

**October  
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# Better Network. Better News.

By First Coast Advantage

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### Florida Medicaid Fraud & Abuse Links on FCA Website

First Coast Advantage (FCA) has added two new links on the FCA Website at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) to the Florida Medicaid website for Fraud and Abuse.

The following links are located under the Education Tab:

◇ Florida Medicaid Fraud and Abuse Prevention Presentation March 2010: This presentation is on Fraud and Abuse Prevention in Medicaid Managed Care Organization by Roberta Bradford, Deputy Secretary for Medicaid that was presented to House Select Council on Strategic and Economic Planning.

◇ Florida Medicaid Fraud And Abuse Complaint Form: This form is from The Office of the Inspector General at AHCA that accepts complaints alleging wrong-doing of an Agency employee and suspected fraud and abuse in the Florida Medicaid system.

If you suspect Medicaid fraud, you can contact the fraud and abuse hotline at (1-888-419-3456).

### Florida Medicaid Provider Alert, NPI Implementation

Effective January 1, 2011, Florida Medicaid will require that all providers must obtain an NPI and include their NPI on all claims submitted to Medicaid, including First Coast Advantage (FCA) claims. This will include all claims, whether submitted on paper or electronically. The Medicaid provider number will be allowed to accompany the NPI on claims; however, claims that do not contain the NPI will be denied.

The Health Insurance Portability and Affordability Act (HIPAA) of 1996 mandated the implementation of a National Provider Identifier (NPI). Most health care providers must register with the National Plan and Provider Enumeration System and receive a unique NPI.

The intent of the HIPAA regulations was to require all health plans to convert their claims processing systems to use only the NPI for claims processing and reporting for providers required to obtain an NPI. Because of the complexities of this conversion by health care plans and providers, the use of the NPI has not yet been strictly enforced. However, Medicaid claims submitted on and after January 1, 2011, will have new requirements for the use of the NPI.

Look for further instructions from Florida Medicaid in the near future for these new requirements. If you have any questions, please contact your local Medicaid area office.

### Member Rights and Responsibilities Updated and Added to FCA Website

Effective June 15, 2010 FCA Member Rights and Responsibilities have been updated and added to the FCA website at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) under Member Information and in the Member Handbook.

Members can obtain a copy of this document by printing directly from the FCA website or call FCA Member Services at 1-866-270-2422 to obtain a copy.

### FCA Pre-Authorization List Updated on Website

Effective June 25, 2010, FCA Pre-Authorization List was updated on the FCA Website with the following information:

- Adult Dermatology, Consults, Evaluations and Treatments
- Medically Necessary **Circumcisions, Consults, Evaluations and Treatments**

The Pre-authorization List can be found on the FCA website at: [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) under Pre-Authorization. For questions, please contact FCA Provider Services at 1-866-270-2468.



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*Administrative Office:*  
904-244-9016  
*Provider Services:*  
1-866-270-2468

## NPI Timeline and 5010 Implementation Posted on FCA Website

Effective August 2, 2010, Florida Medicaid NPI Timeline and 5010 Implementation is now posted on the FCA Website in two locations at: [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) The document is located under the following Tabs:

- ◇ Provider Information / Claims
- ◇ Education
- ◇ Service Alert / Medicaid Policies

For information regarding this document you can contact your local Medicaid area office.

For questions, contact FCA Provider Services at 1-866-270-2468.

## FCA Behavioral Health Tier System Updated on FCA Website

Effective June 15, 2010, FCA Behavioral Health Criteria for Level I has been updated with the following language.

- ◇ A score of 92% or greater on cumulative chart reviews based on at least 3 chart reviews
- ◇ Submission of claims through APEX for at least 6 months

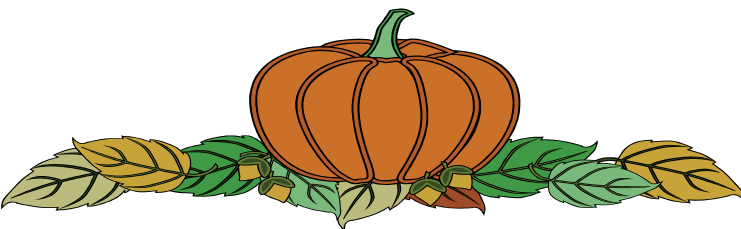
For questions contact FCA Behavioral Health Coordinator at (904) 244-9780.

## Florida Medicaid X12 Claim Transactions Modification (5010)

Effective April 1, 2011, Florida Medicaid X12 Transactions mandated by HIPAA are being modified with a new version, known as 5010. As Florida prepares to convert electronic transactions to the new version of HIPAA, further changes in the electronic claims are needed for the use of NPI for providers who must obtain an NPI.

The 5010 version of the claims transactions will no longer allow providers to include the Medicaid provider number as part of the transaction and will allow only the NPI. This affects only electronic claims. Consequently, in preparation for the 5010 implementation, Florida Medicaid will no longer accept X12 claim transactions that contain the Florida Medicaid provider number starting in April 2011. Electronic claims that contain the Medicaid provider number will be denied.

Florida Medicaid will provide further instructions in the near future on the 5010 implementation and associated changes that will be required later in 2011. If you have any questions, please contact your local Medicaid area office.



## FCA Member Contact Us Tab Added to FCA Website

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Effective June 29, 2010, FCA has added a Member Contact Us Tab on the FCA website. Members will now be able to send FCA an e-mail when they want to request, update or change their information such as:

- Change their PCP
- Change their Address
- Request New ID Cards
- Request New Member Materials
- Request Provider Information
- Request Benefit Information
- Other Request



For questions please contact FCA Member Services at 1-866-270-2422.

