



Provider Communication

Subject: Dual Providers Billing Requirements 2007	Priority: High
Date: January 5, 2007	Message ID: ACSBNR01052007_2

Dear Providers,

The purpose of this banner is to report the new billing requirements for Georgia Medicaid Dual eligibles' providers. As you know, the healthcare billing and claims industry are in the midst of various changes. These changes affect the way you bill, the type of claim form or media used; as well as the data required. Below is a summary of Georgia Medicaid's new billing requirements for Medicare Providers.

National Drug Code (NDC)

In order to comply with the Deficit Reduction Act (DRA) of 2005, section 6002; Georgia Medicaid is requiring providers to bill an accompanying NDC code with a HCPCS code for outpatient claims beginning with a service date of January 1, 2007.

As a Dual eligible provider you **must** submit to Georgia Medicaid the 11 digit NDC code that corresponds with the HCPCS code for the injectable drugs that you administer in an outpatient setting.

You can provide the NDC numbers for your claims using the media listed here:

- 837 P- Electronic Professional Claims Submission
- 837 I – Electronic Institutional Claims Submission
- GHP Web Portal
- WINASAP
- New 1500 Claim form, version OMB-0938-0999

The above claim submission types have an allotted field to enter the NDC number and the HCPCS code for your claims. Your Fiscal Intermediary and the Medicare Coordination of Benefit Contractor (COBC) will transmit the NDC number to Georgia Medicaid for processing.

Submit your Professional paper claims with the NDC number on the **new 1500 claim form, version OMB-0938-0999**. The Department of Community Health is accepting the new 1500 claim form as of February 1, 2007. The shaded area of box 24a must have the 2 digit qualifier "N4" prior to 11 digit NDC number. Box 24d will have the related HCPCS code and units. Please see the example below.

24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE			C. EMG			D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. ERSOI Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From	To		MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER							
N460574411101																	
01	06	07	01	06	07	11			90378			12	\$788	00	4		NPI
N400187307210																	
01	15	07	01	15	07	11			J1960			09	\$3	52	5		NPI

Presently, Georgia Medicaid is not accepting the new UB-04 claim form. Therefore, outpatient facility claims must be submitted on the UB-92. You will need to bill your service to Georgia Medicaid with the Revenue Code, HCPCS code, and Units.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
636	Hep a vaccine, adult im 1 ml	90632	01/06/07 1	\$ 17.00	.	.	.
636	Oxytocin injection	J2590	01/15/07 10	\$ 77.16	.	.	.

A HCPCS to NDC crosswalk is updated quarterly by CMS. The crosswalk is accessible via the CMS website http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice/02_aspfiles.asp#TopOfPage and your Part B Fiscal Intermediary should provide an update list on its website.

National Provider Identifier (NPI)

Effective January 1, 2007, institutional Medicare providers who submit claims for their primary facility and its subparts (such as psychiatric unit, rehabilitation unit, etc.) must report a taxonomy code on all claims submitted to their Fiscal Intermediary (FI). Taxonomy codes shall be reported by these facilities whether or not the facility has applied for a NPI number for each of its subparts. **Institutional providers that do not currently bill Medicare for subparts are not required to use taxonomy codes on their claims to Medicare.** A recent MLN Matters article discusses the billing requirement. It can be viewed at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5243.pdf> on the CMS Website.

In addition, Georgia Medicaid has provided a form that captures the NPI and Taxonomy with the Rendering Provider number. It is available on the GHP website at https://www.ghp.georgia.gov/wps/output/en_US/public/Provider/DocumentsAndForms/10262006_GA_Medicaid_NPI_Submittal_Form.pdf. The information provided on this form will be updated on your Provider File.

End Stage Renal Dialysis (ESRD) EPO Pricing

Effective with date of service of 01/01/2007 ESRD dialysis EPO claims will start using code Q4081 for 100 units versus pricing EPO claims using J0886 at 1,000 units. Modifications are being made to Georgia Medicaid's MMIS system to accommodate the pricing logic change. Presently, our system will accept the HCPCS code Q4081 however it will price at 1,000 units instead of 100 units. A mass reprocessing will occur once the logic is updated and working properly. Hospitals should continue to use revenue codes 0634/0635 in conjunction with TOB 12X, 13X, or 85X.

Coordination of Benefit Contractor (COBC) Fiscal Intermediary (FI) list

Going forward Georgia Medicaid is only accepting Auto-Crossover Claims from the COBC to Georgia from the following Fiscal Intermediaries listed in the table below. Therefore, if you use a fiscal agent that is not on the list, then you would need to send your claims via paper to the RMO for processing.

PART A- Fiscal Intermediary	
Contract ID	Contractor Name
00010	Alabama BC ("Cahaba GBA")
00011	Alabama BC ("Cahaba GBA") Options")
00090	Florida BC ("First Coast Service
00101	Georgia BC
00260	Nebraska BC
00320	Noridian Administrative Services
00322	Noridian Administrative Services
00323	Noridian Administrative Services
00325	Noridian Administrative Services
00380	Palmetto GBA (SC BC)
00382	Palmetto GBA any
16003	National Heritage Insurance Comp
17003	AdminaStar Federal, Inc. A")
00885	South Carolina BS ("Palmetto GB
52280	Mutual of Omaha
00400	Trailblazer Health Enterprises
00390	Tennessee BC (Riverbend)

PART B- Fiscal Intermediary	
Contract ID	Contractor Name
00510	Alabama BS ("Cahaba GBA")
00511	Alabama BS ("Cahaba GBA")
00512	Alabama BS ("Cahaba GBA") Service Options")
00590	Florida BS ("Florida First Coast Service Options")
00591	Florida BS ("Florida First Coast

PART B- Fiscal Intermediary	
Contract ID	Contractor Name
00820	Noridian Administrative Services
00824	Noridian Administrative Services
66001	Noridian Administrative Services
00880	Palmetto GBA (SC BS)
00882	Palmetto GBA (SC BS)
00900	Trailblazer Health Enterprises
05440	Connecticut General Life (CIGNA)
05535	Connecticut General Life (CIGNA)

We thank you for complying with these many changes.