



STATE OF NEW YORK  
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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ALBANY, NEW YORK 12229-0001  
(518) 473-1997 • TDD (518) 474-3694

June 19, 2002

Executive Director  
OMRDD Article 16 Freestanding Clinic

Subject: Activation of Medicaid Billing Edits, Special Procedures for OMRDD Article 16 Clinics

Dear Executive Director:

The New York State Department of Health has announced it is activating a series of license verification edits in MMIS that will verify the validity of servicing and referring practitioner information on Medicaid claims. These edits will affect the processing of OMRDD Article 16 clinic claims. The edits, expected to go into effect August 1, 2002, are designed to deny claims which do not contain accurate license information entered into the servicing/referring ID fields on all outpatient claims.

Completion of the servicing/referring practitioner field on Medicaid claims has always been required for outpatient claims; however, the field has not been edited for accuracy. Providers in the past may have been paid even though the field was left blank or contained inaccurate license ID numbers. Effective August 1, 2002, providers will not be paid unless the field is correctly completed. Consequently, when someone with a license number delivers a clinic service, the practitioner's State Education Department license number should be entered in the appropriate servicing/referring practitioner field on the claim. In addition, an SED license type code must be entered on the claim. The enclosed Medicaid Update contains an updated list of SED license type codes. Please use this listing as a guide when preparing claims.

The Department of Health recognizes that under Part 679 Article 16 regulation, certain services provided in OMRDD Article 16 clinics may be delivered by practitioners who do not require SED licensure to deliver a reimbursable service. Therefore, these practitioners do not have license numbers that can be inserted into the servicing/referring practitioner field. In these instances, the following special procedure is to be utilized:

**If the primary provider of service during a clinic visit is not licensed by the State Education Department but is authorized to provide services under regulation, the following unlicensed practitioner number should be entered in the servicing/referring practitioner field for Article 16 clinic Medicaid claims: 02249136.**

**When using this unlicensed practitioner number, leave the license type field on the claim form blank.**

If you have any questions concerning this matter, please contact me at (518) 402-4337. Please share this information with your Medicaid billing staff.

Sincerely,

Wakeman M. Gardner  
Supervisor OMRDD Medicaid Systems Support

Enclosures

cc: Lisa Kagan Ira Gross  
Dennis Collins Jim Moragne  
Kevin Patricia Joe Meloveck  
Dennis Reppert RSFO Managers



Providing supports and services for people with developmental disabilities and their families.



# Medicaid Update Medicaid Update

New York State Department of Health

Return to Medicaid  
Update

## Office of Medicaid Management DOH Medicaid Update June 2002 Vol. 17, No.6

State of New York  
George E. Pataki, Governor

Department of Health  
Antonia C. Novello, M.D., M.P.H., Dr. P.H.  
Commissioner

*Medicaid Update*  
is a monthly publication of the  
New York State Department of Health,

Office of Medicaid Management,  
14th Floor, Room 1466,  
Corning Tower, Albany,  
New York 12237

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### HAVE YOU RECEIVED A CLAIM CORRECTION FORM?

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A Claim Correction Form (CCF) is sent to a provider's individual correspondence address when a *paper* claim contains certain incorrect or missing information. Only certain errors or edits will cause a CCF to be issued. Other errors will cause the claim to deny without issuing a CCF. A CCF gives the provider an opportunity to correct claim information without resubmitting the claim. Claims for which CCFs have been issued will pend for up to 30 days.

CCFs are pre-set, depending on the pend reason, to allow corrections of one or more fields on the original claim. In some cases, only one field will need correction. In other cases, multiple fields will need corrections.

### Important CCF Instructions

1. The PEND DESCRIPTION LINE follows a set of stars (\*\*) and states the *reason for the pended claim*.
2. Review the pended field or fields for possible errors.
3. To indicate that the incorrect pended field information is being corrected, place an "X" over the "C" in the blue CORRECTION CODE box to the right of the incorrect information. Do not place an "X" on the "C" box if the information is correct as it appears.
4. Enter the new, correct information in the blue boxes in the CORRECTION DATA FIELD CONTENTS column. These blue boxes are found to the right of the "C" box.
5. Remember to **sign and date** the CCF.
6. Remember to return the CCF by the "RETURN BY" date indicated on the left side of the CCF.

If the billing error is not evident when examining a CCF, contact the appropriate Computer Sciences Corporation (CSC) inquiry unit below for instruction.

Providers making inquiries or requesting billing training by Regional Representatives should contact CSC by calling the appropriate number below. Please be prepared to supply your Medicaid Provider ID number.