## Florida Medicaid Provider Alerts Monthly Limitations—Federal Schedule CIII-CV Prescriptions

Effective August 3, 2010, for Provider Type(s): 20, 25, 26, a maximum of four prescriptions of medications defined by Federal Controlled Substances will be allowed per 30 days without a prior authorization. Claims over the maximum limit of four prescriptions (multiple drugs & multiple strengths) per 30 days will deny for "Limit 4 duplicate prescriptions per 30 days."

This represents an enhancement to programming logic that was initiated in August 2009. This enhancement includes all medications and combinations of medications listed in Federal Schedules CIII-CV, including but not limited to:

- ◇ All narcotics on Federal Schedules CIII-CV
- ◇ Narcotic containing cough preparations
- ◇ Benzodiazepines
- ◇ Sleep agents (Zolpidem and similar agents)
- ◇ Carisoprodol
- ◇ Lyrica
- ◇ Suboxone and Subutex

The prior authorization process is available for those requests which exceed the monthly limit of four (4) prescriptions per 30 days. Prior Authorization is also required for the following:

- ◇ When dose and/or dispense quantities of any of the above listed medications exceed Medicaid Fee-for-Service plan limitations.
- ◇ For Carisoprodol, Suboxone, Subutex, and any other medications that are not on the Medicaid Preferred Drug List (PDL).

Contact information for your local Medicaid area office is available on the Medicaid website at <http://ahca.myflorida.com>

## FCA Provider By-Report Coding Form on FCA Website Under Pre-Authorization

Effective July 19, 2010, FCA Provider By-Report Coding Form is now on the Website under Pre-Authorization and Under Provider Information / Forms.

This form is used for the February 2010 Paper Claims Submission Policy. The Paper Claims Submission Policy Service Alert was distributed March 2010 and is posted on the FCA website under **Service Alert**.

For question you can call FCA Provider Services at 1-866-270-2468.



## Medicaid Provider Alert for National Drug Code (NDC) Requirements for Physician Administered Drugs

Effective July 1, 2010, for **Provider Type (s): 01, 25, 26, 27, 29, 30, 34, 35, 66, 68, 69, 77, 89 and 90** Medicaid will deny claims for physician-administered drugs billed with HCPCS codes, such as the J-codes, without the corresponding NDC number on the CMS-1500 & UB-04 claim forms. This requirement also applies to Medicare/Medicaid cross-over claims.

The NDC must reflect the correct amount and dosage provided to the Medicaid recipient. Florida Medicaid reimburses physician-administered drugs for which the manufacturer has a federal rebate agreement, per Section 1927 of the Social Security Act [42 U.S.C. 1396r-8].

Only drugs that have a rebate are considered for Medicaid reimbursement; all others are not reimbursed. The current list of manufacturers with drug rebate agreements is available on Medicaid's Web site at <http://www.ahca.myflorida.com/>. On AHCA's website at the top of the page, click on **Site Menu**, then **Division of Medicaid**. Next, scroll down to **What is Occurring in Medicaid** and then, **Current List of Drug Rebate Manufacturers**. Information on the proper billing of HCPCS codes for drugs is found in the Medicaid Provider Reimbursement Handbook, CMS-1500 Claim Form.

You can also go directly to FCA website at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) and select the Preferred Drug List and Education Tabs and each tab will take you directly to the link for the Current List of Drug Rebate Manufacturers on AHCA's Website. All Medicaid policy handbooks may be accessed online at <http://www.mymedicaid-florida.com/>. Please click on **Public Information for Providers**, then **Provider Support** in the box on the left side of the page, and then select **Provider Handbooks**.

If you have any questions about this change, please contact your local Medicaid area office.

## Florida Medicaid Provider Alert for Electronic Health Record (HER) Program Survey

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The Florida Medicaid program received federal funds this year to plan for the implementation of the Electronic health records (EHR) incentive program, established by the American Recovery and Reinvestment Act of 2009 (ARRA), to promote the adoption and use of health information technology.

The federal funds helped to develop the State Medicaid Health Information Technology Plan that will include a survey of health care providers who treat Medicaid recipients to assess the current health information technology landscape of the state, and a plan for the implementation of the EHR incentive program. The *Florida Medicaid Electronic Health Record Incentive Program* will provide monetary incentives for eligible Medicaid providers in Florida to adopt, implement, upgrade and meaningfully use EHR systems in their practices.

Beginning August, 2010, select hospitals, Federally Qualified Health Care Centers, Rural Health Care Clinics, non-hospital based physicians, dentists, nurse practitioners and certified nurse midwives will begin receiving surveys regarding their level of health information technology adoption and use, as well as their ability and interest to adopt certified EHR systems. The results of the survey will provide the Agency for Health Care Administration (Agency) with an analysis of the adoption and use of health information technology in Florida. This information will be used to develop Florida's State Medicaid Health Information Technology Plan and the *Florida Medicaid Electronic Health Record Incentive Program*.

Florida Medicaid encourages all health care providers who treat Medicaid recipients to complete and return the survey by August 18 to ensure the Agency receives an accurate assessment of Florida Medicaid's current health information technology environment. To further explain the Medicaid Electronic Health Record Incentive Programs, the Centers for Medicare and Medicaid Services (CMS) are hosting a series of conference calls to give details to providers next week, August 10 – 12.

The Agency encourages eligible providers and hospitals to listen in and learn about the program. These calls will answer providers' questions, such as:

- ◇ Who is eligible?
- ◇ How much are the incentives and how are they calculated?
- ◇ What providers will need to do to get started?
- ◇ When the program begins and other major milestones regarding participation and payment?
- ◇ How to report on Meaningful Use measures?
- ◇ Where to find helpful resources?

