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By First Coast Advantage

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**October
2011**

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Magellan Medicaid Administrations offers Florida Medicaid Provider Training

Magellan Medicaid Administration (MMA), Florida Medicaid contractor for utilization management of fee for service behavioral health services, is hosting 4 regional training sessions throughout the state for Provider Type 05.

This is the second training session and will be held in St. Petersburg on October 12, 2011 from 9 a.m. – 4 p.m. at:

Val Pak Facility
10001 28th Street
N. St. Petersburg, FL 33716
Contact Number: 1-727-568-4761

(Parking in the West Main Parking Lot)

The tentative dates for the other two trainings sessions are as follows:

Orlando	January 2012
Ft. Lauderdale	March 2012

Due to security building requirements attendees must bring a picture ID for check in.

The focus of this training will be on clinical documentation, billing, and enrollment information.

Due to space limitations, this training is limited to 200 participants. Only two staff per provider may attend.

To register, send an email to EMOteri@magellanhealth.com. Please include the following in your email:

- Name of Facility
- Type of Facility (e.g. TGC, BHOS, Community Behavioral Health Center)
- Address
- Phone Number Email Address
- Name of persons attending, including their job title

**We're on the
WEB!**

www.firstcoastadvantage.com

Administrative
Office:
904-244-9016

Provider Services:
1-866-270-2468



FCA New Dermatology Group (All Ages Seen)



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Effective September 14, 2011, Providers will no longer be required to submit a Pre-Authorization for Dermatology Services.

First Coast Advantage's (FCA) new Dermatology Provider, Advanced Dermatology has completed their credentialing process and a pre-authorization is no longer required for Pediatric and/or Adult Services when they are rendered at any of Advanced Dermatology location.

Dermatology services provided in Gainesville or any other non-par Provider location will still require a Pre-authorization.



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

~ or ~

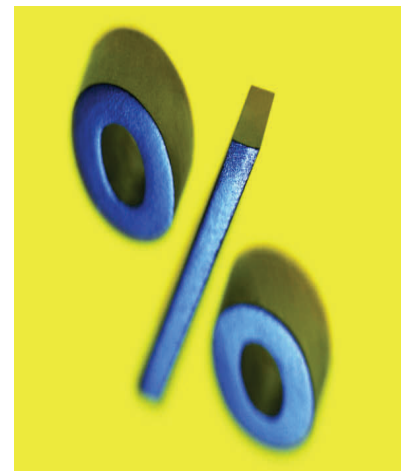
Provider Relations at (904)
244-9174 or at angela.creppel@jax.ufl.edu.

Effective retroactive to October 1, 2010, for **Provider Types 01, 04, 05, 06, 10, 13, 20, 25, 26, 27, 29, 30, 34, 35, 40, 42, 50, 51, 60, 62, 65, 66, 68, 77, 83, 89, and 90**, there is a change in the Medicare Part B deductible and coinsurance for services not covered by Medicaid.

The Medicaid rate for these services is established as 50 percent of the Medicare allowed amount. If Medicare pays more than the Medicaid rate, the Medicaid payment is zero.

This coverage is available for Medicare recipients who are eligible for either:

1. Qualified Medicare Beneficiary (QMB aid category), with or without any other Medicaid coverage; or
2. Supplemental Security Income (MS aid category).



For questions contact your local Medicaid area office.

Providers Confirming Medicaid Coverage Update

Providers must verify a recipient's eligibility, including managed care enrollment, for the date of service prior to rendering the service using one of the eligibility verification mechanisms described in the *Florida Medicaid Provider General Handbook*, such as the Medicaid Eligibility Verification System (MEVS), Automated Voice Response System (AVRS), the provider Web portal, or HIPAA compliant 270/271 transactions.

Documentation of this verification should be maintained for audit purposes. Medicaid reimbursements for any date of service where a provider was paid when the recipient was not Medicaid eligible are overpayments.

Except for emergency services as specified in the *Florida Medicaid Provider General Handbook* and Florida Statutes, if a recipient is an enrollee of a Medicaid managed care plan, the provider must be contracted and participating in the plans network and/or seek authorization from the managed care plan in which the recipient is currently enrolled prior to providing services covered by the managed care plan.

If the recipient is in a managed care plan and the provider bills Medicaid instead of the managed care plan for covered services, any resulting Medicaid fee-for-service reimbursements are overpayments.

Overpayments are required to be returned to the Agency. You may access other compliance information, such as Florida Medicaid handbooks and contact information for your local Medicaid area office, through the Agency's Web site.

