

MEDICAID MINUTES
July 17, 2017 RIC/RAC Meeting

MEDICAID REPRESENTATIVES PRESENT:

Mr. Solomon Williams
Ms. Jan Sticka
Ms. Jerri Jackson
Ms. Cindy Crockett

FACILITATORS PRESENT:

Mr. Wesley Ashmore
Ms. Debbie Rubio

MR. ASHMORE: Good morning, everyone. With Medicaid today we have Solomon Williams, Jan Sticka, Jerri Jackson, and Cindy Crockett.

1. Our hospital is considering the use of the Automated Breast Ultrasound (ABUS), which is to be used adjunct to mammography. The vendor suggests using CPT codes 76641 and 76642 to bill for this service. The aforementioned CPT codes represent 2D ultrasound, when the ABUS is 3D. There are no specific examples to provide at this time as we have not purchased the equipment. Prior to purchasing equipment, we would like to determine the appropriate codes to bill for this service.

Response: CPT codes 76376 and 76377 should be used when billing 3D breast ultrasound. Please refer to the CPT manual for specific guidance.

Discussion at meeting

MR. WILLIAMS: If you would like to speak with someone at the agency, Russell Green would be your contact. Feel free to e-mail him at Russell.green@medicaid.alabama.gov, or if you would like, I could provide a number for you.

2. We believe that BCBSAL is currently receiving lab data from hospitals on a daily basis through “Halfpenny Technologies” and has done so for approximately the last seven years. Is the AL Medicaid Agency planning to adopt a process similar to BCBSAL as it pertains to lab data reporting to identify patient outliers? If so, can you give any details or updates?

Response: Medicaid is reviewing the advantages and disadvantages of collecting laboratory data on its recipients from providers; however, no plans have been made to move forward on data collection at this time.

Discussion at meeting

MR. WILLIAMS: Russell Green, again, this will be handled in his area, so if you would like to have additional information or if you have follow-up questions, please feel free to give him a call or e-mail him.

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3. Please provide us with a listing of surgical procedures codes that require LT & RT modifiers that are not required by CPT definition. [Examples: 1) CPT code 36561 Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; and 2) code 38221 Bone Marrow biopsy. Per our M/R department these codes don't require LT or RT, however, to get the claim to pass edits at Medicaid you have to add a modifier.]

Response: Medicaid does not offer a list of all surgical codes that require LT and RT modifiers. The two codes given as examples have been reviewed and both will continue to require the LT or RT modifier as the use of modifier-50 (bilateral procedure) is appropriate to append to these codes per Optum 360 Encoder Pro medical coding software (electronic CPT manual). For CPT 36561, the access device with port can be inserted on either side of the chest and for CPT 38221, the bone marrow biopsy can be taken from either the LT or RT iliac crest. For Medicaid billing, the anatomic modifiers LT and RT are to be used when coding procedures performed on either the left or right side of the body instead of modifier-50.

Note: For additional information, please see the March 10, 2014 and July 13, 2015 RIC/RAC Q&A's that addressed this issue. Also, providers should email codes in question to Jan Sticka at jan.sticka@medicaid.alabama.gov to research and request removal of modifier requirement as indicated.

Discussion at meeting

MR. WILLIAMS: There were some similar questions asked a couple of RIC/RAC meetings ago, in March of 2014 and July of 2015. If you have procedures that you're not sure, Jan Sticka would be your contact, and her e-mail is there so feel free to reach out to us if you have further questions.

4. Please provide clarification on whether Medicaid requires NDC codes on all the drug codes submitted on a UB claim. If yes, providers need to get official notification on a workable effective date since this requires programming changes by providers that will take time.

Response: Medicaid has had a requirement for a National Drug Code number to be on a claim with all physician administered drugs since October 2010. Please reference the October 2010 Provider Insider (attached) and Appendix H, pages 2-4 of the provider manual for guidance and exceptions to the requirement.

5. We would like you to do a presentation on RCOs transformation/Budget.

Response: Jerri Jackson will provide an update on RCOs

Discussion at meeting

MS. JACKSON: I don't believe I can give you an update on the budget, but I can the RCO. I'm Jerri Jackson. Nice to see everyone again. I wanted to let everybody know that we are still looking toward implementing the RCO in October 1, 2017. We are looking at a phased-in approach, which

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would mean we are only looking at implementing right now, beginning 10/1/17, two regions. Region A, which is the northern region, and region C, the western region. There are two probationary RCOs in the northern region, My Care Alabama and Alabama Community Care Region A and Alabama Community Care Region C in Region C. Like I said, we were looking at implementing those 10/1/17.

I know it's a very condensed timeline that we're going to have to meet. We're looking at contracts now. The contracts come first and then we can start our outreach. We are not going to start our outreach until we have signed contracts. Our outreach, we're looking at an 8/1 start date for outreach. This means that sometime in August or September, you would be receiving a Provider Insider with details on how to bill things, like FQHCs are going to have a new way that they're going to have to bill wrap-around payments for those areas, and it will have a lot of detail in it about billing.

Do you want to add to that, Cindy, about the Provider Insider and what's going to be in there?

MS. CROCKETT: I reviewed the Provider Insider. It's still going around for comment, but we're going to have a lot of information in the Provider Insider detailing the specific information that Jerri talked about, going live in Regions A and C on October 1st, specifically, some of the things that the providers are going to have to do, as far as billing; and I also know that the RCOs plan to have some education and outreach

MS. JACKSON: Yes the RCOs do and Alabama Medicaid does as well. We're going to have boots on the ground, particularly in Region A where we've got two RCOs, and we'll be reaching out to recipients and providers in that region as well as Region C.

AUDIENCE: Is that going to be in August?

MS. JACKSON: August and September up until the 10/1.

MS. CROCKETT: And you are familiar with the map. You know that Region A is North Alabama, the Huntsville area, and then Region C is West Alabama, Tuscaloosa and a lot of the more rural counties over in West Alabama. That's what Medicaid is looking at targeting beginning on October 1st.

MS. JACKSON: That Provider Insider is going to be a special edition of the Provider Insider. You'll still receive your regular Provider Insiders. This is just a special edition of it.

MS. CROCKETT: There's so much in there. We don't want a 20 page Provider Insider. Once everything is a go, we will get this Insider to print, and we'll get it out to you.

MS. JACKSON: Does anybody have any questions? I know you will once we go live because that's when your billing will start.

MR. ASHMORE: I want to thank Medicaid for coming this morning.