MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid August 2003

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New PES Training Labs Scheduled

Responding to strong provider interest, EDS and the Department of Health and Welfare continue to offer training opportunities to providers for the new Provider Electronic Solutions (PES) software. Regional PES labs will be held in August for Idaho Medicaid providers to gain hands-on experience and learn about the PES software. Training will be offered on August 4, 6, 8, 12, and 14.

PES can be used to check Idaho Medicaid eligibility and submit claims. EDS regional Provider Relations Consultants will train providers in how to:

- Install the PES application.
- Submit eligibility transactions.
- Use the Idaho PES Handbook.
- Save data lists in PES.
- Submit Medicaid claims using the software.

Training will be held at the DHW regional offices. Pre-registration is required as space is limited. Please contact your regional provider relations consultant to register. Contact information for provider relations consultant can be found on page 5 of this newsletter.

Idaho Medicaid Program

In early October, providers will receive a new CD that contains the updated *Idaho Medicaid Provider Handbook* and Provider Electronic Solutions (PES) software. Both the handbook and the PES software have been updated to include the latest HIPAA billing requirements and changes in Idaho Medicaid policies.

All providers using the new PES software will be able to check eligibility including service limitations. They will also be able to submit claims including voids and replacements. With this release, the old ECMS-PC software becomes obsolete effective October 18, 2003. Included on the CD will be:

- an updated PES handbook with expanded installation and troubleshooting sections
- two upgrades to PES for providers currently using the May 2003 version (July and October upgrades)

Providers using the May 2003 version will not reinstall the entire program; instead they will apply the upgrades to their existing program. This will alleviate providers needing to rekey their lists.

Providers using the handbooks on the CD can copy them to their desktop computer(s) for use, print paper copies of all the materials they want, and complete forms online to be printed and mailed. Providers who are unable to use the CD will be able to request a paper copy of the provider handbook for their provider specialty.

PES Version 2.30 Upgrade Now Avaliable

Effective July 7, 2003, an upgrade was available for the Provider Electronic Solutions (PES) software. A summary of the enhancements and who is affected follows:

- All Providers: PES now calculates the units times the per unit charge to equal the total billed for the service detail.
- All Providers: Previously you were not able to view an eligibility batch response file that was greater than 32K. You will now be able to view eligibility response files greater than 32K.
- Dental Providers: Dental services billed using Place of Service 21, 22, or 31 require the provider to complete the Service Facility Location information. The user must complete the new Service Facility Location section on Header 3 in the 837 Dental form only if the place of service is 21, 22, or 31.
- Dental Providers: A new edit has been added to PES that requires the provider to include the Appliance Placement date when the Placement Indicator is selected on Service 1 in the 837 Dental form. The Appliance Placement date is located on Service 1 on the 837 Dental form.
- Dental and Professional Providers: The Referral Number field on Header 2 is now a protected field unless you are billing for a client who was referred to your facility and the Referring Provider field is completed. When billing for a client who has been referred, you must indicate the Referring Provider information on Header 2 of the 837 Dental or 837 Professional form.
- Nursing Home Providers: PES offers a feature to nursing home providers, which allows the provider to copy a previously submitted batch of claims and save those claims as new claims in a ready to transmit status indicated by an R in the Status field on the form. The provider may then manually change each of the claims, or select Edit All to change the dates of service and the number of units for all claims in a status of R. What is new about this process is that the software will automatically calculate the new units time the per unit price to equal the new total charge and delete any other insurance information for the client. The provider will then need to add the other insurance information back to the individual claim for the dates of service, if needed.
- Ambulance Providers: The Admission Date is a required field to complete if using Condition Code 01 "Patient was admitted to a hospital".

To obtain this upgrade you must have the PES software installed and you must have an analog modem. The instructions on page 4 of this newsletter explain how to download the new version of PES and upgrade your current PES software. Allow approximately 30 minutes to complete the download.