The Medicaid page on the Web site includes a link for information about fraud and abuse issues, including returning overpayments to the Agency (referred to as a self audit): ahca.myflorida.com/Medicaid/abuse

For questions contact your Medicaid Local Area Office.

FCA Provider Complaint Form (Non-Claims Issues) on FCA Website

Effective October 1, 2011, FCA has posted a new Provider Complaint form (Non-Claim Issues) for Provider to submit their issues.

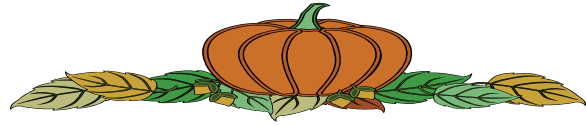
This form is NOT to be used for Claims issues. For claims issues, see FCA Provider Manual Section 20: Claims Overview for submission procedures.

Providers can complete this interactive form and fax the form to FCA at (904) 244-9409 or email the form to angela.creppel@jax.ufl.edu.

FCA will respond to all Provider complaints within three (3) business days.

For more information contact FCA Provider Services at 866-270-2468.

Medicaid Physician Injectable Medication Fee Schedule Update



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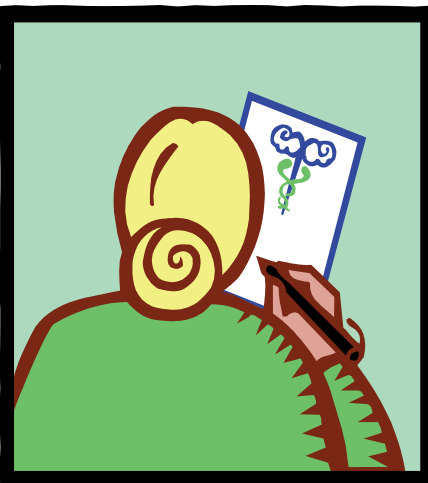
Effective **September 22, 2011**, for **Provider Type(s): 20, 25, 26, 29, and 30**, all incoming fee-for-service pharmacy claims for HIV/AIDS-related anti-retroviral medications will require specific HIV/AIDS diagnosis codes in the medical claims history.

Recipients who are being treated for Hepatitis B with a medication in this class will need to have the appropriate Hepatitis B diagnosis code in the medical claims history.

An appropriate diagnosis code must be found within the past 365 days of the date of the pharmacy claim submission.

However, patients and providers that verbally attest to an HIV or Hepatitis B diagnosis will be allowed a one month override to allow time for the verification form to be submitted to Medicaid. Claims will automatically pay for children younger than one year old. We have also developed a technology solution to identify and pay claims for assault victims.

HIV/AIDS-related anti-retroviral medications generally remain included on the Preferred Drug List (PDL) by statutory exemption. However, the Agency has an obligation to ensure appropriate utilization of medications. Therefore, pharmacy claims for recipients who lack the appropriate HIV/AIDS and/or Hepatitis B diagnosis code(s) in the medical claims file will deny at point-of-sale, except in the case of the child younger than one year and the assault victim. Providers are advised to update recipient diagnosis codes when billing for office visits or other related services.



A prior authorization (PA) submission will be required for these denied claims. Providers should fax PA requests on an HIV/HEP-B Diagnosis Verification PA Request form to (877) 614-1078, except for Fuzeon, Selzentry, and Serostim, which have their own unique forms.

The request should be submitted with the requested official medical documentation (i.e. progress notes) and a copy of the prescription.

If the recipient does not have the specific diagnosis and the therapy is being requested for pre-exposure prophylaxis, then the provider must demonstrate implementation of comprehensive HIV prevention services, as per the CDC Interim Guidance (<http://www.cdc.gov/nchhstp/newsroom/images/CDC-Interim-PrEP-Guidance.jpg>).

Prior Authorization forms may be downloaded from: http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/paforms.shtml

Florida Medicaid Change in Coverage for Synagis, CPT 90378: For Dates of Service October 1, 2011

Effective for dates of service on or after 10/1/2011, CPT code 90378 (Synagis) will no longer be billable through physician services, and will be removed from the fee schedule for **Provider Type(s): 20, 25, 26, 29, 30 and 97**.

Previous instructions to bill for Synagis using J3490 should also be disregarded.

Synagis will only be available upon prior authorization through Medicaid Pharmacy Services.

Physician offices wishing to provide Synagis to Medicaid fee-for-service recipients can find the required prior authorization form at the following link: http://ahca.myflorida.com/Medicaid/prescribed_drug/pharm_thera/paforms.shtml

Physician offices should contact the RSV Connection to arrange for office delivery through a specialty pharmacy. The specialty pharmacy will bill Medicaid and ship Synagis to the office for administration.

