MEDICAID MINUTES
November 6, 2017 RIC/RAC Meeting

MEDICAID REPRESENTATIVES PRESENT:
Mr. Solomon Williams
Ms. Jan Sticka
Ms. Tori Nix

FACILITATORS PRESENT:
Ms. Karen Northcutt
Ms. Debbie Rubio

MS. NORTHCUTT: Good morning. Well, we've got Solomon and his group here today from Medicaid. Good to see you, Solomon. You want to introduce your group?

MR. WILLIAMS: Good morning. I have Jan Sticka with me from Medicaid and Tori Nix from DHC.

1. Follow up to Question #1 from July 17, 2017, regarding the CPT codes for the 3D Automated Breast Ultrasound (ABUS). All other payers recommended the unlisted CPT code 76999 rather than the ones listed by Medicaid. Please verify the appropriate codes for Medicaid.

Response: **Effective October 1, 2017, Medicaid discontinued coverage of the 3-D mammography procedure codes. Please see the ALERT-Radiology Program – Mammograms, October 19, 2017. For further clarification or questions, please contact Russell Green at 334-353-4783 or russell.green@medicaid.alabama.gov.**

Discussion at meeting
MR. WILLIAMS: You can review that Alert. If you have further questions, please contact Mr. Russell Green. That is his program area. He should be able to answer any related questions.

2. Follow up to Question #2 from July 17, 2017, regarding the LT & RT modifiers. Can you remove all TC modifier requirements for outpatient hospital billing?

Response: **Yes. A system update has been requested to remove the TC modifier for outpatient hospital billing.**

Discussion at meeting
MR. WILLIAMS: And that update, I don't think, has happened yet. I don't have a date for you. It did? Okay. Great. Yeah. So we are good to go.

AUDIENCE: So LT, RTs are no longer required, or is it TC?

MR. WILLIAMS: TC. And I think when we looked at that, there were a total of four codes to identify.

AUDIENCE: LT, RT are still required?

MR. WILLIAMS: Yes.

MS. STICKA: That's not going to go away.

3. Please provide an update on APR-DRGs.

Response: **Implementation of APR-DRGs has been suspended until further notice.**

Discussion at meeting
MR. WILLIAMS: The only update I have is that APR-DRG implementation has been suspended indefinitely. When the date is established, we will send out an Alert to notify you. But at this moment, I don't have anything that's definite.

4. It appears that Medicaid is denying non-emergent medical emergency unit with a CO-16 denial code, the "CO" indicates that you must not bill the patient and would be considered a contractual obligation. Does Medicaid allow the patient to be billed after three non-emergent ED visits? Specifically, if they are non-emergent pregnant women or undocumented aliens.

Response: **No. The outpatient limitation no longer exists. Please see the ALERT-Reimbursement of Hospital Outpatient Visits, December 4, 2014. For pregnant women, all ER visits are unlimited. Please see the ALERT–Changes in Covered Services for Pregnant Women, March 2, 2016. For non-citizens, Medicaid only covers certified ER visits. Also, please refer to the provider billing manual, chapter 7, page 7, section 7.1.9 - Billing Recipients.**

Discussion at meeting
MR. WILLIAMS: Okay. When we looked at this question, we had requested an ICN, because we wanted to see an example. We weren't exactly sure how to answer it, but we took our best approach. So we kind of took the shotgun approach. We hope we answered your question. If not, please feel free to send an example to me, and we can research it further for you.

MS. NORTHCUTT: And, Solomon, I think this was a question that they were still gathering the example. And I think one of the biggest questions on this one, you covered most of it, but except for the non-citizens, where it has to be a certified emergency and if they show up and they're not emergent, and they are not certified, would it be appropriate to bill that non-citizen patient?

MR. WILLIAMS: Without going in-depth, keeping in mind as with all Medicaid recipients, they have to be told upfront that they're responsible for the bill. And I don't know all the details from Chapter 7 verbatim. But if you have further questions, please reach out to me. I don't know what hospital this pertains to, but feel free to reach out me, and we can discuss it further.

MS. NORTHCUTT: Okay. I'll get them to talk to you. Thank you.

5. Can you publish all diagnosis groupers on outpatients which require specific primary and secondary diagnoses to support services and drugs that appear to be edited for medical necessity?

Response: No. Not at this time.

Discussion at meeting
AUDIENCE: Is there any plan to publish that in the future so the providers can set up edits to check the medical necessity for those?

MR. WILLIAMS: No, not at this time, but if you've got something you want us to look at specifically, feel free to send that in to me.

AUDIENCE: Prior to the ICD-10 diagnosis code changes, there was a listing that was provided for drugs that required a hereditary diagnosis code. If I had this drug, then I had to have this diagnosis code. I know there was never a crosswalk that was done. But is there anything that could be reviewed and looked at to see if possibly something could be updated for that listing?

MR. WILLIAMS: Sure. We can take that back with us and maybe take a look for you.