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Using *vendor software* or a *clearinghouse* to submit claims or check eligibility?
Providers - be sure to ask your vendor or clearinghouse to verify they have successfully tested claims and eligibility with EDS well before October 16, 2003. You will need to take delivery of new software or upgrade current software in time to learn the new processes and fields before October 16, 2003. If your vendor or clearinghouse will not have tested successfully prior to October 16, 2003, consider using the Idaho Medicaid Provider Electronic Solutions (PES) software. This software can be used to check eligibility on Idaho Medicaid clients and to submit Idaho Medicaid claims.
Don't wait - check with your vendor or clearinghouse now!

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766
Region II - Lewiston
(208) 799-5088
(800) 799-5088
Region III - Caldwell
(208) 455-7280
(800) 494-4133
Region IV - Boise
(208) 334-4676
(800) 354-2574
Region V - Twin Falls
(208) 736-4793
(800) 897-4929
Region VI - Pocatello
(208) 239-6260
(800) 284-7857
Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945
Spanish Speaking
(800) 862-2147
Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864
Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or (206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

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Get Upgrades

Get Upgrades will dial the Bulletin Board System (BBS) and download any new upgrades. EDS will inform users through RA banner messages when an upgrade is available. The user must first download the upgrade and then apply the upgrade according to the instructions below. Except for the catastrophic corruption or loss of the PES application on your computer, you should never need to re-install PES. Always use the upgrade function.

Note: Upgrades must be downloaded in the order they are available. If you happen to miss an upgrade and then see that a newer upgrade is available, the system will prompt you to first download missing upgrades.

If you have installed the application on several PCs, you will need to copy the upgrade file to each PC and apply the upgrade individually.

Before beginning the upgrade process, it is recommended that you turn off any anti-virus software running in the background and turn it back on after the upgrade process is complete.

Download Upgrade

Step 1 Select "Tools" from the main menu and then "Get Upgrades". The software will begin the dialing sequence, connect to the BBS (Bulletin Board System), and download any new available upgrades to the program folder on your hard drive. You will see the following sequence of messages while the system is checking the BBS for upgrades:

Dialing the host…..

Connecting to the network….

Logon to BBS…..

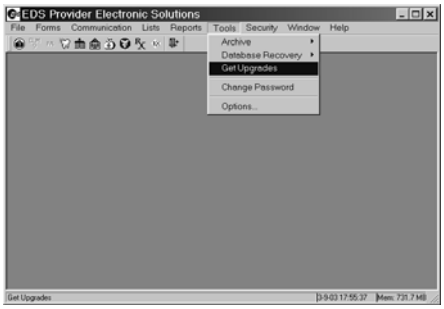
Checking for upgrade files….

Upgrade downloading (if there is a new upgrade) or *No Upgrades found….*

Logoff

1 upgrade available (if there is a new upgrade) or *No upgrades available to apply*.

Download Upgrade



Step 2 Return to the PES application by selecting "OK".

Step 3 Close the PES application and follow the instructions to apply the upgrade.

Apply Upgrade

Step 1 Exit all applications prior to applying the upgrade.

Step 2 Select the "Start" button; then select "Programs".

Step 3 Locate and select "ID EDS Provider Electronic Solutions".

Step 4 Locate and select "Upgrade". You will be prompted to exit all applications prior to continuing with the upgrade.

Step 5 Since you have exited all applications, select "Yes" to apply the upgrade. Continue to answer the questions until the upgrade has been completed. This usually takes less than one minute.

Step 6 Once the upgrade is complete, select the "Finish" button. The Upgrade application will close. After the upgrade is complete, you may access the PES application and continue your work as usual.

September Changes to Local Codes

On September 1, 2003 many of the Idaho State-only/local codes will be transitioned to national HIPAA-compliant standard codes. Providers will be notified of the specific September 1, 2003 changes to acceptable procedure billing codes via the following sources:

August *MedicAide* Newsletter (this issue). Notification of the specific HIPAA-compliant standard codes that will be transitioned from Idaho State-only/local codes, effective September 1, 2003, is included in this newsletter as Information Releases. Please review them to determine if you are impacted by these changes.