Practitioner Services	(800) 522-5518 or (518) 447-9860
Institutional Services	(800) 522-1892 or (518) 447-9810
Professional Services	(800) 522-5535 or (518) 447-9830

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## PAYMENT FOR DURABLE MEDICAL EQUIPMENT IN FACILITIES

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Medicaid reimbursement for standard and customized durable medical equipment (DME) for use by residents of skilled nursing facilities (SNF) and OMRDD developmental centers (DC) is included in the per diem rate. A SNF or DC is obligated to provide residents with medically necessary standard and customized DME. The cost of purchasing or leasing will be reimbursed in conformance with Title 10 NYCRR 86-2.22 and the American Hospital Association depreciation guidelines.

Medically necessary custom-made DME is reimbursable by fee-for-service Medicaid for eligible residents of a SNF or a DC, subject to prior approval. Documentation from the ordering practitioner demonstrating that the resident's medical needs cannot be met by standard or customized DME must be submitted with the prior approval request. Please note that if a prior approval request for DME is denied for a SNF or DC resident, not because of lack of medical necessity but because it is not custom-made equipment, the facility will be expected to provide the equipment in conformance with Title 10 NYCRR 415.26.



The following are the definitions of various types of **DME**:

- **Standard** - able to be used by a number of different residents. For example wheelchairs (including power wheelchairs), tilt-in-space seating features a patient controlled electric hospital beds are standard DME.
- **Customized** (or custom-fitted) - is standard DME modified to meet a resident's needs. Once the customization is no longer necessary, the modifications or attachments can be changed or returned to stock for use another resident.
- **Custom-made** - is fabricated for the sole use by a particular resident from mainly raw materials and cannot be readily changed to conform to another resident's medical needs.

*Note: The cost of an item does not determine whether it is standard, customized or custom-made DME.*

If you have any questions regarding Medicaid reimbursement for DME in a SNF or a DC, contact the Bureau of Medical Review and Payment at (518) 474-8161.

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## CLARIFICATION ON ENCLOSED BED SYSTEMS

The February 2002 edition of **Medicaid Update** included an article entitled, "Enclosed Bed Systems are Dangerous." The intention of the article was to address the item's coverage status under the Medicaid program and explain the basis for that status.

The article was **not** meant to communicate a product safety alert or warning.

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## ORDERING AND PROVIDING SUPPLIES FREQUENCY AND QUANTITY DO MATTER!

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### ORDERING SUPPLIES

- Supplies (e.g.; enteral products, diapers, wound dressings, blood glucose test strips) **must be written for a**



- **one-month supply** with a specified number of refills.
- Documentation of the **medical necessity** for all supplies ordered must be a **fiscal order for Medical-Surgical** maintained in the patient's medical record and made available for review by the Department. [*Ordering unnecessary supplies will result in recoupment from the orderer.*] For required documentation for **enterals**, see the July 2001 **Medicaid Update**. (*This update can be obtained online or via mail, at the address listed at the end of this Update.*)

#### PROVIDING SUPPLIES

- Supplies may be billed once per month at the quantity specified on the fiscal order. **Providers may not bill more than once per month or in excess of the maximum quantity per month**, as published in the DME and Pharmacy **MMIS Provider Manuals**. If the fiscal order exceeds this amount, prior approval is required.
- **Early refills** may be billed when **one week or less** remains on the current month's supply.
- *Medicaid can recoup from the provider the cost of supplies that have been billed out of compliance with published limits.*

#### CLAIMS PAYMENT

- MMIS claims payment system edits will be **enhanced in June 2002**. *These edits will strictly enforce the published frequency and quantity limits and policies and will result in denied claims for inappropriately billed supplies.*
- Retroactive prior approvals and DVS overrides **will not** be issued to providers who have inappropriately billed supplies.

Questions may be referred to the Bureau of Medical Review and Payment at (518) 474-8161.