AUDIENCE: Okay. Thank you.

6. Can AL Medicaid provide written information for the billing of inpatient psychiatric claims for patients who are between ages 22-64 when the care is delivered in an inpatient facility that contains a sub unit for psychiatric care (not a freestanding psychiatric facility) which has its own NPI number that differs from the acute hospital NPI? We have reviewed the AL Medicaid manual and only the care of children 21 and younger and adults 65 and older are addressed (chapters 33 and 104).

Response: **At this time, a psychiatric sub-unit that has its own NPI can only enroll for crossover billing without regards to the recipient's age.**

Discussion at meeting
MS. NORTHCUTT: So with that, in essence, means that they would not be covered unless they're Medicare crossover claims?

MR. WILLIAMS: Well, we do cover emergency services if you've got a recipient that presents to the emergency room, are experiencing psychiatric-related issues, or even, I guess, substance abuse from that standpoint. You can stabilize the recipient to a point where you can either treat them there, or if there is another facility that you can relocate them to for a specific services that would be better to benefit them, then by all means, you can bill for those, but from the emergency standpoint.

AUDIENCE: Solomon, we did determine, Fran and I did, and we can forward you, I think, what we did determine that you can bill that subacute -- I mean, the subunit with the acute NPI.

MR. WILLIAMS: Yes.

AUDIENCE: -- NPI, which is sort of the fix to the issue that we were having, and Fran has got that in writing. So if it is a subunit, that would bill under the acute NPI, not the psych NPI, because it's not a freestanding psych facility. Because these are inpatients. Not just emergent, ED treat and release. These are inpatient.

MR. WILLIAMS: Well, the concern there is with the exclusion rule, not that I want to get in depth with that, but under general acute care, the psych services are covered. And there's not really an issue with the age; whereas, you know, in the freestanding psych facility, we've got up to21 and then 65 and older, and there's that gap, 22 and 64, in between. But feel free to send me whatever you have, Fran, and we'll take a look.

7. Can we bill for multiple episodes of CPR performed on a patient in the emergency room? For example, if CPR is performed at 1pm and the patient is stabilized, but then requires CPR again at 1:45pm. Can we bill for 2 units of 92950? Is there a certain time that should pass in between doing CPR before it is considered a separate episode? Or should we only bill for one unit no matter how many times CPR is performed while the patient is in the ED? Should additional units of 92950 be reported with modifier -76?

Response: **Yes. NCCI MUE allows a max quantity of two per date of service and no modifier is needed.**

Discussion at meeting
MR. WILLIAMS: It doesn't matter from a time frame standpoint. It's just that NCCI MUE allows you to bill two per same day, and no modifiers needed.

8. Prior to the mid to end of May 2017, we have been reimbursed for both drug screening CPT code 80307 (drug testing, presumptive, and number of drug classes) and CPT code 80320 (quantitative alcohol level) when billed for the same date of service. Now when billed together the 80307 charge is denying for limited to 1 drug screening per day (Denial code 6292?). The charge is still denied when modifier -59 or -91 is added. Is this a correct denial since these are two different tests? The alcohol level is not included in the drug screening.

Response: **Yes. Effective October 1, 2017, Medicaid's policy for drug testing has changed. Please see the ALERT-Laboratory Assay Drug Testing - Definitive Drug Testing and Presumptive Drug Testing, September 15, 2017 for the Agency's updated policy. For further clarification or questions, please contact Russell Green at 334-353-4783 or russell.green@medicaid.alabama.gov.**

9. Why are we receiving denials for Xygeva (J0897) when billed with primary diagnosis code Z51.12 or Z51.11, and the covered dx code C79.51 as secondary? We are having to resubmit with C79.51 as primary in order to get reimbursed which is an additional burden for the providers.

Response: **The requirement for C79.51 to be primary is being lifted. A system update has been requested to allow payment as long as the diagnosis code is on the claim.**

Discussion at meeting

MR. WILLIAMS: And I don't think it has been in a couple of weeks or so, as long as the diagnosis is on the claim, those should be fine.

MS. RUBIO: Those are all the questions that we have. Are there any other questions for Medicaid?

MR. WILLIAMS: Great. Well, that's all we have. We want to thank you once again. And I want to let you all know that Jan Sticka is retiring. She's officially leaving Medicaid and me and all of you guys, and she's going home. But I just want to publicly thank Jan for her support; especially in answering all the questions. So with that being said, Jan?

MS. STICKA: Are you going to put me on the spot? It's been fun.

MR. WILLIAMS: And I would say that it will probably take some time for me to fill Jan's position; although, I cannot replace Jan. But if you have questions, Jan is scheduled to be with us until November 15th. So if you have questions specifically that Jan needs to answer, you've got a few days to ask her. But other than that, if you have questions, please be a little patient if I don't get back to you right away. And looking forward to our next meeting, and I hope y'all have happy holidays. Thank you.

MS. NORTHCUTT: Congratulations, Jan.