For more information about the *Florida Medicaid Electronic Health Record Incentive Program* and Florida's State Medicaid Health Information Technology Plan, please visit [FHIN.net](http://FHIN.net) or email the Agency at:

[MedicaidHIT@AHCA.MyFlorida.com](mailto:MedicaidHIT@AHCA.MyFlorida.com)



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[www.firstcoastadvantage.com](http://www.firstcoastadvantage.com)

## Florida Medicaid Provider Alerts for CMS Education Series for Providers - Electronic Health Record (EHR) Incentive Programs

Effective August 2010, Florida Medicaid notification for CMS Education Series for Providers on the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. The Centers for Medicare & Medicaid Services (CMS) invites you to join Florida Medicaid for a series of national provider calls addressing the specifics of the Medicare and Medicaid EHR incentive programs for hospitals and individual practitioners. Materials will be made available prior to each training at the following Web address:

[http://www.cms.gov/EHRIncentivePrograms/05\\_Spotlight\\_and\\_Upcoming\\_Events.asp](http://www.cms.gov/EHRIncentivePrograms/05_Spotlight_and_Upcoming_Events.asp)

**Cannot attend?** A transcript and MP3 file of the call will be available approximately 3 weeks after the call at

[http://www.cms.gov/EHRIncentivePrograms/05\\_Spotlight\\_and\\_Upcoming\\_Events.asp](http://www.cms.gov/EHRIncentivePrograms/05_Spotlight_and_Upcoming_Events.asp) on the CMS Web site.

Be sure to visit CMS' Web section on the Medicare & Medicaid EHR Incentive Programs at: <http://www.cms.gov/EHRIncentivePrograms/> to get the latest information. Information on how to register for these calls is forthcoming. Learn the specifics on what you need to participate in the these incentive programs –

- ◇ Who is eligible ([Requirements for EHR Incentive Program](#))
- ◇ How much the incentives are, and how they are calculated
- ◇ What you need to do to get started
- ◇ When the program begins and other major milestones regarding participation and payment
- ◇ How to report on Meaningful Use measures
- ◇ Where to find helpful resources and more

### EHR Incentive Programs for Eligible Professionals

A session just for individual practitioners  
Tuesday, August 10, 2010

2:00-3:30 pm EST

### EHR Incentive Programs for Hospitals

A session just for hospitals  
Wednesday, August 11, 2010

2:00-3:30 pm EST

### EHR Questions and Answers

For Hospitals and Individual Practitioners:  
Thursday, August 12, 2010

2:00-3:30 pm EST



## Florida Medicaid Provider Alerts for Updated DME Fee Schedule

Effective September 2010, Florida Medicaid updated the 2010 Durable Medical Equipment fee schedules and are posted on Florida Medicaid fiscal agent's Web Portal at <http://www.mymedicaid-florida.com/>. Select **Public Information for Providers**, then **Provider Support**, and then **Fee Schedules** in the left hand margin.

The under 21 DME fee schedule contains newly opened disposable incontinence product codes, their rates, and limits. These codes are for children ages four (4) through twenty (20). These codes will be effective September 1, 2010. You may contact your local Medicaid area office for further information.

## Florida Medicaid Provider Alerts for Change to Interactive Pharmacy Prior Authorization Forms

Effective August 2010, Florida Medicaid Provider Alerts for Provider Type(s): 20, 25, 26, 30, Interactive prior authorization forms are now available on the Medicaid Pharmacy Services website.



The new user friendly forms are designed to be downloaded to your computer for the convenience of typing information into the form to be printed out, signed by the provider, and faxed to the fax number on the form. Please note: the PDF format does not allow the user to save information in the form or to email the completed form. To access the new forms click on the link below:

[http://ahca.myflorida.com/Medicaid/Prescribed\\_Drug/pharm\\_thera/paforms.shtml](http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/paforms.shtml)

If you have any questions, please contact your Medicaid area office.

## First Coast Advantage Adult Dermatology Consult Form Now Required

Effective July 1, 2010, Adult Dermatology Consultation (ADC) Form is now required for all referrals and/or pre-authorizations for Dermatology. Primary Care Provider or Specialist can complete ADC Form for an FCA Pre-authorization. The ADC form must be accompanied with the pre-authorization form for Dermatology services.

All Dermatology requirements from the Service Alert must be checked off on the ADC form before approval for services. The ADC form can be found on the FCA website at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) under Pre-Authorization and Provider Information / Forms.

For questions, please contact FCA Provider Relations at (904) 244-9174.

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## Florida Medicaid Enrollment Reports Now on First Coast Advantage (FCA) Website

Effective August 1, 2010, Florida Medicaid Enrollment Reports are now on FCA website at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) under Links. This link provides you enrollment reports for the following categories:



- Comprehensive Report by Program and Assignment Plan
- Medicaid Comprehensive Report By County
- Medicaid Comprehensive Report By County and By Category of Eligibility
- Market Share Report by Program and Plan
- Medicaid Managed Care Plan [1915(b)] – HMO Enrollment by County
- Medicaid Managed Care Plan [1915(b)] – HMO Enrollment by Category of Eligibility
- Medicaid Managed Care Plan [1915(b)] – HMO TANF Enrollment by Age Group
- Medicaid Managed Care Plan [1915(b)] – HMO SSI Enrollment by Age Group
- Medicaid Pilot (1115) – Plan Enrollment by County
- Medicaid Pilot (1115) – Plan Enrollment by Category of Eligibility
- Medicaid Pilot (1115) – Provider TANF Enrollment by Age
- Medicaid Pilot (1115) – Provider SSI Enrollment by Age

If you have any questions about this comprehensive enrollment report or the data it contains, please contact Jason Campbell, MCO, Health Systems Development, at (850) 412-4037 or via email at : [jason.Campbell@ahca.myflorida.com](mailto:jason.Campbell@ahca.myflorida.com).