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### ATTENTION ALL OUTPATIENT AND FREESTANDING CLINICS

#### New Edits Require Accurate Reporting of Servicing and Referring Practitioners

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Beginning in Summer 2002, the Office of Medicaid Management will activate a series of edits that require identification of servicing and referring practitioners. These edits will verify that the practitioner license or MMIS provider ID numbers reported on clinic claims are accurate and legitimate. The servicing/referring ID field on the clinic claim will be matched against the State Education Department's (SED) license file and the Department of Health's MMIS ID number file. **Any claim failing the match will be denied.**

Facilities and freestanding clinics should consult their MMIS Provider manuals for instructions on completing the servicing/referring ID field. The instructions describe the proper completion of the fields that identify the SED license number and license type, or MMIS provider ID. These fields will be reviewed and edited for accuracy during claims processing. **Remember, when the MMIS ID number is used to identify the servicing/referring practitioner, the license type code field must be left blank.**

Listed below is a chart of the SED license type codes **to be used** when entering a license number. *These license type codes may be different than the license type codes listed in the provider manuals. It is important to use the appropriate license type code listed below so that a clinic claim is not denied for an invalid servicing/referring provider license.*

This information does not change existing rules on billable services. It is intended to help you provide accurate information.

**Office of Mental Health, Office of Mental Retardation & Developmental Disabilities, and Office of Alcohol and Substance Abuse Services will issue further claims submission instructions for clinics they license. These instructions, which are forthcoming, must be used when the clinician providing the treatment service is not licensed by SED.**

License Type	Code	License Type	Code	License Type	Code
General Practice Physician, MD or DO	01	Out-of-State Surgeon	31	Ophthalmic Dispenser	62
General Dentist	02	Out-of-State Maxillofacial Prosthodontist	32	Respiratory Therapy Technician	63
General Surgeon	04	Out-of-State Other Dental Specialist	33	Occupational Therapy Assistant	64
Orthopedic Surgeon	05	Out-of-State Ophthalmologist	34	Physical Therapist Assistant	66
Physiatrist	06	Out-of-State Optometrist	35	Acupuncture	68
Otolaryngologist	07	Out-of-State Podiatrist	36	Out-of-State Dental Hygienist	70
Other Physician Specialist	08	Out-of-State Audiologist	37	Out-of-State Respiratory Therapist	71
Physician's Assistant	09	Out-of-State Speech Pathologist	38	Out-of-State Ophthalmic Dispenser	72
Out-of-State General Practice Physician	11	Out-of-State Nurse Practitioner/Midwife	39	Out-of-State Respiratory Therapy Technician	73
Out-of-State General Dentist	12	Specialist Assistant	40	Out-of-State Occupational Therapy Assistant	74
Out-of-State General Surgeon	14	Occupational Therapist	41	Chiropractor	75
Out-of-State Orthopedic Surgeon	15	Nurse	42	Out-of-State Physical Therapist Assistant	76
Out-of-State Physiatrist	16	Certified Social Worker	45	Clinical Psychologist	77
Out-of-State Otolaryngologist	17	Physical Therapist	46	Out-of-State Acupuncture	78
Out-of-State Physician Specialist	18	Massage Therapy	47	Dental Parenteral Conscious Sedation	81
Out-of-State Physician's Assistant	19	Dietetics/Nutrition	48	Dental General Anesthesia	82
Pharmacist	20	Certified Dental Assistant	49	Dental Enteral Conscious	83
Oral Surgeon	21	Out-of-State Specialist Assistant	50	Out-of-State Clinical Psychologist	87
Maxillofacial Prosthodontist	22	Out-of-State Occupational Therapist	51	Dental Parenteral Conscious Sedation	88
Other Dental Specialist	23	Out-of-State Nurse	52	Dental Anesthesia	89
Ophthalmologist	24	Out-of-State Certified Social Worker	55	Out-of-State Dental Parenteral Conscious Sedation	91
Optometrist	25	Out-of-State Physical Therapist	56	Out-of-State Dental General Anesthesia	92
Podiatrist	26	Out-of-State Massage Therapy	57	Out-of-State Dental Enteral Conscious	93
Audiologist	27	Out-of-State Other Dietetics/Nutrition	58	Out-of-State Chiropractor	95
Speech Pathologist	28	Out-of-State Certified Dental Assistant	59	Out-of-State Dental Parenteral Conscious Sedation	98
Nurse Practitioner/Midwife	29	Dental Hygienist	60	Out-of-State Dental Anesthesia	99
Out-of-State Pharmacist	30	Respiratory Therapist	61		

If you have questions, please contact Computer Sciences Corporation Provider Relations at (800) 522-1892 or (518) 447-9810.

