



Rhode Island Medicaid Program

Provider Update

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Volume 325

February 2020

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8:00 AM-5:00 PM
(401) 784-8100
for local and
long distance calls
(800) 964-6211
for in-state toll calls



Provider Update

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Attention Clearing Houses, Billing Agencies, and Providers

A Reminder on How to Manage your Covered Providers:

ERA Received by Clearinghouse/Vendors

Providers who have moved their business to a new clearinghouse/vendor will need to contact the original clearinghouse/vendor to be removed as a covered provider before the new enrollment can be completed. The provider must contact the existing clearinghouse/vendor and ask them to remove their association.

The original clearinghouse/vendor should log into the Healthcare Portal. Under the Covered Provider section of the Trading Partner Profile screen, access the details for a specific provider by either clicking Display Covered Providers, which will display all, or search for a specific provider using the Provider ID and ID Type.

Select the plus sign (+) next to the NPI of the specific provider. Uncheck the boxes for the 835 and 277 and select the save button.

Once this is completed, the new clearinghouse/vendor may complete the process to add the covered provider and select the 835/277 transactions. They will then complete the ERA enrollment form.

Note: To ensure continuous receipt of the 837/277U, the new billing entity must add the provider as a covered provider and complete the ERA enrollment form before the cut-off date of the financial cycle.

Medicaid Guidelines for ADA Code D9410

D9410* House call / Extended Care Facility Call

Includes nursing home visits, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate procedure codes for actual services performed.

**The D9410-House/Extended Care Facility Call procedure code must be billed with a reimbursable Medicaid service and cannot be billed alone.*

Mobile services provided by fee-for-service providers to nursing home residents may only be reimbursed for one visit per day, per facility, per provider. Providers may not bill the D9410-House/Extended Care Facility Call for each recipient seen during a single nursing home visit even when a reimbursable Medicaid Service is being rendered to multiple recipients.

For each nursing home visit, please add the D9410 to ONE claim being billed for a reimbursable service. Mobile dental providers who bill fee-for-service cannot bill the D9410 for nursing home visits related to procedures whose payment is considered all-inclusive (i.e. impressions, try-in, adjustments, related to the fabrication of dentures.)

Important Updates Re: Electronic Data Interchange (EDI)



ATTENTION TRADING PARTNERS:

Our current Sybase Translator will be updated to the OXi SaaS translator on February 9, 2020. We expect a seamless transition for providers, and you should not notice any differences in your claim acknowledgement reports. Along with the new translator, we will be upgrading the current 277U transaction from 3070 to 5010 version 05010X228. Please find the new transaction in the RI Companion guide [here](#). If you require any assistance or have any questions, please email riediservices@dxc.com.

ATTENTION PROVIDER ELECTRONIC SOLUTION (PES) USERS:

Beginning Sunday February 9, 2020, PES version 2.10 will be obsolete and all claims must be submitted using the newest version of the software, PES version 2.11. Please do not submit claims over the weekend from 5:01 p.m. EST on Friday February 7, 2020 until 8:00 a.m. on Monday February 10, 2020 when DXC staff returns to the office and becomes available to offer technical support. Upgrade instructions will be available [here](#) when PES version 2.11 becomes available. If you require any assistance or have any questions, please email riediservices@dxc.com.

ATTENTION CLEARINGHOUSES:

You were previously instructed to contact riediservices@dxc.com and identify yourselves as automated script users. If you have not yet identified yourself as an automated script user or if you have not yet tested the new code, please contact riediservices@dxc.com to do so. Automated script users must update the URLs in their scripts as is specified in the *Standard Companion Guide for the Web Interface* [here](#). Please note that automated script users who fail to identify themselves or test the new code will be unable to submit any X12 transactions when the OXi translator goes live on February 9, 2020.

****Previous versions of this article included Sunday January 12, 2020 and Sunday January 19, 2020 as the dates of implementation.***

The new implementation date is Sunday February 9, 2020.



Physical Therapy Services

RI Medicaid now enrolls physical therapists as their own provider type.

Groups currently enrolling physical therapists as Rite Share providers may request to be terminated and then reenroll as physical therapists. Providers' effective dates will begin on the first of the month in which their completed, accurate applications are received.