## FCA Begins Series of Articles on Attention Deficit Hyperactivity Disorder (ADHD)

In June FCA began a series of articles on ADHD. The articles are highlighted from June 2010 – November 2010 on the following issues:

- ◇ 06-2010 What is Attention Deficit Hyperactivity Disorder (ADHD)?
- ◇ 07-2010 What Causes ADHD?
- ◇ 08-2010 How is ADHD Diagnosed?
- ◇ 09-2010 What are the Symptoms of ADHD in Children
- ◇ 10-2010 Treatment of ADHD
- ◇ 11-2010 HEDIS Measures for ADHD



In November 2010, all six articles will be placed on the FCA website in its entirety for providers to review. For questions regarding these articles, you can contact FCA Medical Management Department at (904) 244-9780.

### First Coast Advantage 1st Series of Articles on ADHD:

#### **What is Attention Deficit Hyperactivity Disorder?**

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most common neurobehavioral disorders of childhood. It is sometimes referred to as Attention Deficit Disorder (ADD). It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD have trouble paying attention, controlling impulsive behaviors (may act without thinking about what the result will be), and, in some cases, are overly active.

#### **ADHD has Three Subtypes:**

**Predominantly Hyperactive-Impulsive** – Most symptoms (six or more) are in the hyperactivity-impulsivity categories. Fewer than six symptoms of inattention are present, although inattention may still be present to some degree.

**Predominantly Inattentive** – The majority of symptoms (six or more) are in the inattention category and fewer than six symptoms of hyperactivity-impulsivity are present, although hyperactivity-impulsivity may still be present to some degree. Children with this subtype are less likely to act out or have difficulties getting along with other children. They may sit quietly, but they are not paying attention to what they are doing. Therefore, the child may be overlooked, and parents and teachers may not notice that he or she has ADHD.

**Combined Hyperactive-Impulsive and Inattentive**– Six or more symptoms of inattention and six or more symptoms of hyperactivity-impulsivity are present. Most children have the combined type of ADHD. Treatments can relieve many of the disorder's symptoms, but there is no cure. With treatment, most people with ADHD can be successful in school and lead productive lives. Researchers are developing more effective treatments and interventions, and using new tools such as brain imaging, to better understand ADHD and to find more effective





# First Coast Advantage Series of Articles on ADHD

## First Coast Advantage 2nd Series on What Causes ADHD?

Scientists are not sure what causes ADHD, although many studies suggest that genetics play a large role. Like many other illnesses, ADHD probably results from a combination of factors. In addition to genetics, researchers are looking at possible environmental factors, and are studying how brain injuries, nutrition, and the social environment might contribute to ADHD.

**Genes** - Inherited from our parents, genes are the “blueprints” for who we are. Results from several international studies of twins show that ADHD often runs in families. Researchers are looking at several genes that may make people more likely to develop the disorder. Knowing the genes involved may one day help researchers prevent the disorder before symptoms develop. Learning about specific genes could also lead to better treatments

Children with ADHD who carry a particular version of a certain gene have thinner brain tissue in the areas of the brain associated with attention. This National Institute of Mental Health research showed that the difference was not permanent, however, and as children with this gene grew up, the brain developed to a normal level of thickness. Their ADHD symptoms also improved.

**Environmental Factors** - Studies suggest a potential link between cigarette smoking and alcohol use during pregnancy and ADHD in children. In addition, preschoolers who are exposed to high levels of lead, which can sometimes be found in plumbing fixtures or paint in old buildings, may have a higher risk of developing ADHD.

**Brain Injuries** - Children who have suffered a brain injury may show some behaviors similar to those of ADHD. However, only a small percentage of children with ADHD have suffered a traumatic brain injury.

**Sugar** - The idea that refined sugar causes ADHD or makes symptoms worse is popular, but more research discounts this theory than supports it. In one study, researchers gave children foods containing either sugar or a sugar substitute every other day. The children who received sugar showed no different behavior or learning capabilities than those who received the sugar substitute.<sup>8</sup> Another study in which children were given higher than average amounts of sugar or sugar substitutes showed similar results.



In another study, children who were considered sugar-sensitive by their mothers were given the sugar substitute aspartame, also known as NutraSweet. Although all the children got aspartame, half their mothers were told their children were given sugar, and the other half were told their children were given aspartame. The mothers who thought their children had gotten sugar rated them as more hyperactive than the other children and were more critical of their behavior, compared to mothers who thought their children received aspartame.

**Food Additives** - Recent British research indicates a possible link between consumption of certain food additives like artificial colors or preservatives, and an increase in activity. Research is under way to confirm the findings and to learn more about how food additives may affect hyperactivity.

## First Coast Advantage 3rd Series on How is ADHD Diagnosed?:

Children mature at different rates and have different personalities, temperaments, and energy levels. Most children get distracted, act impulsively, and struggle to concentrate at one time or another. Sometimes, these normal factors may be mistaken for ADHD.

ADHD symptoms usually appear early in life, often between the ages of 3 and 6, and because symptoms vary from person to person, the disorder can be hard to diagnose. Parents may first notice that their child loses interest in things sooner than other children, or seems constantly “out of control.” Often, teachers notice the symptoms first, when a child has trouble following rules, or frequently “spaces out” in the classroom or on the playground.

No single test can diagnose a child as having ADHD. Instead, a licensed health professional needs to gather information about the child, and his or her behavior and environment. A family may want to first talk with the child’s pediatrician. Some pediatricians can assess the child themselves, but many will refer the family to a mental health specialist with experience in childhood mental disorders such as ADHD.





## First Coast Advantage Series of Articles on ADHD

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### First Coast Advantage 3rd Series on How is ADHD Diagnosed continued?:

The pediatrician or mental health specialist will first try to rule out other possibilities for the symptoms. For example, certain situations, events, or health conditions may cause temporary behaviors in a child that seem like ADHD.