To obtain or verify license numbers, you can access SED on-line at: [www.nysed.gov/dpls/opnme.html](http://www.nysed.gov/dpls/opnme.html)

## Schedule of Medicaid Seminars for New Providers

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Computer Sciences Corporation (CSC), the fiscal agent for the New York State Medicaid Management Information System (MMIS), announces the following schedule of Introductory **Seminars**. Topics will include:

Overview of MMIS  
Discussion of Medicaid Managed Care  
Explanation of 90-day Regulation

Explanation of MMIS Provider Manual  
Overview of Billing Options  
Explanation of Utilization Threshold Program

*Please indicate the seminar(s) you wish to attend below:*

July 23, 2002 - - 10:30 AM or 1:30 PM  
Clinton County Dept. of Social Services  
1st Floor Conference Room  
13 Durkee Street  
\*Plattsburgh, NY

September 12, 2002 - - 10:00 AM  
Chautauqua County Dept. of Social Services  
Hall R. Clothier Bldg. Auditorium  
3 North Erie Street  
Mayville, NY 14657

Additional seminars may be scheduled as new programs are implemented or changes to existing billing procedures are announced.

**Please register early to attend sites marked with (\*) because seating is limited.**

**Each seminar will last approximately two hours.**

Direct questions about these seminars to CSC as follows:

Practitioner Services	(800) 522-5518 or (518) 447-9860
Institutional Services	(800) 522-1892 or (518) 447-9810
Professional Services	(800) 522-5535 or (518) 447-9830

*Please complete the registration information using the link to the form below:*

To register, please mail the *completed* page to:

**Computer Sciences Corporation  
Attn.: Provider Outreach  
800 North Pearl Street  
Albany, NY 12204**

Or, fax a copy of the *completed* page to: **518-447-9240**

**Note: Please keep a copy of your seminar choice for your records. No written confirmations will be sent.**

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**Do you suspect that a recipient or a provider has engaged in fraudulent activities?**

**Please call:**

**1-877-87fraud**

**Your call will remain confidential.**

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**FREE ASTHMA MATERIALS**

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Asthma is among the leading chronic disease among children. It causes increased hospitalizations and emergency room visits, reduced school attendance and restricts activities such as participation in sports. Asthma caused an average of 407 deaths per year in New York State during 1996-98. Fifteen of these deaths were children aged 0-14 years. New York State residents had an average of 45,566 asthma hospitalizations per year during 1997-99. Children aged 0-4 averaged 9,886 hospitalizations per year. This age group had the highest rate of asthma hospitalizations in 1999 (776.9 per 100,000). New York State age-specific asthma hospitalization and mortality rates are higher than the national rates, and two to three times higher than the Healthy People 2010 Objectives.

The New York State Department of Health has initiated and expanded a number of programs to address the consequences of asthma. The Department has developed materials focused on asthma for pediatric patients and their caregivers, and is encouraging health care practitioners to use these materials to help

combat asthma. The materials include an "Asthma Action Plan," asthma brochures and posters. Practitioners may use the Asthma Action Plan as a tool to help patients self manage their condition more effectively. We hope the asthma brochures will be used to educate patients diagnosed with asthma and that the posters will be displayed to alert people for the need for appropriate diagnosis and treatment of asthma.



Copies of these materials may be obtained via the web:

<http://www.health.state.ny.us/nysdoh/asthma/brochures.htm>

or by using the Publication Request Form on the following page.

**The New York State Medicaid program reimburses for medically necessary care, services, and supplies for the diagnosis and treatment of asthma.**

For more information, please contact the Bureau of Program Guidance at (518) 474-9219.

## FREE ASTHMA MATERIALS...

Please complete this form so that your request for material can be processed

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

Return To:  
NYS Department of Health  
Distribution Center  
11 Fourth Avenue  
Rensselaer, NY 12144-2415

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_ (NO POST OFFICE BOXES)

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER:( ) \_\_\_\_\_

**Childhood Asthma Program**

Title	Publication #	Qua
<b>BROCHURES</b>		
__High Literacy Asthma (English)	4819	15 2
__High Literacy Asthma (Spanish)	4823	15 2
__High Literacy Asthma (Chinese)	4822	15 2
__High Literacy Asthma (Creole)	4821	15 2
__Low Literacy Asthma (English)	4830	15 2
__Low Literacy Asthma (Spanish)	4831	15 2
__Low Literacy Asthma (Chinese)	4833	15 2
__Low Literacy Asthma (Creole)	4832	15 2
<b>POSTERS</b>		
__"Boy" (English)	4828	15 2
__"Boy"(Spanish)	4829	15 2
__"Tennis" (English Only)	4849	15 2
<b>ASTHMA ACTION PLAN</b>		
__Asthma Action Plan (English)	4850	15 2
__Asthma Action Plan (Spanish)	4851	15 2

## NEWS FOR PROVIDERS USING NY EMEVS PC APPLICATIONS ERROR CODE FILE HAS BEEN UPDATED

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As requested by the New York State Department of Health, eFunds Government Services (formerly Deluxe Data and Deluxe Electronic Payment Systems) has **updated the error code file** for the New York PC Application software. The file contains descriptions for the codes returned in the transaction responses from EMEVS. The file is used for all New York PC applications including Medicaid Eligibility, School Based Health Name Search, and Managed Care.