The physician office may bill only the administration fee to Medicaid. <http://www.synagis.com/HCP/sub/rsvconnection.aspx>



Billing Changes for Providers who submit Medicaid Claims on HP Secure Web Portal

Providers who submit Medicaid claims on the HP Secure Web Portal, they have been notified of changes in Medicaid billing regarding the use of the National Provider Identifier (NPI) on electronic claims as of April 1, 2011.

The requirement to use only an NPI in the billing/pay-to provider and the rendering/treating provider loops for providers who are required to obtain an NPI applies only to claims submitted on the X12 837 transactions.

There is no change for the use of the Medicaid Provider ID for claims submitted on the secure Web.



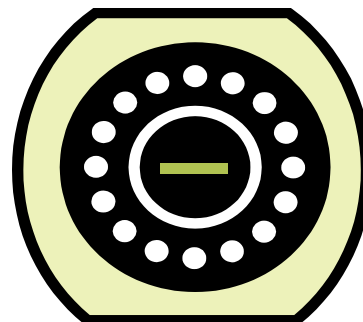
Florida Medicaid of Qualitest Oral Contraceptive Recall

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"Qualitest Wants Pharmacists To Contact Patients Who Have Company's Oral Contraceptive" for Provider Type 20.

Please click on the link below to read more about this recall.

<http://www.ashp.org/menu/News/PharmacyNews/NewsArticle.aspx?id=3614>



Florida Medicaid Held EHR Incentive Program Webinars

Each webinar will cover the same material. Visit the [EHR Incentive Program Website](#) for Connection Information.

A Copy of the Presentation is Available for Download.

Prevacid Temporarily Included on the Florida Medicaid Preferred Drug List

Effective September 12, 2011, for **Provider Type 20**, both Prevacid (brand) and lansoprazole (generic) capsules and solutabs will be temporarily included on the Florida Medicaid Preferred Drug List.

The overlap in coverage is designed to allow pharmacies who have purchased large amounts of Prevacid for their Medicaid patients to use up existing stock, and switch patients to lansoprazole.

Prevacid (brand) will be removed from the Florida Medicaid Preferred Drug List on October 28, 2011. After that, only lansoprazole (generic) capsules and solutabs will be covered. Lansoprazole solutabs will continue to have an age limit of 12 years old.

For questions contact your local Medicaid area office.



Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services—Updated Notice of Workshop

The notice of workshop for the Florida Medicaid **Provider type(s): 67 with Specialty Codes 96 and 98, Developmental Disabilities Individual Budgeting Waiver Services** Coverage and Limitations Handbook was published in Volume 37, Number 29 issue of the FAW Friday, July 22, 2011.

The workshop was held, Tuesday, August 9, 2011 at the Agency for Health Care Administration. As part of Medicaid's workshop they are inviting comment on the possible regulatory impact (any added costs to small business to implement the provisions of the rule as noticed in the FAW.)

UPDATED: To download a draft copy of this rule, go to <http://ahca.myflorida.com/Medicaid/review/index.shtml>.



Florida Medicaid Coordination of Benefits / Third Party Liability Claims Codes (Updated)

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Effective August 26, 2011, for **Provider Type 20**, the Other Coverage Codes (OCC) for Coordination of Benefits (COB) claims will be updated to ensure proper use.

- **OCC 0:** POS claims will deny if there is a primary payer. The rejection is NCPDP EC 41 – Submit bill to other processor or primary payer.
- **OCC 1:** Where POS claims will deny NCPDP EC 41 – Submit bill to other processor or primary payer with supplemental message: “Contact AHCA TPL recovery unit (877) 357-3268.”
- **OCC 2:** The logic will compare the remaining balance after primary has paid vs. the final calculated claim cost (Medicaid lesser of logic minus what the primary has paid). The claim will pay at the lesser of these 2 values. Pharmacy **MUST** submit the full amount paid by the primary payer in the “Other Payer Amount Paid” field (NCPDC field 431-DV). The patient’s responsibility, or co-pay, as returned on the claim from the primary payer, should be submitted in the “Patient Paid Amount Submitted” field (NCPDP field 433-DX).
- **OCC 3:** Where POS claims will deny NCPDP EC 41 – Submit bill to other processor or primary payer with supplemental message: “Submit claim on paper with Documentation.”

The dispensing pharmacy must determine the reason that the medication is not covered by the primary payer before billing the paper claim to Medicaid.