Between them, the referring pediatrician and specialist will determine if a child:

- Is experiencing undetected seizures that could be associated with other medical conditions
- Has a middle ear infection that is causing hearing problems
- Has any undetected hearing or vision problems
- Has any medical problems that affect thinking and behavior
- Has any learning disabilities
- Has anxiety or depression, or other psychiatric problems that might cause ADHD-like symptoms
- Has been affected by a significant and sudden change, such as the death of a family member, a divorce, or parent's job loss



A specialist will also check school and medical records for clues, to see if the child's home or school settings appear unusually stressful or disrupted, and gather information from the child's parents and teachers. Coaches, babysitters, and other adults who know the child well also may be consulted. The specialist also will ask:

- Are the behaviors excessive and long-term, and do they affect all aspects of the child's life?
- Do they happen more often in this child compared with the child's peers?
- Are the behaviors a continuous problem or a response to a temporary situation?
- Do the behaviors occur in several settings or only in one place, such as the playground, classroom, or home?

### First Coast Advantage 4th Series on - What are the symptoms of ADHD in Children?

Inattention, hyperactivity, and impulsivity are the key behaviors of ADHD. It is normal for all children to be inattentive, hyperactive, or impulsive sometimes, but for children with ADHD, these behaviors are more severe and occur more often. To be diagnosed with the disorder, a child must have symptoms for 6 or more months and to a degree that is greater than other children of the same age.

#### Children who have symptoms of **Inattention** may:

- Be easily distracted, miss details, forget things, and frequently switch from one activity to another
- Have difficulty focusing on one thing
- Become bored with a task after only a few minutes, unless they are doing something enjoyable
- Have difficulty focusing attention on organizing and completing a task or learning something new
- Have trouble completing or turning in homework assignments, often losing things (e.g., pencils, toys, assignments) needed to complete tasks or activities
- Not seem to listen when spoken to
- Daydream, become easily confused, and move slowly
- Have difficulty processing information as quickly and accurately as others
- Struggle to follow instructions



#### Children who have symptoms of **Hyperactivity** may:

- Fidget and squirm in their seats
- Talk nonstop
- Dash around, touching or playing with anything and everything in sight
- Have trouble sitting still during dinner, school, and story time
- Be constantly in motion
- Have difficulty doing quiet tasks or activities



#### Children who have symptoms of **Impulsivity** may:

- Be very impatient
- Blur out inappropriate comments, show their emotions without restraint, and act without regard for consequences
- Have difficulty waiting for things they want or waiting their turns in games
- Often interrupt conversations or others' activities

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[www.firstcoastadvantage.com](http://www.firstcoastadvantage.com)

## Florida Medicaid Updated on Hospice Days Remaining for Provider Type 15

Currently there is a "Hospice Days Remaining" field on the Recipient Information screen, located on the Medicaid Provider Web portal. Information in this field is causing some hospice providers to refuse to enroll Medicaid recipients into hospice. There is no hospice cap and no limit to the number of hospice days.

Medicaid is working on a system fix to remove this field from the recipient information screen. In the meantime, please disregard any numbers that appear in this field. If you have any questions about this change, please contact your local Medicaid area office.

## Medicaid Provider Alert for Billing for Gastrostomy/Jejunostomy Tubes

Effective August 1, 2010, for **Provider Type(s): 25, 26, 29, 30, 66, 68, 77 and 78** providers are requested to start billing gastrostomy and jejunostomy tubes with the CPT codes B4087 and B4088 (Gastrostomy/Jejunostomy tube), instead of CPT code 99070 (supplies and materials).

This change will be beneficial to providers because the CPT codes B4087 and B4088 do not suspend for medical review, while the CPT code 99070 does suspend for medical review. If you have any questions about this change, please contact your local Medicaid area office.

## Florida Medicaid Physician and Practitioner Fee Schedules on Medicaid Website

Effective June 28, 2010 for **Provider Type(s): 06, 25, 26, 27, 28, 29, 30, 31, 34, 60, 62, 63, 66, 68, 69, 77**, the Medicaid 2010 fee schedules are now available at: <http://www.mymedicaid-florida.com>. Click on **Public Information for Providers**, then, **Provider Support**, and **Fee Schedules**, current year.

January 1, 2010, is the effective date for the current fee schedules. Fees have not changed from 2009 to 2010; therefore, there is no need to reprocess any claims. You will notice there are new instructions in the header of some fee schedules. This has been added to explain how to calculate reimbursement for services to children under 21 from a base fee, as some services for children are reimbursed 4% over the adults. In addition to this increase, services provided to children by certain physician specialties are reimbursed an additional 24%.



Fee schedules showing no difference between children and adult services will remain the same. Please note that beginning January 1, 2011, the "new" codes will be effective. Any fee adjustments occurring for existing codes will be effective July 1, 2011.

For questions contact your local Medicaid area office.

## Florida Medicaid Provider Alert for All Provider Types for Voids and Adjustment for Claims

Refund checks are not the appropriate way to void or adjust claims unless there is an exceptional situation - such as the provider is no longer actively billing Medicaid. All providers seeking to void or adjust a claim should do so using the Florida Medicaid Web Portal, HIPAA 837 Transaction, or a paper submission.

There are seven years of claims history accessible on the Florida Medicaid Web Portal, and a claim can be voided at any time. Adjustments can be submitted up to 12 months from the claim paid date. Adjustments that are not within the timely filing period should be submitted to your local Medicaid area office for approval.

For questions contact your local Medicaid Area office.