If you are reading a hard copy of this article, go to:

<http://www.health.state.ny.us/nysdoh/manicare/omm/main.htm> and select June 2002 Medicaid Update.

The file is available for **downloading** on the link identified in the download instructions below. Additional download and non-internet options are defined in the last two paragraphs of this article. **Please read the instructions prior to downloading.**

Providers using Medicaid Eligibility version 4.1.0.5, School Based Health Name Search version 4.1.0.5, or Managed Care version 4.1.0.3 should download the file. Providers with earlier versions can download the file, although it is recommended to upgrade to the current version of the software. To download the file, follow the appropriate instructions based on the operating system installed on your computer.

### Windows 95, 98, 98SE or ME

Use one of the following methods to delete the current file:

- o On the Desktop, double-click on the "My Computer" icon
- o Double-click on the "(C)" drive icon
- o Double-click on the "Windows" directory icon

- Find the icon for the "NYSERRCD" or "NYSERRCD.INI" file
- Right-click with your mouse on the icon for the file. This will bring up a menu of actions.
- Click on "Delete" to send the file to your Recycle Bin. If you get a window that asks you to confirm the delete, click on "Yes". Do not empty the Recycle Bin until you are sure that the download process works.

Or

- Open "Windows Explorer"
- Open the "Windows" directory
- Find the file "NYSERRCD" or "NYSERRCD.INI"
- Right-click with your mouse on the file. This will bring up a menu of actions.
- Click on "Delete" to send the file to your Recycle Bin. If you get a window that asks you to confirm the delete, click on "Yes". Do not empty the Recycle Bin until you are sure that the download process works.

After deleting the existing file, right-click your mouse on the link **NYSERRCD.INI**. This will bring up a menu of actions.

- If you are using Microsoft Internet Explorer (IE), click on "Save Target As..."
- If you are using Netscape Navigator, click on "Save Link As..."
- Either way, you will be shown a "Save As" window that will allow you to save the file
- Save the file to the "c:\Windows" directory. **Do Not** change the name of the file!

If for some reason the new file will not save to your computer, or if the NY PC application will not read the new file:

- Double-click on the "Recycle Bin" icon on your desktop.
- Find the file "NYSERRCD" or "NYSERRCD.INI"
- Right-click on the file with your mouse. This will bring up a menu of actions.
- Click on "Restore" to send the file back to the directory from which it was deleted.

If you have any questions, please call the eFunds Provider Relations staff at 1-800-343-9000.

### Windows NT or 2000

**You must have administrative rights to your computer to update this file. If you do not have, or do not know if you have administrative rights to your computer, please contact your IT department.**

Use one of the following methods to delete the current file:

- On the Desktop, double-click on the "My Computer" icon.
- Double-click on the "(C)" drive icon.
- Double-click on the "WINNT" directory icon. **Note:** Some Windows NT systems will not have a "WINNT" directory but will have a "Windows" directory instead. If this is true for you, use the "Windows" directory. Make a note of the directory you use so you can save the new file to the same directory.
- Find the icon for the "NYSERRCD" or "NYSERRCD.INI" file.
- Right-click with your mouse on the icon for the file. This will bring up a menu of actions.
- Click on "Delete" to send the file to your Recycle Bin. If you get a window that asks you to confirm the delete, click on "Yes". Do not empty the Recycle Bin until you are sure that the download process works.

Or

- Open "Windows Explorer" or "Windows NT Explorer" depending on your system.
- Open the "Windows" directory. **Note:** Some Windows NT systems will not have a "WINNT" directory but will have a "Windows" directory instead. If this is true for you, use the "Windows" directory. Make a note of the directory you use so you can save the new file to the same directory.
- Find the file "NYSERRCD" or "NYSERRCD.INI".
- Right-click with your mouse on the file. This will bring up a menu of actions.
- Click on "Delete" to send the file to your Recycle Bin. If you get a window that asks you to confirm the delete, click on "Yes". Do not empty the Recycle Bin until you are sure that the download process works.

After deleting the existing file, right-click your mouse on the link **NYSERRCD.INI**. This will bring up a menu of actions.

