



\*\*\*\*\* **High Priority** \*\*\*\*\*

# **Service Alert Notification**

**Subject: Effective March 1, 2010, First Coast Advantage (FCA) Paper Claims Submission Policy**

**Date: February 17, 2010**

On January 22, 2010, The Agency for Healthcare Administration (AHCA) provided First Coast Advantage (FCA) with an Updated Paper Claims Submission Policy. This Policy includes Pricing By-Report Procedures, Medical-Surgical, Medical Necessity, and DME Procedure Code Pricing. This Paper Claims policy was being performed by EDS Medicaid's Fiscal Agent and effective March 1, 2010 this process will now be the responsibility of FCA. This process is **not** date of service driven. Any services that require Pre-authorization by FCA are still required. Any paper claims for inpatient or outpatient services that are submitted and fall under the below guidelines must have the appropriate documentation required for submission to FCA TPA (APEX Benefit Services).

The Paper Claims Submission Policy includes the following:

1. Paper Claims Submission Documentation Needed:
  - For items that are "By Report" or not priced, the claim submission must also include Medical-necessity documentation from Provider.
  - Provider's attainment cost and wholesale price information
  - Provider's invoice
  - FCA Provider By-Report Coding Form (**See Attachment I**)
  - Documentation stating that the item is the least costly alternative to meet the needs of the recipient or
  - Other documentation as specified in the appropriate Medicaid Handbook, as required for audit and control purposes.
  
2. Medical-Surgical and/or Medical Necessity Procedure Codes on the Medicaid Fee Schedule:
  - Procedure codes on the Medicaid fee schedule that do not have a price listed (\$0) marked with a "B," "R," or "BR" (By Report) in the "SPEC" column of the Medicaid fee schedule require review for medical necessity and/or manual pricing.
  - HCPCS/CPT procedure codes that are identified by an "R" under the "SPEC" column of the fee schedules and/or CPT codes with modifiers 22, 24, or 59 must be reviewed for medical necessity and/or priced.
  - Once such a claim has been reviewed for medical necessity by FCA it will be submitted to the Fiscal Agent for payment.
  - ***Provider must submit the FCA Provider By-Report Coding Form (See Attachment I) for any procedure code that does not have a fee assigned. Provider also must supply a new procedure code and description with a fee assign that is most similar to the procedure being claimed for reimbursement.***
  - The fee for the procedure code that the provider has identified as the most similar to the procedure being service will be used to price the claim.
  - If a claim is denied for not meeting Medical Necessity, a denial letter will be sent to provider from FCA.

3. Durable Medical Equipment (DME) and Medical Supply Services:

- Durable Medical Equipment (DME) and Medical Supply Services Coverage and Limitations Handbook (effective date 10-01-2008) discuss non-classified Medical Supply procedure codes and required pricing methodology.
  - The current process for DME procedure pricing does not change.
  - DME Providers need to continue to provide attainment cost and wholesale price information and any other required documentation for DME pricing.
  - Additional DME Procedure Codes that require prior authorization and/or pricing. **(See Attachment II)**
- The following methodology will be used to price a **Medical Supply** with a **Non-Classified** procedure code and the provider will be reimburse for the lesser of the three methods:
  - The manufacturer's wholesale price plus fifteen percent (15%), includes fitting fee, freight, delivery, etc.
  - The provider's attainment cost (less manufacturer discounts, shipping and handling) plus fifteen percent (15%).
  - The provider's usual and customary fee.
  - For dates of service prior to 10/01/2008, the Medicaid pricing methodology reimbursed providers at the rate of ten percent (10%) above the provider's verified attainment cost.
  - Effective 10/01/2008, the Medicaid pricing methodology began reimbursing providers at the rate of fifteen percent (15%) above the provider's verified attainment cost.
  - Depending on the date of service for the service provided, FCA is responsible for pricing accordingly.
  - Enteral formulas that do not have prices listed on the DME fee schedule must be submitted to FCA TPA (APEX) to send directly to the Medicaid fiscal agent for pricing along with the invoice and documentation specified in the DME Coverage and Limitations Handbook.

***If a provider fails to follow the outlined paper claims process for submission, By-Report Procedure, Medical Surgical and Medical Necessity procedure codes or DME pricing, the claim will be denied and the provider has the option of filing an appeal and providing the appropriate documentation outlined above.***

FCA Appeals process can be found on the FCA Website at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) under **Provider Information / Claims Information** and in the FCA Provider Manual under **Section 20 Claims**. This Service Alert is also posted on the FCA website under Service Alert. For question on this paper claims process call FCA Provider Services at 1-866-270-2468.



**ATTACHMENT I  
PROVIDER BY-REPORT CODING FORM**

Form to be submitted by Provider for First Coast Advantage (FCA) Members where the CPT code requires pricing. Provider need to provide CPT/HCPC codes that is most similar to the procedure code being claim for reimbursement.

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**MEMBER INFORMATION**

Date: \_\_\_\_\_

Member Last Name: \_\_\_\_\_ Member First Name: \_\_\_\_\_

Member Medicaid ID #: \_\_\_\_\_ Member Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REQUESTING PROVIDER INFORMATION**

Provider Last Name: \_\_\_\_\_ Provider First Name: \_\_\_\_\_

Provider Medicaid ID #: \_\_\_\_\_ Provider NPI #: \_\_\_\_\_

Provider Location: \_\_\_\_\_

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**SERVICE INFORMATION**

**1<sup>st</sup> By-Report Procedure:** \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_ Description: \_\_\_\_\_

CPT/HCPC Code: \_\_\_\_\_ Description: \_\_\_\_\_

**2<sup>nd</sup> By-Report Procedure:** \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_ Description: \_\_\_\_\_

CPT/HCPC Code: \_\_\_\_\_ Description: \_\_\_\_\_

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**CONTACT INFORMATION**

**FORM COMPLETED BY:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

**FCA STAFF**

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Attachment II

### PROCEDURE CODES THAT REQUIRE PRIOR AUTHORIZATION AND/ OR PRICING

Procedure Code	Description
A4421	OSTOMY SUPPLY; MISCELLANEOUS
A5507	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE
E1065	POWER ATTACHMENT (TO CONVERT ANY WHEELCHAIR TO MOTORIZED WHEELCHAIR, E.G., SOLO
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS
E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES RECORDING TIME
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS THAN OR EQUAL TO 20 MINUTES RECORDING TIME
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN OR EQUAL TO 40 MINUTES RECORDING TIME
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING TIME
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL CONTACT WITH DEVICE
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE METHODS OF DEVICE ACCESS
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
K0009	OTHER MANUAL WHEELCHAIR/BASE
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED
L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED
L2999	LOWER EXTREMITY ORTHOSES, NOT OTHERWISE SPECIFIED
L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE
L3649	ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOT OTHERWISE SPECIFIED
L3999	UPPER LIMB ORTHOSIS, NOT OTHERWISE SPECIFIED
L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT

L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED
L7510	REPAIR OF PROSTHETIC DEVICE, REPAIR OR REPLACE MINOR PARTS
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES
L8615	HEADSET / HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE
L8617	TRANSMITTER COIL FOR USE WITH COCHLEAR IMPLANT DEVICE
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH
L8623	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, OTHER THAN EAR LEVEL, REPLACEMENT, EACH
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR LEVEL, REPLACEMENT, EACH
L8690	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED
S2411	FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME
V2799	VISION SERVICE, MISCELLANEOUS
V5299	HEARING SERVICE, MISCELLANEOUS
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)