

# Nevada Medicaid News

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## Updated Timetable for New Claim Forms for 2007

The claim forms in use today to bill Nevada Medicaid and Nevada Check Up (CMS-1500 version 12/90, UB-92, ADA 1999 version 2000 and ADA 2002, 2004) are being revised for implementation in 2007.

As of Dec. 1, 2006, the effective dates for the new claim forms are indicated below. **Important note: These dates apply to date of receipt at First Health Services, not the date of service and not the date the claims are mailed.**

**CMS-1500:** Providers may use either the current (12/90) version or the new (08/05) version Jan. 2, 2007, through April 1, 2007. The new (08/05) version is required for claims received at First Health Services on or after April 2, 2007.

**ADA:** Providers may use either the current ADA claim forms (the 1999 version 2000 or the 2002, 2004) or the new 2006 ADA claim form Jan. 2, 2007, through May 22, 2007. The 2006 ADA version is required for claims received at First Health Services on or after May 23, 2007.

**UB:** Providers may use either UB-92 or UB-04 from March 1, 2007, through May 22, 2007. The new UB-04 version is required for claims received at First Health Services on or after May 23, 2007.

New claim form instructions for the CMS-1500 (08/05) and the 2006 ADA have been posted at <https://medicaid.nv.gov> (select "Billing Manuals" from the "Providers" menu). The new UB-04 instructions will be posted soon.



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## NPI: Get It. Share It. Use It. After all, It's Free!

Information that the Centers for Medicare & Medicaid Services (CMS) distributes via its website and to State Medicaid programs regarding the National Provider Identifier (NPI) contains two slogans: "NPI: Get It. Share It. Use It" and "Getting an NPI is free – not having one can be costly." Both of these slogans serve to remind providers that it is essential to act now to obtain an NPI to be ready to use it in 2007.

### Get It

*NPIs are free* and are assigned by an enumerator on behalf of CMS. Health care providers can apply for their NPI in one of three ways:

1. Log on to the National Plan and Provider Enumeration System (NPPES) and apply online at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>; or
2. Agree to have an Electronic File Interchange Organization (EFIO) submit application data on the provider's behalf (i.e., through a bulk enumeration process) if an EFIO requests their permission to do so; or
3. Obtain a copy of the paper NPI Application/Update Form (CMS-10114) and mail the completed, signed application to the NPI Enumerator. The form is available only upon request through the NPI Enumerator through the following methods:

Phone: (800) 465-3203 or TTY 1-800-692-2326

E-Mail: [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com)

Mail: NPI Enumerator, P.O. Box 6059, Fargo, ND 58108-6059

If you have questions concerning the NPI application, call (800) 465-3203.

### Share It

To comply with the NPI Final Rule, the State of Nevada Division of Health Care Financing and Policy (DHC FP) requires that all NPI-eligible providers furnish their NPI and Taxonomy Code to First Health Services no later than May 1, 2007.

Please return the questionnaire that has been mailed to providers who have not yet reported their NPI, or complete and mail the Provider Information Change Form (FH-33) posted at <https://medicaid.nv.gov>.

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## ***NPI: Get It. Share It. Use It...***

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Providers who are not required or eligible to obtain an NPI will be issued an Atypical Provider Identifier (API) by First Health Services in January 2007.

**Note:** Providers who have an NPI but have not selected a Taxonomy Code must do so and report the code to First Health Services. A Taxonomy Code classifies a health care provider by service type and specialization. Taxonomy Codes are listed online at [www.wpc-edi.com/codes/taxonomy](http://www.wpc-edi.com/codes/taxonomy).

The provider should also report this Taxonomy Code to NPES through their web site at <https://npes.cms.hhs.gov>.

### **Use It**

You must continue to enter your current nine-digit Provider Medicaid Number (legacy ID) in the appropriate fields on all claims with date of receipt at First Health Services on or before May 22, 2007. In addition, you may enter your 10-digit NPI/API in the appropriate fields of the new claim forms once those forms go into effect, even though your Provider Medicaid Number will be necessary to process all claims received at First Health Services on or before May 22, 2007.

### **Not Having One Can Be Costly...**

An NPI/API will be required on all electronic and paper claims received at First Health Services on or after May 23, 2007. If the NPI/Taxonomy information is not received by First Health Services and not included on Nevada Medicaid and Nevada Check Up claims submitted for payment, First Health Services will be unable to process the claims and they will be denied.