Physical therapists will be eligible to bill for the following procedure codes:

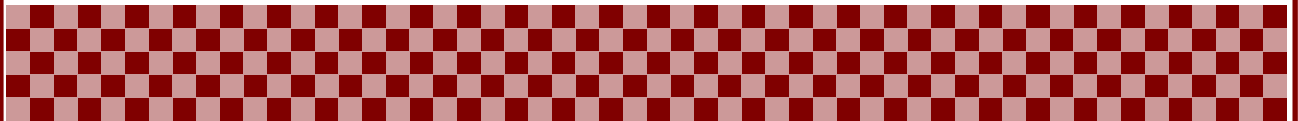
- 97010
- 97012
- 97014
- 97016
- 97018
- 97022
- 97024
- 97026
- 97028
- 97032
- 97033
- 97034
- 97035
- 97036
- 97110
- 97112
- 97113
- 97116
- 97124
- 97140
- 97161
- 97162
- 97163
- 97164
- 97530

Please email riproviderservices@dxc.com with questions.

Updated Claims Processing and Payment Schedule

See information regarding when claims are due and when EFT payments will be made from July 2019 to July 2020.

[Click here to view 2020 Financial Calendar!](#)



FYI:

The application fee
to enroll as a Medicaid provider is \$595.00
as of January 1, 2020.

*See more information regarding providers
who may be subject to application fees [here](#).*

Pharmacy Spotlight

Meeting Schedule:

Pharmacy and Therapeutics Committee

Drug Utilization Review Board



The next meeting of the Pharmacy & Therapeutics Committee (P&T) is scheduled for:

Date: April 7, 2020

Registration: 7:30 AM

Meeting: 8:00 AM

Location: DXC Technology
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886

[Click here for agenda](#)

The next meeting of the Drug Utilization Review (DUR) Board is scheduled for:

Date: April 7, 2020

Meeting: 10:30 AM

Location: DXC Technology
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886

[Click here for agenda](#)

2020 Meeting Dates:

April 7, 2020

June 9, 2020

September 15, 2020

Medicare ID Project

As part of changes related to the CMS New Medicare ID card project, some changes will be observed to the following MMIS reports.

Three TPL billing reports (the Inpatient, Outpatient, and Part B Professional Billing) are being changed to relabel the field 'Medicare HIC' to now be 'Medicare ID'. The new Medicare Beneficiary ID (MBI) will be listed when it is known to the MMIS, otherwise the Health Insurance Claim Number (HICN) will be displayed as is the case today. After the January 1, 2020 dual processing (MBI or HICN as the primary Medicare identifier) cut-off, these reports will only display the MBI information. This change is observed in the August 2019 report generation.

Additionally, the electronic Remittance Advice report will display either the MBI or the HICN in the TPL section of the report (in the field labeled 'Medicare ID'). After the January 1, 2020 cutoff, the RA will only display the MBI in the Medicare ID field. This change is observable in the August 24 financial cycle.

Pharmacy Update—Pain Management

The Department of Health continues to receive questions about the requirement of ICD-10 codes for controlled substance prescriptions. Below are questions and answers regarding ICD-10 codes on controlled substance prescriptions. Also below, is a link to more FAQs about Pain Management on the Department of Health website.

Documenting International Classification of Diseases (ICD) 10 Diagnosis Code(s) on Controlled Substance Prescriptions

1. Why is the documentation of ICD-10 diagnosis codes on all controlled substances prescriptions required?

The requirement for prescribers to provide a diagnosis code on a patient's prescription allows pharmacists to understand why the controlled substance is being dispensed. Pharmacists are able to use this information to have follow-up conversations with prescribers and patients to ensure that patients are being treated with the appropriate medication. This is a requirement for all clinicians with a Controlled Substance Registrations (CSR), including dentists, physicians, physician assistants (PAs), Advanced Practice Registered Nurses (APRNs), optometrists, midwives, podiatrists, and veterinarians. The ICD-10 code(s) must be entered in a visible location on the prescription.

2. Where can dentists and other clinicians who typically do not work with ICD-10 codes find the appropriate diagnosis code?