## Florida Medicaid Provider Alerts for Change in Coverage for CPT Code 90649

Effective August 2010, Provider Type(s): 25, 26, 29, 30, 66, 68, 77, Florida Medicaid is changing coverage for CPT Code 90649 (Quadrivalent HPV vaccine).

This code has previously been reimbursed for females only, ages 9-20. Effective June 18, 2010, coverage is extended to males, ages 9-20.

If you have any questions, please contact your Medicaid area office.

## Florida Medicaid Provider Alert for Billing with Modifiers 59, 76 & 77

Effective August 1, 2010, Provider Type(s): 06, 25, 26, 27, 28, 29, 30, 31, 66, 68, 77, 78, Practitioner providers are requested to start billing radiology CPT codes using modifiers 76 (Repeat procedure by same MD) and 77 (Repeat procedure by another MD), as indicated on the 2010 Radiology Fee Schedule, rather than using modifier 22 for additional units of non-duplicated services.

Also, modifier 59 (Distinct procedural service) should be used instead of modifier 22 for procedure codes performed in addition to radiology procedures. Correct usage of these modifiers requires a separate line on the same claim for each unit of service with the same date of service. This change is effective August 1, 2010. The results of this change will be beneficial to providers because modifiers 59, 76, and 77 will not suspend for medical review, while modifier 22 will continue to suspend for medical review and delay adjudication of the claim.

If you have any questions, please contact your local Medicaid area office.

## Florida Medicaid Summer 2010 Provider Bulletin Now Published on Medicaid Website

Florida Medicaid recently published the Summer 2010 Medicaid Provider Bulletin. The bulletin contains policy clarification and important Florida Medicaid information.

To view the bulletin, please visit <http://ahca.myflorida.com/Medicaid> and click on "Summer 2010 Medicaid Provider Bulletin" under the "What is occurring in Medicaid?" heading. If you have any questions, please contact your local Medicaid area office.

## Florida Medicaid Provider Alert, Monthly Timely Filing Limit for Nursing Facility Medicare Part A Claims

For Provider Type(s): 9 (Skilled Nursing Units), 10 (Nursing Home), 13 (Swing Bed Facility) a recent systems change allows nursing facility Medicare Part A coinsurance (level of care (LOC) X) claims to process with the 36 month timely filing limit allowed by Medicaid.

The Medicaid system previously adjudicated LOC X claims with the 12 month timely filing limit. This systems change eliminates the need for providers to submit LOC X paper claims to the area office requesting an override of the 12 month timely filing limit. Please contact your local Medicaid area office for more information.

Contact information for your local Medicaid area office is available on the Medicaid website: <http://ahca.myflorida.com>

## Florida Medicaid Provider Alert, Procedure Code 59200, Change in Coverage

Effective July 1, 2010, **Provider Type(s): 25, 26, 29, 30, 66, 68, 77**, Florida Medicaid is changing coverage for CPT Code 59200 (Insertion of cervical dilator, e.g. laminaria, prostaglandin), this code will suspend for review to determine medical necessity for reimbursement.

This code has previously been included in the abortion group that requires an abortion form for Medicaid reimbursement. Although this procedure is mainly used to facilitate labor, not abortion, it needs to suspend for a medical review to assure that Medicaid is not paying for an abortion-related procedure. Therefore, after that date, appropriate documentation to support medical necessity must be submitted with any claims for procedure code 59200.

If you have any questions, please contact your Medicaid area office.

## Florida Medicaid Provider Alert, Procedure Code 90670, Change in Coverage, Retroactive to March 18, 2010

Florida Medicaid is changing coverage for CPT Code 90670 for **Provider Type(s): 25, 26, 29, 30, 66, 68, 77**, this change will be retroactive to March 18, 2010. The covered age for this code will be changed from 0-4 to 0-5 with automatic payment for that age group.

Children 6 through 18 years of age with certain high risk medical conditions may receive a single dose of PCV13. Coverage for children ages 6-18 will be provided based on the recommendations published in the Morbidity and Mortality Weekly Report (MMWR) from the Centers for Disease Control at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5909a2.htm>

The claims for children 6-18 will be subject to medical review to determine medical necessity for reimbursement. If you have any questions, please contact your local Medicaid area office.

## FCA Service Alert for Medicare Cross-Over Claims Submission

Effective Immediately, The Agency for Healthcare Administration (AHCA) has informed First Coast Advantage (FCA) that all Medicare Cross-Over Claims can be direct submitted to the Medicaid Fiscal Agent (HP). This submission includes Electronic claims and Paper Claims.

This Service Alert can be found on the FCA Website at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) under Service Alert and Claims.

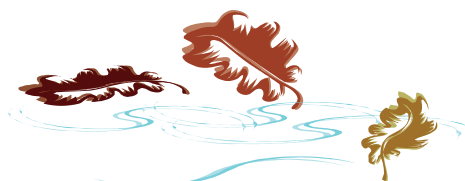
For questions, please contact Debbie Shelton, FCA Claims Manager at (904) 244-1836 or e-mail her at: [Debbie.shelton@jax.ufl.edu](mailto:Debbie.shelton@jax.ufl.edu).

## FCA Provider Manual Updated on FCA Website

Effective July 1, 2010, Section 13: Preventive Care Guidelines was updated in the FCA Provider Manual on the website under Provider Information.

Effective July 27, 2010, FCA Provider Manual was updated on the website for Fraud and Abuse. The update includes information on how providers can obtain their required annual training on Fraud and Abuse.

For questions you can call FCA Provider Services at 1-866-270-2468.



## Florida Medicaid Provider Alert for DME Provider Level Two Background Screening Requirement

Effective August 2010, Provider Type(s): 20, 90, Florida Medicaid for Durable Medical Equipment (DME) Providers Level Two Background Screening Requirement. Level two background screening, as described in s. 435.04, F.S., is required as a condition of employment for provider staff in direct contact with and providing direct services to recipients of DME and medical supply services in or at their homes. This requirement includes repair and service technicians, fitters, and delivery staff.

