

Provider Connection

NEWS FOR MEDCOST'S PPO NETWORK PROVIDERS

July 2011



MedCost Now Accepting CAQH

You Asked... We Listened. MedCost Now Accepts CAQH

simplifying healthcare administration

CAQH

Effective July 1, 2011, MedCost began accepting CAQH. MedCost Preferred network providers will be contacted by CAQH® on behalf of MedCost. Providers currently

participating with CAQH will be asked to grant MedCost authorization to access your credentialing information via the CAQH Universal Provider Datasource® (UPD). If you are not currently participating with CAQH, we encourage you to consider using CAQH's services. Doing so will save you time, money, and a lot of paperwork.

With CAQH, each physician or health care provider can submit just one standard application to a single database that is designed to meet the needs of all organizations involved in the credentialing process—and there is **no cost for submission**. MedCost can access your credentialing information as long as you have authorized it. CAQH will ask you quarterly to verify the accuracy of your information on file, and you can easily update it anytime.

To learn more about CAQH, please visit their Web site at www.CAQH.org.

In This Issue...

- 2 MedCost Welcomes Municipal Insurance Trust (MIT) of North Carolina
- 2 Now Credential Residents with MedCost Before Residency is Completed
- 2 An Easier Way to Keep Your Demographic Information Current
- 2 Avoid Delays When Filing Claims with Mid-Level Providers
- 3 New Clients Accessing MedCost Preferred
- 3 Payment for Covered Services: Coding Is the Key
- 4 Follow Up on Outstanding Claims Before You File Again
- 4 Know Your Current Reimbursement Rates by Requesting MedCost Allowables
- 4 The Best Reference for All Things "Provider" Is at Your Fingertips
- 4 Six Months and Counting: Are You Prepared for Upcoming 5010 and ICD-10 Changes?
- 5 Legislative Update

MedCost⁺

MedCost Welcomes Municipal Insurance Trust (MIT) of North Carolina



MedCost is pleased to announce the addition of the Municipal Insurance Trust (MIT) of North Carolina to our family of clients. MIT Health Benefits Trust is the health and employee benefits pool for the North Carolina League of Municipalities, a non-partisan federation of more than 540 municipalities in the state.

Effective July 1, 2011, MIT began accessing the MedCost Preferred network. If health plan members with MIT Health Benefits Trust visit your office on or after July 1, 2011, please remember to ask for their new ID card and file claims as directed on the back of the card.

Now Credential Residents with MedCost Before Residency Is Completed

If you are adding a physician who is about to complete residency to your practice, you no longer have to wait until the residency is completed before submitting credentialing applications to MedCost. We have changed our policy, so a copy of the residency certificate or a letter indicating successful completion from the institution in which residency is completed is no longer required.

Submit your credentialing information to CAQH, or if your practice is not participating in CAQH, you still can complete the credentialing application located under the Physicians & Providers portal (Credentialing Information and Forms) at www.medcost.com and e-mail to credentialingapps@medcost.com or fax to 336-970-2139, attention Credentialing Department. MedCost will provide written notification of the approved effective date upon completion of our credentialing process. **Please do not submit any claims from the new provider until you have received this notification to ensure claims are correctly processed as in-network.**



An Easier Way to Keep Your Demographic Information Current

MedCost uses your demographic information (Tax ID, NPI, Provider Name, Practice Name, Practice Address, etc.) to assist with claims processing and to provide the most current information to patients and claim administrators. Now you can easily update this information using our online Demographic Change form, located under the Physicians & Providers portal at www.medcost.com. As before, please notify MedCost of any changes prior to the effective date of the change. Remember also to notify any other third party vendors, such as clearinghouses and billing agencies, of any demographic changes.

Avoid Delays When Filing Claims with Mid-Level Providers

To avoid rejections and time-consuming delays, any claims for services rendered by non-credentialed providers, such as those listed below, should be filed under the overseeing medical doctor's name in block 31 on the HCFA or EDI equivalent. You should also include the overseeing medical doctor's assigned NPI on the claim.

- RN- Registered Nurse
- CST-Certified Surgical Tech
- RD, LDN- Registered/Licensed Dietician
- MCC- Maternity Care Coordinator
- MSN- Master of Science in Nursing
- LPN- Licensed Practical Nurse
- MA LPA- Licensed Psychologist Assistant
- MA CCCA- Audiologist

Services rendered by a Physician Assistant (PA) or Nurse Practitioner (NP) should be identifiable on a claim by filing under the overseeing medical doctor's name and assigned NPI. Or, you can have your PA(s) and/or NP(s) credentialed by submitting the appropriate information to CAQH or by completing a credentialing application located under the provider portal of our Web site at www.medcost.com. Once a PA or NP is credentialed, claims can be filed under their names.

