



# Communications and *Updates*

July 11, 2014

## General Updates

### Timely Filing of Secondary Claims on UB04 Form

When a secondary claim denies for timely filing, providers are asked to submit the claim on paper, attach a Medicaid Resolution Form requesting a "Time Limit Override with Medicare or with TPL", and attach the Medicaid Remittance Advice showing the timely denial and any explanation of benefits from the primary payer.

At this time, NCTracks is unable to process these types of overrides on a UB04 form. Claims that have been processed have denied for "Medicare/TPL Suspect."

Providers will be notified of updates once they become available. In the interim, providers should continue to keep their claims timely while NCTracks addresses this issue.

### Common Billing Error on Sterilization Claims - Missing FP Modifier

NCTracks has observed high numbers of claim denials for sterilizations, because providers are not using the correct modifier. Note the following state policy guidance regarding modifiers on sterilization claims:

NC Division of Medical Assistance Medicaid and Health Choice

Sterilization Procedures Clinical Coverage Policy No: 1E-3

Amended Date: July 1, 2013

#### Modifiers

Provider(s) shall follow applicable modifier guidelines.

All providers, except ambulatory surgical centers, **must append modifier FP to the procedure code when billing for sterilization procedures.** Other modifiers must be used, as applicable.

NC Division of Medical Assistance Medicaid and Health Choice

Anesthesia Services Clinical Coverage Policy No.: 1L-1

Revised Date: March 1, 2012

### **Billing Anesthesia for Labor, Delivery, and/or Sterilization Procedures**

The following guidelines apply to billing anesthesia services for sterilization procedures:

- a. CPT anesthesia procedure codes used for a sterilization procedure must be billed with ICD-9-CM diagnosis code V25.2 **and modifier FP appended to the code.**
- b. The CPT anesthesia procedure codes that may be used for sterilization are 00840, 00851, and 00921.
- c. Anesthesia reimbursement for a sterilization procedure is cut back to a flat fee when billed in conjunction with labor and delivery.

### **Important - Default Effective Dates When Updating Provider Record**

When updating a provider record in NCTracks, the Manage Change Request (MCR) will assign a default effective date of the current date to most changes. This is important because the system will edit subsequent transactions against the effective dates in the provider record. For example, claims are edited against the effective date of the taxonomy codes on the provider record. If a provider bills for a service rendered prior to the effective date of the relevant taxonomy code on the provider record, the claim will deny.

**Some effective dates can be changed from the default date.** When you add/reinstate a health plan, service location, or taxonomy code, the effective date can be changed from the default date. However, the effective date must be changed before the MCR is submitted. (The effective date also cannot precede the enrollment date or the date associated with the relevant credential or license and cannot be older than 365 days.)

**Other effective dates cannot be changed from the default date.** For example, the effective date for affiliation of an individual provider to a group or hospital will default to the current date and it cannot be changed. Therefore, it is important that affiliations be designated on the provider record prior to rendering the service. [Note: the affiliation edit is currently set to pay and report, but at some point the State will likely change the disposition of this edit to deny.]

If a Manage Change Request is submitted with the wrong effective date(s), the provider will need to contact the NCTracks Call Center at 1-800-688-6696 and request a ticket be entered to change the effective date. This process may take several weeks to complete because it requires multiple levels of approval. Consequently, providers are encouraged to verify the effective dates of any changes to the provider record prior to submitting the MCR.

### **New NCTracks Glossary of Terms Page on Provider Portal**

A new NCTracks Glossary of Terms webpage was recently added to the NCTracks Provider Portal to assist providers with understanding the terminology associated with NCTracks and the NC DHHS programs supported by it. The glossary includes various terms and acronyms used in NCTracks and their definitions. The glossary is presented in alphabetical order, but providers can also search for a term or acronym using the Search box in the upper right corner of the webpage.

More information will be added to the glossary over time. It is hoped that the glossary will help providers with the correspondence and communication associated with NCTracks.

The NCTracks Glossary of Terms page is listed under the Frequently Asked Questions. Click on the Frequently Asked Questions tab in the menu on the left side of the Provider Portal Home Page, or the NCTracks Glossary of Terms link under Quick Links.

### **New FAQs Added for Claim Submission and Provider Enrollment**

New Frequently Asked Questions (FAQs) have been added to the NCTracks Provider Portal, based on recent provider training sessions. The questions and answers were added to the following topic areas:

- [Claim Submission FAQs](#)
- [Provider Enrollment FAQs](#)

The FAQs are a valuable resource that can help providers save time in addressing common questions. For links to all of the topic areas, see the [Frequently Asked Questions Main Page](#).

### **Issues List Updated on Provider Portal**

The Issues List has been updated. The most recent version of the list can be found under Quick Links on the [NCTracks Provider Portal home page](#). The list includes a brief explanation of the issue, the type(s) of providers affected, the status of the issue (Open/Closed), and comments/resolution of the issue. The list is not intended to include every issue, but rather the prevalent ones impacting multiple providers. More issues will be added soon. Providers are encouraged to check the list before contacting the Call Center, in case it may be a known issue.

## **Prior Approval Update**

### **Importance of the Address on Prior Approval Requests**

This notice is to remind providers that the address and NPI submitted on the prior approval (PA) request determines where correspondence is sent.

Approval letters are sent electronically to the **requesting provider's** Message Center Inbox on the secure provider portal. This is the only format in which approval letters are sent. There is no physical paper copy of the letter mailed. The electronic approval letters are sent only to the requesting provider; no letter is sent to the recipient.

Requests for additional information are a paper letter sent via USPS mail to the **requesting provider** listed on the PA request. Requests for additional information are only sent to the requesting provider; no letter is sent to the recipient.

Adverse decisions (denial, reduction, or modified approval letters) are a paper letter sent via USPS mail to the **requesting provider** listed on the PA request. Adverse decision letters are sent to both the requesting provider and the recipient. The provider letter is sent via regular mail and the recipient letter is sent via certified mail.

### Optical Providers: Voided Requests for Visual Aids due to early submission

Providers are reminded that Recipients under the age of 21 are eligible for visual aids one time a year, based on the approval date. In some cases, requests that are submitted earlier than 365 days from the last approval are automatically voided by NCTracks. In those cases, there is typically not any notification to providers about why the request was voided.

To avoid this situation, providers are encouraged to review their records on established recipients, know the date of last approved visual aids, and submit requests accordingly. If a recipient's history is unavailable, providers may contact the CSC Call Center at 1-888-688-6696 to inquire about the last approval date.

## Training Update

### More Training Opportunities for Providers in July

Five instructor-led training courses for providers will be offered in the month of July.

All of the courses will be offered in-person at the CSC facility in Raleigh. Each course includes hands-on training and will be limited to 45 participants per course.

The duration varies depending on the course. For details on each of the courses, the dates and times they will be offered, and instructions for how to enroll, see the [provider portal announcement](#) or the Training Edition of the newsletter sent to providers on July 7.

Thank you,

The NCTracks Team

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