If DME Providers have not recently received a letter regarding level two background screening, please visit

<http://ahca.myflorida.com/Medicaid/dme/index.shtml>

for more information.



**Note:** If DME Providers do **not** have staff in direct contact with and providing direct DME and medical supply services to recipients at the recipient's place of residence, please e-mail Medicaid at [bgscreen@ahca.myflorida.com](mailto:bgscreen@ahca.myflorida.com). Please include your company name, Medicaid provider identification number(s) and statement declaring your company's compliance.

### Important Information:

- For potential new hires, results of a level two background screening must be received by Florida Medicaid and the person determined eligible **before they can be hired**.
- This applies only to staff who will be in direct contact with and providing direct services to recipients of DME and medical supply services in or at their homes.
- Screening must be performed at time of employment and every **five** years thereafter. It is the responsibility of the provider to ensure the request for screening or re-screening is submitted for processing in a timely manner.
- Level two background screening is **not** required for employees who remain solely at your place of business.
- Copies of background screening applications and results must be maintained in the employees' personnel record and made available for review upon request.
- As of August 1, 2010, all level two screening requests must be submitted electronically through a LiveScan Vendor approved through the Florida Department of Law Enforcement (FDLE) to provide such services. **LiveScan vendors are listed on the FDLE Web site:**
- <http://www.fdle.state.fl.us/Content/getdoc/04833e12-3fc6-4c03-9993-379244e0da50/livescan.aspx>.
- If you are having problems submitting or processing level two background screening requests, please contact Florida Medicaid Background Screening Section at (850) 412-4503 or e-mail [bgscreen@ahca.myflorida.com](mailto:bgscreen@ahca.myflorida.com).
- To show compliance, at a minimum, providers must maintain documentation that applications for level two background screening requests were submitted for all affected employees no later than September 1, 2010.

## Florida Medicaid Provider Alert—Access to Medicaid Prescription Data

Effective July 1, 2010, for Provider Type(s): 25, 26, & 30, Medicaid providers that use certified e-prescribing technology will be able to access patient eligibility and preferred drug list information. This information will be provided to prescribers through Magellan Medicaid Administrators connection to Surescripts®, the Nation's E-Prescription Network.



By supplying this information at the point of care, prescribers will be able to make better informed decisions about drug therapies – supporting easy selection of medications that are on the Florida Medicaid Preferred Drug List (PDL). To take advantage of this information we recommend the following steps:

### If you are already using e-prescribing technology:

- Please confirm that your prescribing software is certified to connect to the Surescripts network for its "Prescription Benefit" service, specifically Formulary and Eligibility.
- This specific certification is needed to support the transmission of Florida Medicaid information to your practice computer.
- To confirm the certification status of your prescribing software, please refer to Surescripts' certification grid on its Web site at: [www.surescripts.com/certified](http://www.surescripts.com/certified).

### If you are not using e-prescribing technology:

- The Surescripts Web site contains resources that can help you select e-prescribing technology for your practice. Surescripts is a neutral network and does not produce or sell software.
- As a neutral network, its resources are designed to help you choose the prescribing application that is right for you.

You may also visit [www.getrxconnected.org](http://www.getrxconnected.org) – a collaborative web site supported by the nation's medical societies – to take an e-prescribing readiness assessment, and access other resources to help you implement prescribing technology in your practice. E-prescribing can support a more accurate and secure way of managing your patient's prescription information. It can also enhance productivity and build efficiency in the practice by reducing calls and faxes to and from pharmacies associated with legibility issues, refill requests and eligibility issues. Additionally, if your practice sees Medicare patients, using an e-prescribing system may allow you to be eligible for incentive payments under the Medicare E-Prescribing Incentive Program.

More information about this program can be found in the "Physicians" area of the Surescripts Web site under "How Do I Get Started?"





## Florida Medicaid Provider Alert—New Review Process for Inpatient Services to Undocumented Aliens

This alert supersedes the prior alert (sent Thursday, 7/1/2010) regarding the New Review Process for Inpatient Services to Undocumented Aliens. For Provider Type(s): 25, 26, 29, 30, 31, 34 Under Title 42, Code of Federal Regulations (CFR) 440.255, states are required to cover emergency medical services for illegal (undocumented) aliens when these persons meet all other Medicaid eligibility requirements. As a result, Florida Medicaid reimburses for emergency services provided to undocumented aliens who meet all Medicaid eligibility requirements, except for citizenship or alien status.

Florida Medicaid coverage of inpatient services for undocumented aliens is limited to emergencies, labor and delivery services, and dialysis. Beginning July 1, 2010, the Keystone Peer Review Organization (KePRO), Medicaid’s contractor for utilization management of inpatient services, will implement revised review processes for inpatient admissions for undocumented aliens. KePRO will review these requests to determine whether conditions requiring hospitalization are an emergency, defined in 42 CFR 440.255 as follows:

“The sudden onset of a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient’s health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.”

Medicaid will not pay for continuous or episodic care after the emergency has subsided and the patient is stabilized. The new review process for inpatient admissions for aliens will impact reimbursement to physicians who bill inpatient professional services on the CMS-1500 claim form with place of service 21 (inpatient). Only the procedures with dates of service that correspond to the hospital days approved by KePRO as emergent will be reimbursed to the physician.

