



Department of Medical Assistance Services
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Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID PROVIDER MANUAL UPDATE

TO: All Managed Care Organizations and Providers of Mental Health Clinic Services participating in the Virginia Medical Assistance Program

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO: Update

DATE: 10/28/2009

SUBJECT: Update to the Hospital Manual

The purpose of this memorandum is to notify you of changes to Chapters IV, V, VI, & Appendix D of the Hospital Provider Manual. The attached table shows the changes to the manual. Please download the new chapters to insert into your Provider Manual and retain the attached table.

Amendments to Chapter IV

- Provides clarification on Newborn Infant Care.
- Added information related to payment for lab services.
- CPT codes 93797 and 93798 are removed from the list of codes that require Prior Authorization.

Amendments to Chapter V

- Added information related to HIPAA compliant interim bill types.
- Provides clarification to the changes related to ClaimCheck.
- Provides clarification on Mother/Newborn Billing.
- Changes made to the Outpatient indicator for Revenue code 943.
- Added additional Discharge Patient Status.
- Added information to the External Cause of Injury.
- Changed the taxonomy code for the Rehab unit of a Hospital.

Amendments to Chapter VI

- Provides clarification on the utilization review process.
- Provides information regarding the modified certification requirement, which has been amended from day of admission to within 24 hours of admission.

Amendments to Appendix D

- Provides an update on prior authorization: DMAS is strongly encouraging Inpatient providers to use KePRO's iEXCHANGE system (direct data entry) when submitting prior authorization requests.
- Provides information regarding how to register and obtain a password.
- Provides information regarding ongoing iEXCHANGE training.

Please review these changes carefully.

REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices will no longer be printed and mailed free of charge. Duplicate remittance advices will be processed and sent via secure email. A processing fee for generating duplicate paper remittance advices will be applied to paper requests, effective July 1, 2009.

ALTERNATE METHODS TO LOOK UP INFORMATION

Effective August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned will pertain to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. For more information on the services that are offered contact the vendors.

Passport Health Communications, Inc.

www.passporthealth.com

sales@passporthealth.com

Telephone #: (888) 661-5657

SIEMENS Medical Solutions – Health Services

Foundation Enterprise Systems/HDX

www.hdx.com

Telephone #: (610) 219-2322

Emdeon

www.emdeon.com

Telephone #: (877) 363-3666

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber

identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (1)

HOSPITAL PROVIDER MANUAL

REVISION CHART

October 28, 2009

SUMMARY OF REVISIONS

MANUAL SECTION	MATERIAL REVISED	NEW PAGE NUMBER(S)	REVISED PAGE(S)	REVISION DATE
Chapter IV	Chapter IV		Entire Chapter	10/28/2009
Chapter V	Chapter V		Entire Chapter	10/28/2009
Chapter VI	Chapter VI		Entire Chapter	10/28/2009
Appendix D	Appendix D		Entire Appendix	10/28/2009

FILING INSTRUCTIONS

MANUAL SECTION	DISCARD	INSERT	OTHER INSTRUCTIONS
Chapter IV	Old Chapter IV	New Chapter IV	
Chapter V	Old Chapter V	New Chapter V	
Chapter VI	Old Chapter VI	New Chapter VI	
Appendix D	Old Appendix D	New Appendix D	