- If you are using Microsoft Internet Explorer (IE), click on "Save Target As..."
- If you are using Netscape Navigator, click on "Save Link As..."
- Either way, you will be shown a "Save As" window that will allow you to save the file.
- Save the file to the "c:\WINNT" directory (use the "c:\Windows" directory if that is the directory you noted above). **Do Not** change the name of the file!

If for some reason the new file will not save to your computer, or if the NY PC Application will not read the new file:

- Double-click on the "Recycle Bin" icon on your desktop.
- Find the file "NYSERRCD" or "NYSERRCD.INI".
- Right-click on the file with your mouse. This will bring up a menu of actions.
- Click on "Restore" to send the file back to the directory from which it was deleted.

If you have any questions, please call the eFunds Provider Relations staff at 1-800-343-9000.

#### Alternate Media Request

If you do not have Internet access or cannot complete the download as described above, you may request a copy of the file on hard media or via email. The file will be mailed to you electronically (via email) or on a 3.5-inch floppy disk. Call the eFunds Provider Relations staff at 1 (800) 343-9000 to request this media.

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## IMPORTANT VIAGRA PRESCRIBING AND BILLING INFORMATION

### Criteria for Prescribing and Dispensing Viagra

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- Viagra is limited to males 19 years of age or older.
- Patients must have a diagnosis of erectile dysfunction made after a physical examination. A phone diagnosis is not permitted.
- Medicaid will not reimburse for Viagra for patients that have obtained drugs containing nitrates within the past 180 days. The drug utilization review (DUR) system will reject these prescriptions due to the danger of a serious drug-to-drug interaction. Do NOT override this message even if a prescriber is aware of a previous prescription for drugs containing nitrates. Do NOT fill these prescriptions.
- Prescriptions are limited to an original, one-month prescription, with up to two refills.
- The maximum quantity is six tablets every 30 days.
- Any quantity dispensed, up to and including six tablets, is considered a thirty-day supply.
- Do not refill Viagra prescriptions before the 31<sup>st</sup> day. The DUR system will reject these claims as therapeutic duplications. *Filling a Viagra claim prior to the 31<sup>st</sup> day is in violation of Medicaid pharmacy policy. Claims will be subject to recoupment.*
- Medicaid will reimburse only one strength of Viagra per recipient per month. Do not fill a prescription and bill Medicaid for a different strength prior to the 31<sup>st</sup> day.

### Drug Utilization Review Rejections

When dispensing Viagra and a DUR rejection message is received, do **NOT** override this message. The DUR rejection messages are meant to protect patients and pharmacists from inappropriate and potentially dangerous drug-drug or drug-disease interactions, as well as alert pharmacists to potential policy violations. If a Viagra DUR message is overridden and captured, Medicaid may recoup payment for the inappropriately paid claim or the claim may be captured and subsequently denied. *Pharmacists that routinely override DUR rejection messages may be subject to administrative action, which may include fines.*

Questions regarding this article may be directed to the Pharmacy Policy Unit at (518) 486-3209.

Please do not call for permission to override any on-line rejection message.

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**PROVIDER MANUAL UPDATE  
Prior Approval Contact and Inquiry**

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The following is the update to the "Inquiry Section" of ALL MMIS provider manuals. You may need this information to gain **Prior Approval** and **Medical Review Information**.

This information revises the pages issued in the April 2002 update to the Dental, Durable Medical Equipment, Laboratory and Pharmacy MMIS Provider Manuals.

### Prior Approval and Medical Review Information

The verification process via EMEVS must be completed to determine current eligibility and the county having financial responsibility for the recipient. See the following list for the appropriate offices to contact for Prior Approval and Medical Review information.

Office	Phone	Recipient's County of Fiscal Responsibility
Bureau of Medical Review and Payment Office of Medicaid Management 99 Washington Avenue, Suite 800 Albany, NY 12210-2808	(800) 342-3005 or (518) 474-3575	All Counties except those listed below for specific services.
<ul style="list-style-type: none"><li>o Physician – Statewide</li><li>o Private Duty Nursing Services – Except for the Counties of Broome, Chemung, Erie, Oneida, Onondaga, Schenectady, Suffolk, Tompkins and Westchester (see below).</li><li>o Eye Services – Statewide</li><li>o Dental – Statewide including Medicaid orthodontic prior approval for Westchester County recipients, only.</li><li>o Pharmacy – Statewide, except for Buffalo Area Office (see below).</li><li>o Hearing Aids – Statewide</li><li>o Durable Medical Equipment – Statewide, except for Metropolitan Regional and Buffalo Area (see page 13).</li><li>o Out-of-State Services – Statewide, except for Buffalo Area (see below).</li><li>o Dispensing Validation System (DVS) – Statewide requests for override of frequency/quantity limits for medical reasons only.</li></ul>		