New Clients Accessing MedCost Preferred

The following new employer groups recently began accessing the MedCost Preferred network (not a complete list):

Company Name	Group #	Employees	Claims Administrator	Eligibility Number
Betco, Inc.	WC11103	100	The Loomis Company	800-346-1223
Carolina Therapy Services	IMS6120	100	Interactive Medical Systems	919-877-9933
County of Hyde	202900	125	DST Health Solutions/FCC	800-811-3298
Employers Resources	22204034	259	CNIC Health Solutions	800-922-1855
Facility Logistic Services	5181	133	CoreSource Lancaster	800-554-4491
Greensboro Radiology	8997	195	MedCost Benefit Services	800-795-1023
Madison County Government	255	204	Integra Employer Health	800-228-1803
Montgomery County	212300	219	DST Health Solutions/FCC	800-811-3298
Mountain Projects, Inc.	7705	100	Wells Fargo TPA	800-624-8605
Municipal Insurance Trust of NC	M100	5645	MedCost Benefit Services	800-795-1023
Pamlico County	213000	165	DST Health Solutions/FCC	800-811-3298
RL Jordan Oil Company	N023	215	Preferred Health Plan of the Carolinas	866-636-0239
Scotland County	206900	298	DST Health Solutions/FCC	800-811-3298
Smoky Mountain Center	5183	112	CoreSource Lancaster	800-554-4491
St. Andrews Presbyterian College	206300	101	DST Health Solution/FCC	800-811-3298

The following employer groups recently changed Claim Administrators (not a complete list):

Company Name	Group #	Employees	Claims Administrator	Eligibility Number
JetStream Ground Services, LLC	12809	128	Meritain-CBSA	800-925-2272
Law Offices of James Scott Farrin	2530	110	Integra Employer Health	800-228-1803
Martin’s Abattoir & Wholesale Meats	1003	276	MedCost Benefit Services	800-795-1023
MWR Management Company, LLC	MWR10	253	CWI Benefits	800-922-8088
Pace Communications	144318	174	WEB-TPA	866-261-7132
Pierburg KS Gleitlager	PBG10	143	CWI Benefits	800-922-8088
Union County	254	975	Integra Employer Health	800-228-1803

Payment for Covered Services: Coding Is the Key

Appropriate coding of your claims is often the key to your being paid according to negotiated fees for the covered services you provide. While some coding issues affect how a claim is repriced by MedCost, many other coding issues could affect your payment from the claim administrator. You should always follow industry-standard guidelines to avoid rejected claims or payment delays.

Here are some helpful hints for successful coding:

1. Always file the appropriate modifier on the appropriate detail line. For example, issues related to not distinguishing modifier -51 on the appropriate code are common.
2. Modifier -25 should only be used according to the standard CPT coding guidelines.
3. Make sure that you are using the most current version of codes. Invalid or incorrect CPT codes could result in a rejected claim.

4. HCPCS codes often are updated as new codes or drugs/services are developed. Please make sure that you transition to any new codes when they are released.
5. Anesthesia claims should be filed with the distinct anesthesia code (ASA) instead of the surgical code.
6. Bilateral surgical procedures should be one line item with modifier -50 added.
7. Dental claims filed for reimbursement under a medical plan should contain the appropriate CPT codes.

Please refer to pages 18 – 22 of the Provider Manual at www.medcost.com for a thorough explanation of MedCost’s claims adjustment policies and information on modifiers that affect repricing.

Follow Up on Outstanding Claims Before You File Again

Minimize the administrative waste of duplicate claims. MedCost's Provider Claim Activity Report (PCAR) is a self-run, online report that allows you to review the status of your filed claims by day, week, or month. So, instead of just re-filing, download your PCAR on a regular basis by logging in (or registering if you are a first-time user) to our web site at <https://www.medcost.com/claimgateway/dspgrouplogin.cfm>. It is your responsibility to review this report periodically. MedCost does not notify providers if claims are submitted with missing or invalid information or are unable to be reprinted.

Know Your Current Reimbursement Rates by Requesting MedCost Allowables

MedCost updates our fee schedule for new codes during the first quarter of each year. To make sure you have the most current information on allowables, please send CPT or HCPCS codes and current billed charges in a Microsoft Excel file to nmfees@medcost.com. Your spreadsheet will be completed with the allowable amount for each code and returned to you. Please include your practice name and tax ID for easy identification and to avoid any delays with your request.