Idaho Medicaid Provider Handbook. In late August the provider handbook will be updated to include the HIPAA-compliant standard codes that will be transitioned from Idaho State-only/local codes on September 1, 2003.

http://www2.state.id.us/dhw/medicaid/provhb/index.htm Providers can access these changes to the provider handbook in late August on the Idaho Division of Medicaid web site link.

Idaho Provider Electronic Solutions (PES) CD. The September HIPAA-compliant standard codes will be included in the Idaho Medicaid Provider Handbook on the PES CD, which will be mailed to providers in October 2003.

Submitted by DHW HIPAA Project

October Changes to Local Codes

In October 2003 the remainder of the Idaho State-only/local codes will be transitioned to national HIPAA-compliant standard codes. Providers will be notified of the specific October 2003 changes to acceptable procedure billing codes via the following sources:

- **September MedicAide Newsletter** (next month's issue). Notification of the specific HIPAA-compliant standard codes that will be transitioned from Idaho State-only/local codes, effective October 2003, will be included in the September MedicAide newsletter as Information Releases.
- **Idaho Medicaid Provider Handbook.** In October 2003, the provider handbook will be updated to include the HIPAA-compliant standard codes.
- **http://www2.state.id.us/dhw/medicaid/provhb/index.htm** Providers can access these changes to the provider handbook in October on the Idaho Division of Medicaid web site link.
- **Idaho Provider Electronic Solutions (PES) CD.** The October HIPAA-compliant standard codes will be included in the Idaho Medicaid Provider Handbook on the PES CD, which will be mailed to providers in October 2003.

Submitted by DHW HIPAA Project

Attention Providers:
The Fee Schedule has been updated and is available on the Web at: http://www2.state.id.us/dhw/medicaid/fee_schedule.htm

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Fax Numbers
Provider Enrollment
(208) 395-2198
Provider Services
(208) 395-2072

Client Assistance Line
Toll free: (888) 239-8463

HIPAA

DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)
or
www2.state.id.us/dhw/hipaa/index.htm

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
(208) 239-6268
Fax (208) 239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

Updated FAQs Available on the Department's HIPAA Website!

Be sure to visit the Frequently Asked Question (FAQ) section on the Department's HIPAA website. Many additional questions and answers have been added in response to our having heard from you. If you do not have internet access, you may request a printed copy of the FAQs by calling MAVIS at (800) 685-3757 or (208) 383-4310 in the local Boise area. Say the word "AGENT" to speak to a Provider Service Representative and request the HIPAA FAQs. Information in the FAQs will answer questions relating to:

- HIPAA Transaction and Code Set compliance.
- Pharmacy: new HIPAA electronic pharmacy transaction.
- Pharmacy: changes related to collecting other insurance information.
- Provider Electronic Solutions (PES) software, which is the new Idaho Medicaid/ EDS software used for verifying eligibility and service limitations, and for submitting HIPAA-formatted professional, dental, institutional and retail pharmacy claims.

For example, the PES section includes questions about loading the software, password and submitter ID, verifying eligibility, submitting claims, entering and using lists, and taxonomy codes, to name a few. The PES Handbook is on the CD you received that contains the software application and is your primary source for detailed information about using PES.

Make the HIPAA website, **http://www2.state.id.us/dhw/hipaa/index.htm,** a favorite in your website links. The Department's HIPAA website is sponsored by Idaho Medicaid and the HIPAA Project Team.

Submitted by DHW HIPAA Project

POS Terminals Available September 1

As you are aware, the Point of Service (POS) terminals and printers that many providers were using to verify their patient's Medicaid eligibility became obsolete as of the first of May. Beginning September 1, 2003, the Department will start replacing the old POS terminals for those providers who wish to continue using the swipe card technology to verify eligibility. The new terminals have the printer built in, will have all the same functionality as the old ones, and are HIPAA-compliant. The old terminals are being replaced at no cost to the provider.