If the primary payer requires a prior authorization, then the pharmacy must work with the prescriber to complete the necessary documentation to bill the claim to the primary payer. If the claim is for an injectable medication, the primary payer may require the beneficiary to use a specialty pharmacy mail-order program.

In that case, the beneficiary must be referred to the specialty pharmacy program. Only medications that are not covered by the primary payer because of a benefit limitation and which are covered by Medicaid can be billed via paper claim to Medicaid.

For instructions on how to complete a pharmacy claim with a sample of the Universal Claim Form (UCF) please refer to the [Prescribed Drug Services Handbook](#), Chapter 3.



- **OCC 4:** Where POS claims will deny NCPDP EC 41 – Submit bill to other processor or primary payer with a supplemental message: “Contact AHCA TPL recovery unit (877) 357-3268.”
- **OCC 5:** Where POS claims will deny NCPDP EC 41 – “Submit bill to other processor or primary payer.”
- **OCC 6:** Where POS claims will deny NCPDP EC 40 – “Pharmacy not contracted with plan on fill date.”
- **OCC 7:** Where POS claims will deny NCPDP EC 41 – Submit bill to other processor or primary payer with supplemental message: “Contact AHCA TPL recovery unit (877) 357-3268.”

Prior to contacting the Helpdesk, the pharmacy should first remove any values originally submitted in the Other Coverage Code (OCC) field (NCPDP 308-C8) and attempt to reprocess the claim.

First Coast Advantage Interested Provider Questionnaires (IPQ) Revised

Effective August 1, 2011, First Coast Advantage Interested Provider Questionnaire (IPQ) has been revised to include the below additional criteria.

- Specialist Type
- Provider Type
- Zip + 4
- Electronic Signature

The electronic signature must be provided on the revised questionnaire or the IPQ will not be processed. The IPQ is posted on the FCA website at www.firstcoastadvantage.com under Interested Providers.



For questions, please call provider services at 866-270-2468.



Florida Medicaid Anesthesia Services Updates

The Florida Medicaid Management Information System (FMMS) for **Provider type(s): 25 and 26 with Specialty Code 003, 30 with Specialty Code 084, and 36 with Specialty Code 130** has been updated as follows for anesthesia providers:

Procedure codes 36620 and 93312-93316 can be billed with anesthesia codes (00100-01999).

Effective October 1, 2010, modifier 78 may be appended to anesthesia codes to allow for the reimbursement for anesthesia when there is a return to surgery/procedure-same day.

The anesthesia add-on code 01953, for care of additional surface area of a burn, will now pay. The modifiers QK and QS cannot be billed together on an anesthesia procedure code.

For questions about these changes, please contact your local Medicaid area office for assistance.

Area office contact information can be found by visiting the Public Provider Web Portal at www.mymedicaid-florida.com.



Medicaid Informed Consent for Psychotherapeutic Medication

Pursuant to statute **409.912(51)** for **Provider type(s): 20, 25, 26, 29, and 30**, *The Agency may not pay for a psychotropic medication prescribed for a child in the Medicaid program without the express and informed consent of the child's parent or legal guardian.*



The physician shall document the consent in the child's medical record and provide the pharmacy with a signed attestation of this documentation with the prescription.

Florida Statute 394.492(3) "Child" means a person from birth until the person's 13th birthday. **Psychotropic (Psychotherapeutic) Medications** include antipsychotics, antidepressants, anti-anxiety medications, and mood stabilizers. Anticonvulsants and ADHD medications (stimulants and non-stimulants) are not included at this time.

The generic names of those medications subject to the informed consent are listed below. Please note that diazepam and lorazepam have been removed from the list.

For questions about this update, please contact your local Medicaid area office for assistance.

Area office contact information can be found by visiting the Public Provider Web Portal at www.mymedicaid-florida.com.

Florida Medicaid Notice of Public Hearing Held on Dental Services

The notice of a 2nd public hearing for the **Dental Services Coverage and Limitations Handbook** for **Provider Type(s): 35, 68, 70, and 77**, was published in Volume 37, Number 36 of the FAW Friday, September 9, 2011.

The public hearing was held September 20, 2011 in Tallahassee, FL.

Click <http://ahca.myflorida.com/Medicaid/review/index.shtml> to download a draft copy of this rule for review.





Florida Medicaid – Verifying Medicaid Recipient Eligibility Provider Training

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Verifying Medicaid Recipient Eligibility training was held on September 27, 2011. The training was performed via teleconference.

The training followed a PowerPoint presentation found at the following link: <http://ahca.myflorida.com/Medicaid/e-library/index.shtml>.