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#### Counties Processing Private Duty Nursing Prior Approvals:

Medical Services Unit Broome County Department of Social Services 36-42 Main Street Binghamton, NY 13905	(607) 778-2707
Chemung County Human Resources Center 425-447 Pennsylvania Avenue Elmira, NY 14904	(607) 737-5487
Erie County C.A.S.A. Erie County Department of Social Services 95 Franklin Street Buffalo, NY 14202	(716) 858-2375
Oneida County Office of Continuing Care Oneida County Department of Social Services 520 Seneca Street, 2nd Floor Utica, NY 13502	(315) 798-5456
Onondaga County Long Term/Resource Center Onondaga County Department of Social Services 5065 W.Seneca Turnpike, S-1 Building Syracuse, NY 13215	(315) 435-5600
Schenectady County Department of Social Services 107 Nott Terrace, 3rd Floor Schenectady, NY 12308	(518) 386-2253
Suffolk County Medical Services Bureau Suffolk County Department of Social Services Box 1800 Hauppauge, NY 11788-8900	(631) 854-9835
Tompkins County Long Term Care Tompkins County Department of Social Services 320 West State Street Ithaca, NY 14850	(607) 274-5278
Westchester County Department of Social Services Division of Medical Home Care Services 270 North Avenue New Rochelle, NY 10801	(914) 813-5440

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Medical Prior Approval Unit Metropolitan Regional Office NYS Dept. of Health 5 Penn Plaza New York, New York 10001	Bronx Dutchess Kings (Brooklyn) Nassau NY (Manhattan) Orange
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Durable Medical Equipment	(212) 268-6645	Putnam Queens Richmond Rockland Suffolk Sullivan Ulster Westchester
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Buffalo Area Office  
NYS Department of Health  
584 Delaware Avenue  
Buffalo, NY 14202

Allegany  
Cattaraugus  
Chautauqua  
Erie  
Genesee

General Inquiry  
Physician  
Private Duty Nursing Services  
(except Erie County)

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(800) 462-8407  
(800) 462-8407

Niagara  
Orleans  
Wyoming

Eye Services  
Durable Medical Equipment  
Out-of-State Services  
Pharmacy

(800) 462-8407  
(800) 462-8407  
(800) 462-8407  
(800) 462-7552  
(716) 847-4650

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Bureau for Families with Special Needs  
NYC Dept. of Health  
111 Livingston Street  
Room 2022  
Brooklyn, NY 11201

Bronx  
Kings (Brooklyn)  
NY (Manhattan)  
Queens  
Richmond (SI)

Director  
Medical Administrator  
Medical Prior Approvals  
Transportation (CSC)

(718) 643-7339  
(718) 643-7154  
(718) 643-7759, 7154, 7158  
(800) 243-7842

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### DENTAL FEE SCHEDULE IS ONLINE!

Did you know that the Medicaid dental fee schedule is now on the Department's website?

You can access the schedule at:

[www.health.state.ny.us/nysdoh/medicaid/dental.htm](http://www.health.state.ny.us/nysdoh/medicaid/dental.htm)

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### HIPPA NEWS! Medicaid to Submit Transactions Compliance Date Extension Plan

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The Administrative Simplification Compliance Act signed into law by President Bush on December 27, 2001, delays the compliance deadline for the HIPAA Electronic Transactions and Code Sets standards until October 16, 2003. It specifies that any covered entity that believes it will not be able to achieve compliance by the original compliance date of October 16, 2002 must submit a compliance plan, by October 16, 2002, to the Secretary of the Department of Health and Human Services requesting the extension.

The New York State Medicaid program will be submitting a compliance plan during the next few weeks. The compliance date delay for the Transactions and Code Sets standards will give us the opportunity to undertake a more comprehensive and enterprise-wide compliance approach. It provides us with an achievable timeframe for completion of gap analyses, review validation processes, development of system specifications, testing and training requirements. The delay will not slow the State Medicaid program's compliance efforts, and we encourage you to also proceed aggressively with your efforts. The delay requires that covered entities begin testing no later than April 16, 2003. The State Medicaid program is scheduled to begin its testing well in advance of the deadline.