We have made arrangements with a company in Texas to recycle the old terminals and printers and ask that you help us offset the cost of the new machines by sending your old terminals, printers, and cords to:

Teertronics
ATTN: Shawn Teer
3207 Skylane Drive Suite 101
Carrollton, TX 75006

Please send the devices through United Parcel Service (UPS). Teertronics will cover all mailing costs. Please use UPS #512R8V. Unless UPS has a regular pick up for your office, please do not call them to come and pick up the package; but rather take the package to a UPS location. There is an additional $10.00 charge when you call UPS to pick up. Please do not send the package overnight or next day express. Also, it is important that you include your full provider name, address, and Medicaid provider number so that the Department can get credit for your returned terminal and printer.

If you have any questions regarding the recycling of old devices or you want to receive one of the new ones, contact DeeAnne Moore at moored@idhw.state.id.us or (208) 364-1947. If you received a letter from the Department within the past month regarding POS devices, then you are already on the mailing list for a new device.

Submitted by *DHW*

June 20, 2003

Medicaid Information Release 2003-36

TO: **Dental, FQHC, and Case Management Providers**
ICF/MR Facilities and Long-Term Care Providers

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: **ADULT DENTAL POLICY EFFECTIVE JULY 1, 2003**
DENTURIST CDT-4 CHANGES

Effective for dates-of-service on or after July 1, 2003, Medicaid adults, persons past the month of their twenty-first (21) birthday, will be covered for the dental CDT-4 procedures listed in the table below. Adult clients no longer must be considered high-risk or that the services are emergent. Only the services listed in the table below are a benefit of the adult dental program. To access the *Rules Governing the Medical Assistance Program*, Section 915, please access the following link:

http://www2.state.id.us/adm/adminrules/rules/adapa16/0309.pdf

Adult Dental Services										
D0120		D2160		D3221		D5510		D5751		D7971
D0140		D2161		D4341		D5520		D5760		D9110
D0150		D2330		D4342		D5610		D5761		D9220
D0210		D2331		D4355		D5620		D7111		D9221
D0220		D2332		D4910		D5630		D7140		D9230
D0230		D2335		D5110		D5640		D7210		D9241
D0270		D2390		D5120		D5650		D7220		D9242
D0272		D2391		D5130		D5660		D7230		D9310
D0274		D2392		D5140		D5670		D7240		D9410
D0277		D2393		D5211		D5671		D7241		D9420
D0330		D2394		D5212		D5730		D7250		D9440
D1110		D2920		D5410		D5731		D7286		D9930
D1204		D2931		D5411		D5740		D7510		0515D
D2140		D2940		D5421		D5741		D7910		
D2150		D3220		D5422		D5750		D7970		

Clients with Eligibility Restrictions

QMB: Clients who are on the Medicaid "Qualified Medicare Beneficiary (QMB)" program only, and are on no other active Medicaid program, are not covered for Medicaid dental services.

PWC: Clients who are eligible for the Pregnant Women and Children (PWC) program are only covered for the CDT-4 procedures listed in the table below.

PWC Dental Services										
D0140		D2940		D4355		D7220		D9110		D9930
D0220		D3220		D7111		D7230		D9310		
D0230		D4341		D7140		D7250		D9420		
D0330		D4342		D7210		D7510		D9440		

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Clients Residing in an ICF/MR Facility
For services on or after **July 1, 2003**, dental providers should submit claims directly to Medicaid. For services covered by Medicaid, the dental provider must accept Medicaid payment as payment in full. ICF/MR facilities no longer need to pay dental claims for preventive and routine services since these procedures are part of the Medicaid dental coverage package.