If you have specific questions, please call our Customer Service Contact Center at 1-800-824-7406.

The Best Reference for All Things "Provider" Is at Your Fingertips



If you need answers regarding MedCost's administrative policies, your best source of information is our online Provider Manual, located in the Physicians & Providers section at www.medcost.com. It con-

tains the most up-to-date information on MedCost policies and procedures. Choose the Provider Manual link on the left side of the screen, and use the bookmarks to easily locate the topics you need. Any significant changes to the Provider Manual will be announced in the Provider Connection newsletter. (If you keep a hard copy of the manual for reference, please remember to print any updates and insert them into your reference copy.)

Six Months and Counting: Are You Prepared for Upcoming 5010 Changes?



The deadlines for implementation of 5010 transaction standards and ICD-10 code sets are January 1, 2012, and October 1, 2013, respectively. Since there will not be any delays in this implementation schedule, you should be testing and running dual processes with your software vendors and clearinghouses now and throughout the remainder of 2011 to ensure compliance. Do not rely on your vendors for compliance or assume that they will be ready by the implementation date; be proactive and ask vendors for a copy of their compliance plan.

Important Reminders:

- Any transactions submitted to MedCost on or after 1/1/12 that are not in the 5010 format will not be accepted.
- MedCost will only accept claims with ICD-10 codes for services rendered on or after 10/1/13. (This includes ICD-10-CM and ICD-10-PCS.)

5010 Electronic Transactions

There are several important changes in the new 5010 standards for electronic transactions. Some differences to be aware of include the following*:

- NPI is required in the NM109 segments for Providers (i.e. Billing, Attending, Rendering, etc.).
- Tax IDs have been relocated to a subordinate Secondary Identifier Segment for Billing Providers.
- Billing Providers must file a street address only at Loop 2010AA and are encouraged to file billing addresses in Pay To Address Loop 2010AB.
- Minutes instead of units must be filed for anesthesia claims.
- ICD-10 codes are accommodated in 5010. (Note that MedCost will not accept ICD-10 codes until the 10/1/13 deadline.)
- Additional Loops have been added (i.e. Loop 2300 REF Segment for Prior Authorization or Referral Number

was separated into two Segments—one for Prior Authorization and another for Referral Number) while other Loops have been removed (i.e. Loop 2310A PRV Segment Referring Provider Specialty Information).

MedCost encourages you to compare the 5010 standards to the current transactions so you are familiar with all of the changes.

ICD-10 and You (Coming Soon!)

MedCost is currently developing a web-based presentation of the new ICD-10 code sets. Get an overview of the major changes in ICD-10, find out how these changes will likely affect you and your practice, and learn the steps you can take to make the transition a little easier. It's coming soon, so watch for more information.

*This list is not comprehensive.

Legislative Update



The following bills have been ratified by the North Carolina General Assembly. Please click on the link or type the URL as listed into your browser to read the finalized bill.

House Bill 809 Model Healthcare-Associated Infections Law (ratified 6/17/11)

Requires the Department of Health and Human Services to establish a healthcare-associated infection surveillance, prevention, and control program; to establish a regulatory fee for the program; and to authorize the department to assess an administrative penalty against health care facilities that fail to comply with program requirements.

<http://www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2011&BillID=h809>

Senate Bill 33 Medical Liability Reforms (ratified 6/13/11)

To reform the laws relating to medical liability by providing limited protection from liability to those providing emergency medical care; by authorizing the bifurcation of trials on issues of liability and damages in certain actions; by limiting the amount of noneconomic damages that may be awarded; by authorizing the periodic payment of future economic damages in lieu of a lump sum payment; and by modifying appeal bonds in medical malpractice actions.

<http://www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2011&BillID=s33>

Senate Bill 496 Medicaid and Health Choice Provider Requirements (ratified 6/17/11)

Provides fraud and abuse provisions as required by the Patient Protection and Affordable Care Act.

<http://www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2011&BillID=s496>

Senate Bill 607 Confirm Medical Record Confidentiality Laws (ratified 6/17/11)

This legislation will amend multiple North Carolina statutes pertaining to the use and disclosure of individually identifiable health information in a manner consistent with HIPAA.

<http://www.ncleg.net/Sessions/2011/Bills/Senate/PDF/S607v5.pdf>

Senate Bill 609 Facilitate Locum Tenens Physicians (ratified 6/18/11)

Amends the insurance laws to facilitate the use of locum tenens physicians to ensure North Carolina's medical professionals are capable of serving the state's expanding population.

<http://www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2011&BillID=s609>