The most common dental ICD-10 codes are:

- K01: impacted teeth
- K04: pulpal and periapical diseases
- K05: periodontal diseases
- K08: loss of teeth (This code could be used for implant placement or another pre-prosthetic surgery.)

For dentists, it is sufficient to document the three-character code—the category code—when documenting a diagnosis on a prescription. For example, the three-character code of **K01** supplies sufficient information to indicate a diagnosis of **Embedded and Impacted Teeth**. To find a more specific diagnosis code, prescribers can visit the World Health Organization's (WHO) comprehensive list of ICD-10 codes.

3. If the prescriber cannot find an appropriate ICD-10 code or if the prescriber's profession does not typically use ICD-10 codes, how should the patient's diagnosis be indicated on the prescription?

In these specific cases, the patient's diagnosis should be written legibly in a visible location on the face of the prescription.

4. Does the ICD-10 code have to be documented in the medical record, too?

RIDOH does not require a prescriber to record an ICD-10 code in the patient's medical record.

5. If a prescriber omits the ICD-10 code, can pharmacists take verbal orders from the prescriber for the code, or does a new prescription need to be issued?

A verbal order from the prescriber can be obtained to fulfill the requirement for the ICD-10 code. Dentists and veterinarians do not use ICD 10 codes and may write the diagnosis on the prescription in place of the ICD 10 code.

<http://health.ri.gov/publications/frequentlyaskedquestions/PainMgmtRegs.pdf>

Changes to the Preferred Drug List (PDL)

The following drugs will change status on the
RI Medicaid Fee-for-Service
Preferred Drug List (PDL) effective January 2020.

<p><u>Angiotensin Modulator Combinations</u></p> <p>-amlodipine/olmesartan (AG) changed status to preferred</p>	<p><u>Angiotensin Modulators</u></p> <p>-fosinopril changed status to preferred -irbesartan changed status to preferred -quinapril changed status to preferred -captopril changed status to non-preferred -fosinopril HCTZ changed status to preferred -irbesartan HCTZ changed status to preferred -quinapril HCTZ changed status to preferred -captopril HCTZ changed status to non-preferred</p>
<p><u>Bile Salts</u></p> <p>-ursodiol 300mg capsule changed status to preferred</p>	<p><u>Neuropathic Pain</u></p> <p>-pregabalin capsule (AG) changed status to preferred -pregabalin capsule changed status to preferred</p>
<p><u>NSAIDS</u></p> <p>-diclofenac gel changed status to preferred</p>	<p><u>Pulmonary Arterial Hypertension Agents</u></p> <p>-sildenafil suspension changed status to non-preferred</p>

To view the entire Preferred Drug List
please check the Rhode Island EOHHS Website at:

[http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/
ProviderDirectories/Pharmacy.aspx](http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy.aspx)



Please Note!

Providers can access the Healthcare Portal directly, without going through the [EOHHS website](#), by going to this address:

<https://www.riproviderportal.org/HCP/Default.aspx?alias=www.riproviderportal.org/hcp/provider>

ENTERAL NUTRITION INSTRUCTIONS

Physicians who are prescribing Enteral Nutrition for their RI Medicaid members should fill out section B of the Certificate of Medical Necessity for Enteral Nutrition and fax it to the DME provider that the member will be using for the nutrition. The CMN and Prior authorization should not be sent to DXC by the physician. This will be done by the DME supplier only. Below are procedure codes that do require a prior authorization:

B4102	B4153
B4103	B4154
B4149	B4155
B4150	B4157
B4152	

Here is the link to the CMN:

http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/CMN_enteral_nutrition.pdf

The CMN form can be found on the EOHHS website at www.eohhs.ri.gov.

The DME provider is responsible for filling out Section A of the CMN that they receive from the physician's office. The DME provider will then mail or fax the CMN with a Prior Authorization request form to:

DXC Technology
P.O. Box 2010, Warwick, RI 02887
Fax: 401-784-3892

Here is the link for the Prior Authorization form, which can also be found on the EOHHS website:

http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/pa_form.pdf

If you have any questions, please call your Provider Representative.