does not require prior authorization and no further action is needed when services are provided by an agency listed in the Medicaid Provider Directory
- A prior authorization is required whenever the prescription of the physician includes multiple daily visits.
  - Multiple visits in the same day are usually associated with IV therapy but prescriptions can also be for three or more hours per day to care for a recipient age birth through 20 meeting the criteria for this care.



# Home Health – PA – UHC

- Prior authorization may be obtained 24 hours per day/ 7 days a week:
  - Phone number is **1-866-604-3276**
  - Fax number is **1-877-271-6290**
  - Provider web portal

# Authorizations for Ambulatory Surgery – CHS

- Providers should check the Community Health Solutions website to verify if a prior authorization is required for a procedure
  - <http://www.louisiana.chsamerica.com/index.php?id=34>
    - In the Referrals and Authorizations section

# Authorizations for Ambulatory Surgery – UHC

- **Prior authorization and pre-certification may be obtained 24 hours per day/ 7 days a week:**
  - Phone number is **1-866-604-3276**
  - Fax number is **1-877-271-6290**
  - Provider web portal
- **Type of information needed for prior authorization requests:**
  - Pertinent Clinical Data
    - Progress Notes
    - Treatment Rendered
    - Tests Performed
    - Lab Results
    - Radiology Results

# Common Denials

- **Edit/Denial o84 – Invalid or missing Place of Service**

- These errors are being seen on professional claims
- Place of Service Codes are still required for each service
- See current CPT guidelines for Place of Service Codes

24.	A	B	C	D	E
	DATE(S) OF SERVICE From To MM DD YY MM DD YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE

# Field Visits

- Just a reminder that each company, Molina, CHS and UHC, has Field Analysts in your area available to come to your office and assist with any of the issues you are having.
- If you would like to arrange an on-site visit, please contact your local area Field Analysts or refer to the Provider Relations contact list at the end of the presentation.

# Current Billing Instructions

Please refer to the Medicaid website below for current billing instructions.

[www.lamedicaid.com](http://www.lamedicaid.com)

Links:

- [Provider Manuals](#)

or

- [Billing information](#)

# Hand Test

- Due to confusion over the past few weeks, we are now going to perform a test on raising your electronic hands
  - Please raise your electronic hand located on the left hand side of the webinar toolbar
    - **If you see a red arrow, your hand is raised**
    - **If you see a green arrow, your hand is lowered**
  - Now we will lower all hands and begin to ask questions based on the hand being raised
- Please be aware that we will not have time for all questions that will need to be asked, we do apologize for this in advance



# **Contact Information**

**Molina Medicaid Solutions**

**Provider Relations**

**800-473-2783**

**225-924-5040**

**UnitedHealthcare Community Plan of Louisiana, Inc.**

**Provider Relations**

**866-675-1607**

**Community Health Solutions of Louisiana**

**Provider Relations**

**855-247-5248**



# Questions

