ALABAMA MEDICAID

October 2010 Provider Manual

EOP Mini Messages

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RETURN TO MAIN MENU

September 05, 2008 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PHYSICIANS AND HOSPITALS (235)

ALL ORGAN TRANSPLANTS WITH THE EXCEPTION OF CORNEAL MUST BE COORDINATED WITH UAB?S TRANSPLANT COORDINATORS PRIOR TO BEING REFERRED TO AN OUT OF STATE FACILITY/PROVIDER.
FOR ADDITIONAL INFORMATION PLEASE CALL BRENDA FINCHER AT 334−242−5455.

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#3 ATTENTION: PROVIDERS WHO SUBMIT MEDICARE PROFESSIONAL CROSSOVER CLAIMS (249)

IF YOU HAD PROFESSIONAL CROSSOVER CLAIMS THAT DENIED ON PREVIOUS REMITTANCE ADVICES FOR ERROR CODE 835, AND YOU FEEL THIS DENIAL IS IN ERROR, YOU WILL NEED TO RESUBMIT THESE CLAIMS. IF YOU HAVE ANY QUESTIONS REGARDING THIS, PLEASE CONTACT THE PROVIDER ASSISTANCE CENTER
AT 1−800−688−7989.

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**#5 * * * REVISED DATE * * *
A SPECIAL ALERT TO PROVIDERS THAT SUBMIT PROFESSIONAL CROSSOVERS (CMS−1500 CROSSOVERS)(207)**

YOU WERE PREVIOUSLY NOTIFIED BY A REMITTANCE ADVICE MESSAGE THAT A NUMBER OF COBA MEDICARE CROSSOVER CLAIM FILES COULD NOT BE PROCESSED DUE TO TRANSACTION COMPLIANCE
ERRORS. EDS WILL BE REPROCESSING THESE CLAIMS. THE AFFECTED CLAIMS WERE RECEIVED FROM THE CMS COBA CONTRACTOR BETWEEN MAY 24 AND JUNE 10, 2008. EDS WILL ONLY REPROCESS MEDICARE CROSSOVER CLAIMS RECEIVED DURING THIS TIMEFRAME. WE PREVIOUSLY STATED THE CLAIMS WOULD APPEAR ON THE AUGUST 22, 2008 RA, THE REPROCESSED CLAIMS WILL APPEAR ON THE SEPTEMBER 05, 2008 RA. YOU DO NOT NEED TO TAKE ANY ACTION AT THIS TIME. IT IS NOT NECESSARY FOR YOU TO RESUBMIT THESE CLAIMS. IF YOU HAVE ALREADY REFILED THESE CLAIMS, THE REPROCESSED CLAIMS WILL DENY AS DUPLICATE CLAIMS.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PROVIDER ASSISTANCE CENTER AT 1−800−688−7989.
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#6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (172)

VERSION 2.09 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE UPGRADE AND FULL INSTALL ALONG WITH THE UPDATED USERS GUIDE) CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV. CLICK ON 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 208 BEFORE ATTEMPTING TO UPGRADE TO 2.09. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL THEM AT AlabamaSystemsEMC@eds.com.
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#7 ATTENTION: ALL HOSPITALS (109)

ALABAMA MEDICAID WILL BE AMENDING ITS STATE PLAN TO REQUIRE THAT HOSPITALS MUST SUBMIT ELECTRONIC VERSIONS OF THE MEDICARE COST REPORT WITH MEDICARE AS WELL AS MEDICAID SECTIONS COMPLETED BEGINNING WITH THE FISCAL YEARS ENDING IN 2008 AND THEREAFTER. THESE MUST BE SUBMITTED ELECTRONICALLY TO TERRY.BRYANT@MEDICAID.ALABAMA.GOV. IF THERE ARE ANY QUESTIONS, PLEASE CONTACT TERRY BRYANT AT 334−242−2301.
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#8 ATTENTION: ALL PROVIDERS (095)

ENHANCEMENTS TO THE WEB PORTAL CLAIMS SEARCH PAGE ARE CURRENTLY AVAILABLE. THIS INCLUDES A NEW SEARCH FIELD TO IDENTIFY CLAIMS STILL IN PROCESS ("SHOW NON−REMITTED CLAIMS ONLY")AND THE ABILITY TO RECEIVE UP TO 100 ICN RESULTS PER PAGE. A NEW DETAILED ERROR MESSAGE WILL ALSO BE RETURNED WHEN USERS SEARCH WITH ONLY A RENDERING PROVIDER OR RECIPIENT ID WITHOUT ADDITIONAL CRITERIA, SUCH AS A PARTIAL ICN OR FROM AND TO DATES OF SERVICE.
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#9 ATTENTION: ALL PROVIDERS (279)