### **NPI Central**

For providers' convenience and reference, First Health Services has placed a link titled "NPI Central" on the homepage of the Nevada Medicaid website (<https://medicaid.nv.gov>) that furnishes access to them any pieces of information posted on the web site regarding NPI. The items include frequently asked questions, web announcements and newsletter articles that contain answers and resources for NPI issues. Please refer to the most current items for accurate date and information.

For any other questions, please contact First Health Services' Provider Enrollment Unit at (877) 638-3472.

## **Revised Policy for Hospice Providers**

Chapter 3200-Hospice Services of the Division of Health Care Financing and Policy's (DHCFP) Medicaid Services Manual (MSM) was revised in July 2006.

The new policy allows personal care services to be provided for recipients enrolled in hospice when the need for personal care services is unrelated to the terminal condition, and the personal care needs exceed the personal care services provided under the hospice benefit.

A separate Prior Authorization (PA) is required for personal care services unrelated to the hospice-covered condition. Refer to PA form FH-24A (place your cursor over the form fields to see pop-up instructions) posted at <https://medicaid.nv.gov> (select "Forms"

from the "Providers" menu).

*Personal care services provided by a Personal Care Agency may not exceed State Plan program limitations.* Refer to Medicaid Services Manual Chapter 3500 for regulations regarding personal care services (from the <http://dhcfp.state.nv.us> website select "Medicaid Manuals" from the side menu).

**Please remember:** The hospice provider retains professional management responsibility for services *including* those provided by another individual or entity and ensures that they are furnished in a safe and effective manner by persons meeting the qualifications of CFR 418.56 and in accordance with the recipient's Plan of Care.

## **CONTACT INFORMATION**

If you have a question on Claims Payment, please contact First Health Services by calling (877) 638-3472 or e-mailing [nevadamedicaid@fhsc.com](mailto:nevadamedicaid@fhsc.com).

If you have questions about Medicaid Service Policy or Rates, you can go to the Division of Health Care Financing and Policy (DHCFP) website: [www.dhcfp.state.nv.us](http://www.dhcfp.state.nv.us) and look for the item labeled: Contact Information. Move your cursor to that item and follow the directions to find the person at DHCFP who can answer your question. You can either phone the contact person or send an e-mail.

### **Quarterly Update on Claims Paid**

Nevada Medicaid and Nevada Check Up paid out to providers \$273,757,906.04 in claims during the three-month period of July, August and September 2006. Nearly 100 percent of current claims continue to be adjudicated within 30 days. The DHCFP and First Health Services thank you for participating in Nevada Medicaid and Nevada Check Up.

### **A Message from DHCFP Regarding Prevention**

Medicaid would like to invite you to join with us as we strive to heighten the awareness of breast cancer prevention and encourage early detection and treatment of breast cancer.

Mammography screenings are a woman's best chance for detecting breast cancer early. Medicaid provides coverage for mammography screenings, along with yearly gynecologic exams, including breast examinations. Medicaid also encourages women to practice regular self-breast exams. One of our main goals is to prevent the disease from developing or prevent serious complications of the disease.

Early detection is the key.

# DHCFP Awards New Managed Care Organization (MCO) Contracts

The Division of Health Care Financing and Policy (DHCFP) awarded Health Plan of Nevada and Anthem BCBS PP (Partnership Plan) contracts to provide managed care services to Medicaid TANF/CHAP and Nevada Check Up recipients in urban Washoe and urban Clark counties.

Health Plan of Nevada and Anthem BCBS PP began providing all regular Managed Care Organization (MCO) services, including dental, to recipients on Nov. 1, 2006.

First Health Services Corporation continues to administer prior authorizations and provider reimbursements for Fee for Service (FFS) recipients.

If you have any questions about the new MCOs, please call the DHCFP Business Lines Unit at (775) 684-3692. With your support, transition to the new MCOs has been smooth and successful.

If Nevada Medicaid recipients have questions about a Managed Care Organization's benefit plan or provider network, please refer them to the following:

**Health Plan of Nevada:**  
**(800) 962-8074**

**or**  
**Anthem BCBS PP (Partnership Plan): (866) 474-6138.**

If recipients have questions about

eligibility, please refer them to one of the following Division of Welfare and Supportive Services telephone numbers:

Washoe County: (775) 684-7200

Clark County: (702) 486-1646

Toll-free line: (800) 992-0900

Nevada Check Up recipients may call (877) 543-7669.