Denturist CDT-4 Changes Effective October 20, 2003
Due to the Requirement of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), transactions and codes must be consistent throughout the country. Idaho, along with all other states, has used local state-only codes to pay for and report services not covered in the national ADA codebook (CDT-4). Idaho Medicaid, by becoming HIPAA compliant, will no longer accept state-only codes for services. Effective for dates-of-service on and after **October 20, 2003**, the local denturists' codes (identifiable as ending with "D") will become obsolete. Denturists must report services using the appropriate CDT-4 codes for dates-of-service on or after October 20, 2003. Providers will receive notification in September regarding the CDT-4 changes.

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

Note: a copy of the notification sent to Medicaid clients is available on the Internet.

Information Releases on Web

To obtain a copy of any current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**.

If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795.

The following information releases were sent directly to providers. They are available on the Internet at the DHW website.

IR	To	Subject	Date Mailed
2003-50	Rural Health Clinics Federally Qualified Health Centers (FQHCs) Indian Health Providers	Clarification on Billing Encounters	June 30, 2003
2003-52	School Districts	Rate Increase for School Districts Providing Medicaid Services	July 1, 2003
2003-53	Pharmacy Providers	Billing Pharmacy Claims With Other Insurance	June 14, 2003

August 1, 2003

Medicaid Information Release 2003-45

TO: **Physicians, Osteopaths, Mid-level Practitioners, Public Health Departments**

FROM: Kathleen P. Allyn, Deputy Administrator

Subject: **Immunization Guidelines**
Public Health Department Local/State Codes

Requirements of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), require transactions and codes be consistent throughout the nation. Idaho, along with all other states, have used local state-only codes to pay for and report services not covered in the national coding books (HCPCS or CPT). Idaho Medicaid, by becoming HIPAA compliant, will no longer be accepting reporting of the state-only codes for immunization services.

Effective for dates-of-service on or after ***September 1, 2003****:* Two new modifiers have been created for vaccines provided through the Vaccines for Children (VFC) program. Modifier SL must be billed with the CPT code for the vaccine and modifier U7 must be billed with administration code 90471. Providers are no longer required to report additional vaccine administrations with CPT 90472. These instructions only apply to vaccines supplied from the VFC program.

Administration of a Free Vaccine
When only a free vaccine(s) is administered, the Medicaid claim must include the following information:

- The appropriate CPT code for the vaccine with *modifier SL* billed at a zero dollar ($0.00) amount; and
- Administration code 90471 with *modifier U7* (one unit)

Note: Administration services should be billed at the UCR (Usual and Customary Rate).

Administration of a Free Vaccine with an Evaluation and Management (E/M) Visit
When a free vaccine(s) is administered in conjunction with an E/M visit, the Medicaid claim must include the following information:

- The appropriate CPT or five-digit HCPCS code for the injectable vaccine; and
- Administration code 90471 for the first vaccine and 90472 for each additional vaccine
- And if applicable, the appropriate Evaluation and Management CPT code with *modifier 25*

Note: Administration and E/M services should be billed at the UCR (Usual and Customary Rate)

Administration of a provider-purchased childhood vaccine with or without an E/M Visit
Services provided should be billed at the UCR (Usual and Customary Rate). When a provider-purchased childhood vaccine is administered to a child less than twenty-one (21) years old, the Medicaid claim must include the following information:

- The appropriate CPT or five-digit HCPCS code for the injectable vaccine; and
- Administration code 90471 for the first vaccine and 90472 for each additional vaccine
- And if applicable, the appropriate Evaluation and Management CPT code with *modifier 25*

Administration of a provider-purchased adult Vaccine with an E/M Visit
When an injection or adult vaccine is administered in conjunction with an E/M visit, Medicaid will pay only for the E/M visit and the vaccine. The administration of the vaccine is inclusive in the E/M visit and not separately billable. Services provided should be billed at the UCR (Usual and Customary Rate). The Medicaid claim must include the following information:

- The appropriate CPT or five-digit HCPCS code for the injectable vaccine; and
- The appropriate Evaluation and Management CPT code billed at the UCR (usual and customary rate)

**if administering a provider-purchased adult vaccine without an E/M visit, bill with the HCPCS or CPT for the vaccine and 90471 and/or 90472, as appropriate.*

Public Health Department Local/State Codes
Effective for dates-of-service on and after **September 1, 2003**, the local/state codes listed below will become obsolete. Also listed are the appropriate CPT (Current Procedural Terminology) codes that correspond to the obsolete state codes.

