

Provider Focus

On Point with Georgia Medicaid News

September/October 2013

Register Now for November 21 Medicaid Fair in Dalton

Registration is open for the 2013 Fall Medicaid Fair to be held in Dalton on Thursday, November 21. The day-long session will include presentations, panel discussions and an opportunity to talk one-on-one with various exhibitors about claims issues and other topics.

To register and for more information: http://www.seeuthere.com/hp/Medicaid_Fair_21Nov.

OPR Reminders: Providers Must Use Individual NPI for OPR Enrollment; Pharmacy OPR Claims Edits Begin

Providers who order, prescribe or refer must be enrolled as Medicaid providers, even if they do not file claims. During the enrollment process, individual practitioner applicants have the option to list both their Individual and /or Organizational NPI numbers on the enrollment application. If the enrolling provider orders, prescribes or refers services for Medicaid members, the **individual practitioner's NPI must** be listed on the claim, **not an organizational NPI**.

Additionally, editing for OPR Pharmacy claims began on October 1, 2013. Claims without the OPR provider's individual NPI will be denied. Editing for other OPR claims will begin soon.

For complete information, read the Frequently Asked Questions on the [DCH website](#).

News for Providers: Revalidation and Application Fees Begin

Beginning soon, the Department of Community Health (DCH) will implement two requirements of the Affordable Care Act (ACA) -- Revalidation of Enrollment and Application Fees.

Revalidation is applicable to all providers at all service locations. Application fees will impact only certain facility types, not individual practitioners. Both ACA requirements were enacted into law to help reduce fraud, waste and abuse of the Medicaid program. Also, the ACA requires that Revalidation be conducted every five years. Application fees will be collected at initial enrollment and at revalidation (i.e., every five years).

DCH will post a detailed Frequently Asked Questions document soon.

ICD-10 Testing Begins in Late Fourth Quarter 2013

The Department of Community Health (DCH) will begin ICD-10 testing with trading partners and providers starting in late Q4 2013/early Q1 2014.

DCH has offered a variety of webinars about the mandated ICD-10 transition during the past several months. To register for upcoming or past webinar events, visit <http://dch.georgia.gov/it-events>. No password is required. Most webinars run about 45 minutes.

New Frequently Asked Questions Posted About Centralized Prior Authorization

An updated set of Frequently Asked Questions about the [Centralized Prior Authorization Process](#) has been posted on GAMMIS at www.mmis.georgia.gov.

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You Ask, We Answer

Q: Is a Prior Authorization required if commercial insurance is primary?

A: Yes. Although Medicaid is the payor of last resort, providers must obtain Prior Authorization for services provided that may also be submitted to Medicaid for payment.

Please see section 303.3, page III-5 of the part 1 Policy and Procedure manual where it states the following: *Georgia Medicaid/PeachCare for Kids® will process the claim as primary for the maximum allowable amount when covered Medicaid services are not covered by the primary insurance or health plan. Regardless of whether or not the primary plan has made any payment toward a service, when billing the secondary claim to Medicaid, you must follow the Medicaid policies and procedures for that particular Category of Service, including adherence to all policies/guidelines for pre-certification and pre-authorizations of services.*

Q: Can we bill Medicare crossover claims before 45 days from Medicare paid date?

A: Yes. Providers are encouraged to allow 45 days before submitting crossover claims to avoid claims being denied as duplicate crossover claims. However, these claims will not be **denied** for "MCARE PAID DTE LESS THAN 45 DAYS FROM ICN DATE." The EOB message "MCARE PAID DTE LESS THAN 45 DAYS FROM ICN DATE" will post on the claim but will reflect a **paid** status.

Q: Should field 29 on the CMS1500 be populated with Medicare's payment on submitted crossover paper claims?

A: No. Field 29 is to be used only for Third-Party Liability payments.

Q: Does the 45-day waiting period to submit claims apply to the Medicare Advantage Plans?

A: No. Medicare Advantage Plan claims are not subject to crossover; therefore providers can submit the claims immediately.

Q: How do I find the claim adjustment reason code to submit a secondary claim on the Georgia Medicaid Management Information System (GAMMIS) web portal?

A: Claim adjustment reason codes can be found by visiting the Washington Publishing Company website at www.wpc-edi.com. Click on the Reference tab located on the top right-hand side of the page, then access the Claim Adjustment Reason Codes (CARC) hyperlink to the left.

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Q: Can I submit EMA (Emergency Medical Assistance) claims with medical records only, or do I need to submit a DMA-526?

A: Per policy, the DMA 526 “Physician’s Statement for Emergency Medical Assistance” must be submitted with all EMA claims, along with the documents that support emergent nature of the services provided.

Q: Why am I receiving denials when I bill consultation codes? Is there a system issue?

A: Effective November 1, 2012, the department eliminated the use of consultation codes. Services provided on or after November 1, 2012, must be billed with the applicable E&M code. Please refer to the banner message posted on GAMMIS on October 16, 2012.

For Your Information

Visit the Georgia Department of Community Health (DCH) website, www.dch.georgia.gov.

If you have questions, contact HP Enterprise Services Contact Center at 800-766-4456.

Georgia Medicaid Management Information System (GAMMIS) website, www.mmis.georgia.gov.