If recipients would like to change their MCO, they may send a written request to the following address. Please note they need to include their Medicaid Recipient ID Number and their Social Security Number:

First Health Services  
P.O. Box 30042  
Reno NV 89520-3042

## Some Reminders for Billing Staff

### Paper CMS-1500 Claim Forms

When submitting claims for payment on a paper CMS-1500 form, please be sure that the bar code area in the top right corner of the claim form is clear of any writing, printing, attachments, stickers or staples. This area of the paper form is now used by First Health Services to image and process claims.

Providers are encouraged to order and submit CMS-1500 forms that are printed with the bar code.

### Tip for Dental Billers

When billing for a temporary flipper (temporary partial), use the following procedure codes:

- ◆ D5820 for Interim partial denture (maxillary), includes any necessary clasps and rests.
- ◆ D5821 for Interim partial denture (mandibular), includes any necessary clasps and rests.

The "flipper" must meet the criteria specified in the Nevada Medicaid Services Manual (MSM) Chapter 1003.5A.



### Verify Recipient Eligibility

Recipients must be eligible for Nevada Medicaid and Nevada Check Up benefits before you render services. You may access information regarding recipient eligibility, managed care, recipient restrictions and third party liability through the following methods:

- ◆ First Health Services' Electronic Verification System (EVS) – log on to <https://medicaid.nv.gov> (from the "Providers" menu select "EVS Logon" or "EVS User Manual").
- ◆ The Nevada Medicaid Audio Response System (ARS) – call (800) 942-6511.
- ◆ A swipe card system – contact your swipe card vendor for details.

## *PCG Merges with Health Management Systems (HMS)*

As of September 2006, Health Management Systems (HMS) and Public Consulting Group, Inc. (PCG) merged to become one company under HMS. The same third party liability (TPL) team that served the State of Nevada under PCG continues to provide TPL services as members of the HMS team.

PCG's Business Solutions Practice Area has been operating in Nevada since 2004 providing TPL identification and recovery services to Nevada Medicaid. PCG has also served as a resource for providers when they encounter issues with TPL information reported by Medicaid.

Medicaid providers may contact the HMS TPL team at the same telephone number as before: (800) 856-8839 (775-335-1040 in the Reno area). However, please note that the e-mail address has been updated to [renotpl@hmsy.com](mailto:renotpl@hmsy.com).

# From the Pharmacy Unit...

## Prescriber List

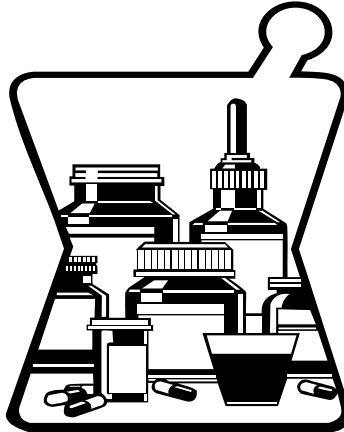
A list showing active Nevada Medicaid and Nevada Check Up prescribers and their ID numbers is now available online at <https://medicaid.nv.gov> (select "Prescriber List" from the "Pharmacy" menu). Please refer to the list frequently, as it will be updated monthly.

If you have any questions regarding the list, please contact the First Health Services Technical Call Center at (800) 884-3238.

## Clinical Prior Authorization (PA) Edits

Specific details as well as updates to Clinical PA Edits can be found at the

following Division of Health Care Financing and Policy (DHCFP) website: <http://www.dhcfp.state.nv.us> (click on



"Medicaid Manuals," select "Chapter" under "1200-Prescription Services (Rx)" and then scroll down to "Appendix A").

The prescriber or pharmacy may request prior authorization by calling the First Health Services Clinical Call Center at (800) 505-9185 or faxing the request to (800) 229-3928. Pharmacy PA forms are available at <https://medicaid.nv.gov> (select "Pharmacy PA" from the "Pharmacy" menu).

## Preferred Drug List Reminder

The current version of the Nevada Medicaid Preferred Drug List (PDL) is posted online at <https://medicaid.nv.gov> (select "Preferred Drug List" from the "Pharmacy" menu).

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