Continued on page 9

Information Release 2003-45 continued from page 8

Local/State Code	National CPT Code	Description
9633J	90633	Hepatitis A, pediatric/adolescent 2-dose schedule
9634J	90634	Hepatitis A, pediatric/adolescent 3-dose schedule
9647J	90647	Hemophilus influenza b vaccine (Hib) 3-dose schedule
9648J	90747	Hepatitis B vaccine, dialysis or immunosuppressed patients
9669J	90658	Influenza virus vaccine, split, age 3 years and above dosage
9699J	90471	Immunization administration
9700J	90700	Diphtheria, tetanus toxoids, acellular pertussis (DTaP)
9701J	90701	Diphtheria, tetanus toxoids, whole cell pertussis (DTP)
9702J	90702	Diphtheria, tetanus toxoids (DT); child less than 7 years old
9707J	90707	Measles, mumps rubella (MMR), live
9712J	90712	Poliovirus, (OPV), live, for oral use
9712J	90713	Poliovirus, (IPV), inactivated, for subcutaneous use
9716J	90716	Varicella virus, live
9718J	90718	Tetanus, diphtheria toxoids (Td); patient age 7 and older
9720J	90720	Diphtheria, tetanus toxoids, whole cell pertussis, hemophilus influenza B (DTP-Hib)
9731J	90744	Hepatitis B vaccine, pediatric/adolescent, 3-dose schedule
9731J	90746	Hepatitis B vaccine, adult
9737J	90645	Hemophilus influenza b (Hib) 4-dose schedule
9737J	90646	Hemophilus influenza b (Hib) booster use only
9737J	90647	Hemophilus influenza b (Hib) PRP-OMP conjugate 3-dose
9737J	90648	Hemophilus influenza b (Hib) PRP-T conjugate 4-dose
9742J	90371	Hepatitis B immune globulin (HBIg), human

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/co

Using *vendor software* or a *clearinghouse* to submit claims or check eligibility?

Providers - be sure to ask your vendor or clearinghouse to verify they have successfully tested claims and eligibility with EDS well before October 16, 2003. You will need to take delivery of new software or upgrade current software in time to learn the new processes and fields before October 16, 2003. If your vendor or clearinghouse will not have tested successfully prior to October 16, 2003, consider using the Idaho Medicaid Provider Electronic Solutions (PES) software. This software can be used to check eligibility on Idaho Medicaid clients and to submit Idaho Medicaid claims.

Don't wait - check with your vendor or clearinghouse now!

Continued on page 12

August 1, 2003

Medicaid Information Release MA03-46

To: **Vision Providers**

From: Kathleen P. Allyn, Deputy Administrator

Subject: **Idaho Local / State Only Procedure Codes**

In the past, Idaho has used local state-only codes to pay for and report services not covered in the national coding books (HCPCS or CPT). Federal regulations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that transactions and codes be consistent throughout the nation. Effective **September 1, 2003**, Idaho will be terminating the following vision state-only code. Effective for dates-of-service on or after **May 1, 2003**, the state-code *0702V* was converted to the appropriate CPT code in the table below.

State Code	National Code	Description
0702V	92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day. **Effective May 1, 2003**
1599V	None	Vision miscellaneous code. This code will be terminated **September 1, 2003**

Claims that were denied which included state/local code *0702V*, with date-of-service on or after May 1, 2003, should be resubmitted to EDS. Please resubmit with the appropriate national CPT code *92100*.