The Administrative Simplification Compliance Act was passed because both Congress and President Bush realized that the original compliance date of October 16, 2002 would cause severe hardship for many providers and payers. The State Medicaid program will take advantage of the extended timeframe and strive to implement a compliance plan that will benefit both the program and our provider community. We encourage you to also take advantage of the extended timeframe and formulate a strategy plan that will ensure timely compliance.

**Effective October 16, 2003, all Medicaid providers who bill electronically must be HIPAA compliant and submit only HIPAA transactions.**

### **'HIPAA Info Center' Website Is Now Active**

The Medicaid 'HIPAA Info Center' website is active and may be accessed at:

[www.health.state.ny.us/nysdoh/medicaid/hipaa/hipaamain.htm](http://www.health.state.ny.us/nysdoh/medicaid/hipaa/hipaamain.htm)

The site offers extensive information on the HIPAA legislation, Medicaid HIPAA activities, and provides links to a number of pertinent HIPAA-related sites. The 'HIPAA Info Center' will be used as a main source of communication with the Medicaid provider community. As we proceed with our HIPAA compliance approach, the site will be updated with key Medicaid HIPAA information testing timeframes, system specifications, provider manuals companion document, provider training schedule etc. We encourage you to access the site often and use the information to enhance your compliance efforts.

### **HIPAA Provider Survey a Real Success**

Thank you to the providers who responded to our **HIPAA Awareness Survey**. We mailed the survey in April to over 35,000 Medicaid providers who bill electronically to share HIPAA information and assess the community's compliance efforts. The response has been overwhelming and the information we received is assisting us in the development of best compliance strategies.

If you have not yet completed the survey, please do so. We need to know the status of your HIPAA compliance efforts. Copies of the survey are available on the 'HIPAA Info Center' site.

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## **PAYMENTS FOR REFERRED LABORATORY TESTING**

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Effective May 1, 2002, Medicaid will offer some laboratories the option of submitting fee-for-service claims for testing performed by another laboratory.

**For dates of service May 1, 2002 and after**, a laboratory has the option to submit claims for reimbursement for tests performed by a reference laboratory **IF** the forwarding laboratory and the reference laboratory are "subsidiary related" and both laboratories are enrolled in the Medicaid Program.

"Subsidiary related" means:

1. The forwarding laboratory is a wholly owned subsidiary of the reference laboratory; or,
2. The forwarding laboratory wholly owns the reference laboratory; or,
3. Both the forwarding laboratory and the reference laboratory are wholly owned subsidiaries of the same entity.
  - o For claims submitted for referred testing under this policy, payment will be made to the forwarding laboratory. **Note:** The MMIS provider ID number of the laboratory that actually performed the testing must be entered in field 22C (service provider identification number) of the HCFA 1500 paper claim and Magnetic Specifications in the D2 Record 58-65 positions. This means that the forwarding laboratory must submit a separate claim for tests referred to a subsidiary laboratory. Please note, when billing with an MMIS provider ID number, the license type field must be left blank.
  - o This change in policy does not affect the rate inclusiveness of laboratory testing, i.e., when recipients are hospital inpatients or receive clinic services in a facility where laboratory testing is included in the clinic reimbursement rate.
  - o For laboratories having a subsidiary relationship as defined above, the billing laboratory is held fiscally responsible for all laboratory claims submitted to Medicaid, including claims for testing referred to another laboratory. If the billing (forwarding)lab fails to provide correct and/or required information on the testing (reference) lab or the recipient, monies paid for reference testing may be subject to recoupment.

- Both the forwarding laboratory and the testing laboratory **must** be currently enrolled in the Medicaid program. This is a billing policy change only; policy related to applications for enrollment into the Medicaid program is unchanged.

Please direct questions on this policy change to staff of the Bureau of Policy Development and Agency Relations at (518) 473-2160.

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The State Department of Health welcomes your comments or suggestions regarding the Medicaid Update.

Please send suggestions to the editor, Timothy Perry-Coon:

NYS Department of Health  
Office of Medicaid Management  
99 Washington Ave., Suite 601  
Albany, NY 12210  
(e-mail [MEDUPDTE@health.state.ny.us](mailto:MEDUPDTE@health.state.ny.us))

The Medicaid Update, along with past issues of the Medicaid Update, can be accessed online at the New York State Department of Health web site:  
<http://www.health.state.ny.us/nysdoh/manicare/omm/main.htm>

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Send questions or comments to: [medupdte@health.state.ny.us](mailto:medupdte@health.state.ny.us)



Revised: June 2002