To download the presentation click on the “Upcoming Training and Schedules” tab then right click on the picture of the presentation and save a copy of the presentation to your computer.

All questions emailed to Harold Walker at: Harold.Walker@ahca.myflorida.com responses will be provided by the trainer and posted to the website listed above.

If you have any questions contact Yolanda Sacipa at: Yolanda.Sacipa@ahca.myflorida.com.



Florida Medicaid Flu Vaccine



Reimbursement Notice

Effective immediately, Florida Medicaid reimbursement for influenza vaccines for Provider type 20, is limited to Medicaid recipients who reside in long term care facilities.

Reimbursement is not available for dually eligible (Medicare/Medicaid) recipients because Medicare is their primary payer.

Only pharmacies that provide service to long term care facilities may bill. Influenza vaccine is limited to one dose per year. Only single dose vials or pre-filled syringes will be reimbursed.

For questions about this update, please contact your local Medicaid area office for assistance.

Area office contact information can be found by visiting the Public Provider Web Portal at www.mymedicaid-florida.com.

First Coast Advantage New Providers...

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Specialist

Snead, Felicia E., M.D.	First Coast Oncology	Radiation Oncology
McGoogan, Katherine E., M.D.	Nemours Childrens Clinic Jacksonville	Ped Gastroenterology
Stass - Isern, Merrill L., M.D.	Nemours Childrens Clinic Jacksonville	Ophthalmology
Wheatley, Rebekah L., M.D.	Nemours Childrens Clinic Jacksonville	Anesthesiology
Hopkins, Christopher, M.D.	UF Emergency Medicine	Emergency Medicine
Lilly, Van S., M.D.	UF Neonatology	Neonatal - Perinatal
Sussman, Craig B., M.D.	UF Neonatology	Neonatal - Perinatal
Su, Terry, M.D.	UF Oral Maxillofacial	Oral & Max Surgery
Dhillon, Jasreman, M.D.	UF Pathology	Anatomic Clinical Path.
Chavda, Keyur A., M.D.	UF Surgery	Surgery
Mooneyham, Sjoukje O., CNM	Care Center for Women at Shands	Midwife, Certified
Mills, Holly, O.T.	Hope Haven Inc	Occup. Therapist
Nazemi, Sharon P., AuD	Nemours Childrens Clinic Jacksonville	Audiologist
Jones, Rose S., ARNP	North Florida OB/GYN Associates, PA	Midwife, Certified
McGrath, Ann C., ARNP	North Florida OB/GYN Associates, PA	Midwife, Certified
Jones, Lisa M., M.D.	UF Critical Care	Critical Care Med
Usman, Faisal, M.D.	UF Critical Care	Critical Care Med
Naem, Emad, M.D.	UF Endocrinology & Diabetes	Endo, Diab & Metab
Frame, Michele S., ARNP	UF Neonatology	Neonatology
Obrovic, Ivana V., O.D.	UF Ophthalmology/UF Eye Institute	Optometrist
Patel, Rachana A., M.D.	UF Ophthalmology/UF Eye Institute	Ophthalmology
Priluck, Joshua C., M.D.	UF Ophthalmology/UF Eye Institute	Ophthalmology
Kuebler, Brandon E., M.D.	UF Pediatric Cardiovascular Center	Cardiology
Ahmed, Bestoun, M.D.	UF Surgery	Surgery
Brocato, Christy L., CNM	Care Center for Women at Shands	Midwife
Lennon, Deborah S, O.T.	Hope Haven	Occupational Therapist
Bakerywala, Rubina Y., M.D.	Nemours Childrens Clinic Jacksonville	Child Neurology
Bissell, Kelli M., ARNP	Nemours Childrens Clinic Jacksonville	Nurse Practitioner
Shah, Arjav A, M.D.	North Florida OB/GYN Associates, PA	Obstetrics & Gynecology
Kibbe, Karen S., AuD	The Otolaryngology ENT Clinic at Shands	Audiologist
Antigua, Maria B., M.D.	UF Neonatology	Neonatal Perinatal Med
Kadiwala, Sartaj M., D.O.	UF Neonatology	Pediatrics
Huggins, Shavondra C., ARNP	UF Neuro - Surgery	Nurse Practitioner Family
Fudge, Jr., James C., M.D.	UF Pediatric Cardiovascular Center	Pediatric Cardiology
Shillingford, Michael S, M.D.	UF Pediatric Cardiovascular Center	Cardiothoracic Surgery



“One right and honest definition of business is mutual helpfulness.”

~ William Feather