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/co

August 1, 2003

Medicaid Information Release MA03-48

To: **Hearing Aid Providers**

From: Kathleen P. Allyn, Deputy Administrator

Subject: **Idaho Local / State Only Procedure Code**

In the past, Idaho has used local state-only codes to pay for and report services not covered in the national coding books (HCPCS or CPT). Federal regulations associated with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) require that transactions and codes be consistent throughout the nation. Effective **September 1, 2003**, Idaho will be converting the following hearing aid state/local code to the appropriate HCPCS code in the table below.

State/Local Code	National HCPCS Code	Description
3600V	V5264	Ear mold/insert, non-disposable, any type

As a reminder, when billing for hearing aid batteries, use HCPCS code **V5266** *Battery for use in hearing device (1 unit = 1 battery).* Maximum allowed is four (4) batteries per month.

If you have questions regarding the information in this notice, please contact Colleen Osborn (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

KPA/co

July 1, 2003

Medicaid Information Release #MA03-49

To: **All Targeted Case Management Service Providers**

From: Kathleen P. Allyn, Deputy Administrator

Subject: **Change In Targeted Case Management Hours**

Beginning July 1, 2003, the hours for Targeted Case Management are being redistributed to *five (5) hours monthly of non-crisis* ongoing case management and *three (3) hours monthly of crisis* ongoing case management. This change was initiated by the Legislature with the addition of $147,900 in General Funds.

The change to five (5) hours of non-crisis ongoing case management and three (3) hours of crisis ongoing case management replaces an earlier guideline of four (4) hours non-crisis and four (4) hours of crisis case management.

The definition of crisis case management, the qualifying criteria and eligibility for additional crisis case management hours beyond the initial five (5) non-crisis hours and three (3) crisis hours remains the same as described in IR #2003-28.

An updated "Request for Additional Crisis Case Management Hours" form is available in the Idaho Medicaid Provider Handbook – Case Management Guidelines at www2.state.id.us/dhw/Medicaid/provhb/s3_toc.pdf.

If you have questions regarding the information in this notice, please contact Carolyn Burt-Patterson at (208) 364-1827. Thank you for your continued participation in the Idaho Medicaid Program.

PS/co

August 1, 2003

Medicaid Information Release MA03-54

To: **All Providers**

From: Kathleen P. Allyn, Deputy Administrator

Subject: **Language Interpretation Reimbursement**

Effective **August 1, 2003**, the new code to use for Language and Deaf Interpretation which encompasses all sign language or oral interpretive services is state-only code **8296A** (Interpretive Services). This code pays $12.16 per 1 (one) hour unit. In addition, there will be no differences in reimbursement if the interpreter is certified, partially certified, or non-certified and providing language services.

The following Idaho Medicaid state-only codes will no longer be accepted for dates of service after July 31, 2003:

8297A – Interpreter, Partially Certified
8298A – Interpreter, Certified

The state-only code (8296A) may be billed by fee-for-service providers only. Hospitals and Institutional providers may not bill with this code since language and interpretive services are considered inclusive. For additional information, please refer to the Idaho Medicaid Provider Handbook Section 2.1.2.4 at: http://www2.state.id.us/dhw/medicaid/provhb/s2_gen_billing.pdf

If you have questions regarding the information in this notice, please contact the Medicaid Customer Service Unit at (208) 334–5795, #0. Thank you for your continued participation in the Idaho Medicaid Program.

KA/mp

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Don't wait - check with your vendor or clearinghouse now!

EDS
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Attention: Business Office

September Office Closure

The Department of Health and Welfare and EDS offices will be closed for the following State holiday:

Labor Day, September 1, 2003

A reminder that MAVIS (Medicaid Automated Voice Information Service) is available on State holidays at:

(800) 685-3757 (toll-free) or (208) 383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

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