**Professional services provided to an inpatient alien on and after the date the patient has been stabilized will not be reimbursed by Medicaid.** From the point of patient stabilization, the patient may continue to require medically necessary treatment; however, Medicaid cannot reimburse medically necessary treatment for aliens, only emergency treatment. CMS-1500 claims billed with dates of service for which there are no corresponding KePRO-approved emergency days on the prior authorization file will be denied for edit 3046 (Inpatient services not approved for aliens). Your billing staff may want to open lines of communication with hospital billing staff to find out which emergency hospital days KePRO has approved and if the hospital claim has been submitted to Medicaid for payment.

The Medicaid FMMIS system will match the CMS-1500 claim dates of service to the dates of service indicated on the prior authorization approved by KePRO as emergent. The system will pay for prior authorized dates of service and deny non-prior authorized, non-emergent dates of service. The denial occurs when there is no prior authorization in the FMMIS system. A CMS-1500 claim will also deny when KePRO has determined that none of the days during an alien inpatient hospitalization meet emergent criteria. It is important to note that these changes apply only to inpatient services. There is no change in the way Medicaid is processing outpatient alien claims. These claims can be billed electronically as they no longer require paper submission with documentation.

If you have any questions regarding this change in the processing of inpatient CMS-1500 alien claims, please contact your Medicaid area office for assistance. Contact information for the area offices can be found at <http://www.ahca.myflorida.com/Medicaid/Areas/index.shtml>.

## FCA Pre-Authorization Form Updated on FCA Website

Effective August 1, 2010, FCA Pre-Authorization form has been updated under “**This Section for Pre-Authorization Dept. Use Only**”. FCA has included information in this section noting that the Pre-Authorization Request was Incomplete. FCA has been receiving a lot of pre-authorization request with missing information. Therefore, we have revised the form to reflect missing information.

Providers will now be required when resubmitting missing documentation that they will be notified via the pre-authorization request form, informing providers that the **Incomplete Authorization must be resubmitted with a New Pre-auth Request and with the requested information and/or missing documentation.** The pre-auth request will list the date that the pre-authorization request was submitted back to the provider. In this section there is also a place on the pre-auth request that FCA Medical Management Department will indicate the number of times the pre-auth request was submitted to FCA incomplete.

Effective June 25, 2010, FCA Pre-Authorization form was updated on the FCA Website with the following information:

- A place for Member Address information has been added
  - Clarification on the form for Insurance ID number
  - CPT/HCPC Description and Numbers are now two separate line items
  - A **Note** has been added in the middle of the form, that if providers are requesting wheelchairs (power) or beds, etc., providers must use the DME Pricing Pre-Auth Form. The DME Pricing form is located on the website under Pre-Authorization.
  - Clarification enhanced on the form for Referring Provider Name and ID Number
- ...and a few small minor changes



The Pre-authorization form can be found on the FCA website at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) under Pre-Authorization. For questions, call FCA Provider Services at 1-866-260-2468.



# First Coast Advantage New Providers...



October  
2010

## PCP

Bose, Jolly, M.D.  
Martinez-Cruz, Sylkia M.D.  
Pope, Akilah M.D.  
Thomas, Jacob, M.D.

Wesconnectt Family Health, DCHD  
South Jax Family Health, DCHD  
Westconnect Family Health, DCHD  
South Jacksonville Family Health Center

Family Pediatrics  
Pediatrics  
Pediatrics  
Pediatrics DCHD

## Specialist

Newell, Carrie, O.T.  
Smitha, Erin, SLP  
Sharpe, Myesha, O.T.  
Coats, Daphne, ARNP  
Greenblum, Jesse, MD  
Scherkenbach, Christine, PA-C  
Moore, Susan S., M.D.  
McKenzie, Alicia, SLP  
Salem, Whitney B., ARNP  
Ivanov, Igor, M.D.  
Worri, Betty, M.D.  
Garancosky, Marlene I., ARNP  
Hopkins, Akshata, M.D.  
Thomas, Jacob, M.D.  
Van Laningham, Julianne M., ARNP  
Khetpal, Vijay, M.D. UF  
Petrisor, Daniel, MD, DMD

The Speech Therapy Closet, Inc.  
The Speech Therapy Closet, Inc.  
Hope Haven Children's & Family  
Blvd. Comprehensive Care—DCHD  
Jesse Greenblum, MD  
UF Pediatric Cardiovascular Center  
Developmental Pediatric Center  
Holistic Speech Therapy  
The Otolaryngology ENT Clinic at Shands  
UF Anesthesia  
UF Anesthesia  
UF Cntr. for Geriatric Med. at River Garden  
UF Neonatology  
UF Neonatology  
UF Neonatology  
Ophthalmology/UF Eye Institute  
UF Oral Maxillofacial

Occupational Therapist  
Speech Language Pathologist  
Occupational Therapist  
Nurse Practitioner/Adult Health  
Obstetrics & Gynecology  
Physician Assistant  
Pediatrics  
Speech Language Pathologist  
Nurse Practitioner Adult  
Anesthesiology  
Anesthesiology  
Nurse Practitioner Family  
Pediatrics  
Pediatrics  
Nurse Practitioner Neonatal  
Ophthalmology  
Oral & Maxillofacial Surgery

## Ancillary

Shands Jax Outpatient Surgery

Shands Jax Outpatient Surgery Center

Surgery Center

## Covering Only

McCullough, Cornelia, ARNP  
Rohan, Lindsay, ARNP  
Peacock-Preston, Kerrie, PA-C  
Gharzuzi, Yosef, ARNP

Family Medicine Center at Lem Turner  
Pediatric Associates at Argyle  
Agape Community Health—DCHD  
UF Commonwealth Family Med. & Peds

Nurse Practitioner Family  
Nurse Practitioner Pediatrics  
Physician Assistant  
Nurse Practitioner Acute Care




**We're on the WEB!**

**Contact Us...**  
 Administrative Office:  
 904-244-9016  
 Provider Services:  
 1-866-270-2468