EFFECTIVE FEBRUARY 25, 2008, ALL CLAIMS MUST BE SUBMITTED USING THE PROVIDER'S NPI NUMBER AS THE PRIMARY IDENTIFIER. AN ADDITIONAL SECONDARY IDENTIFIER IS RECOMMENDED TO ASSIST IN IDENTIFICATION OF A SPECIFIC SERVICE LOCATION. YOU MAY FIND THE INFORMATION TO COMPLETE ON OUR WEBSITE AT THE FOLLOWING LINK: HTTP://WWW.MEDICAID.ALABAMA

September 12, 2008 EOP Mini-Messages

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October 03, 2008 EOP Mini-Messages

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#2 ATTENTION: ALL PROVIDERS (277)

ALABAMA MEDICAID WILL CHANGE THE RELEASE DATE FOR PROVIDER PAYROLLS EFFECTIVE WITH THE OCTOBER 17TH CHECKWRITE. THIS CHANGE MEANS THAT FUNDS PREVIOUSLY RELEASED ON WEDNESDAYS AFTER THE CHECKWRITE WILL NOT BE RELEASED UNTIL FRIDAY FOLLOWING THE CHECKWRITE DATE. AS ALWAYS, THE RELEASE OF FUNDS DEPENDS ON THE AVAILABILITY OF FUNDS.

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#3 ATTENTION: ALL HOSPITAL PROVIDERS (277)

ALABAMA MEDICAID IS ASKING HOSPITALS TO HOLD ALL INPATIENT CLAIMS WITH DATES OF SERVICE BEGINNING OCTOBER 1, 2008 UNTIL NEW PER DIEM RATES ARE IMPLEMENTED. WE ARE WORKING WITH THE NATIONAL ACCOUNTING FIRM OF CLIFTON GUNDERSON TO DEVELOP THE NEW PER DIEM RATES. ALL HOSPITALS ARE INVITED TO MEDICAID ON OCTOBER 7, 2008 AT 1:30 PM CST.
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#4 ATTENTION: ALL PROVIDERS (277)

ALABAMA MEDICAID IS ASKING PROVIDERS TO NOT USE THE NEW ICD−9 DIAGNOSIS CODES THAT BECAME EFFECTIVE OCTOBER 1, 2008, UNTIL FURTHER NOTICE. THE CLAIMS PROCESSING SYSTEM IS BEING UPDATED TO ACCOMMODATE THESE CODES AND YOU WILL BE NOTIFIED WHEN THE UPDATES ARE COMPLETE AND THE CODES ARE AVAILABLE FOR YOUR USE.
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#5 ATTENTION: ALL EPSDT SCREENING PROVIDERS (277)

EFFECTIVE OCTOBER 1, 2008, URINE SCREENS (URINALYSIS) SHOULD BE PERFORMED ONLY IF CLINICALLY INDICATED AND SHOULD NO LONGER BE PERFORMED AS A ROUTINE PART OF ANY EPSDT SCREENING.
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#6 ATTENTION: ALL VFC PROVIDERS (277)

THREE NEW VFC CODES WERE APPROVED EFFECTIVE JULY 1, 2008: 90681 A ROTAVIRUS VACCINE, 90696, A DTAP−IPV VACCINE, AND 90698, A DTAP−HIB−IPV VACCINATION.
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#7 ATTENTION: ALL PHYSICIANS AND HOSPITALS (235)

ALL ORGAN TRANSPLANTS WITH THE EXCEPTION OF CORNEAL MUST BE COORDINATED WITH UAB?S TRANSPLANT COORDINATORS PRIOR TO BEING REFERRED TO AN OUT OF STATE FACILITY/PROVIDER.
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AT 1−800−688−7989.

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#9 ATTENTION: IN STATE HOSPITAL PROVIDERS (235)

ALL INSTATE INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. THE PHP PROGRAM WILL BE DISCONTINUED EFFECTIVE FOR
DATES OF SERVICE OCTOBER 1, 2008 AND THEREAFTER. INPATIENT HOSPITAL SERVICES FOR DATES OF SERVICE OCTOBER 1, 2008, AND THEREAFTER WILL BE PAID FEE−FOR−SERVICE BY MEDICAID.
ALL PHP CLAIMS MUST BE FINALIZED BY FEBRUARY 28, 2009. PLEASE BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR END.

GOV/BILLING/NPI.ASPX. IF YOU HAVE QUESTIONS, PLEASE CONTACT YOUR PROVIDER REPRESENTATIVE AT 1−800−688−7989.

October 17, 2008 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS

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#3 ATTENTION: ALL HOSPITAL PROVIDERS (291)

HOSPITALS CAN NOW FILE INPATIENT CLAIMS FOR OCTOBER 1, 2008, DATES OF SERVICE AND THEREAFTER. INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR−END AS THE PHP FILING LIMIT EXPIRES ON FEBRUARY 28, 2009.

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#4 ATTENTION: ALL PROVIDERS (277)

ALABAMA MEDICAID IS ASKING PROVIDERS TO NOT USE THE NEW ICD−9 DIAGNOSIS CODES THAT BECAME EFFECTIVE OCTOBER 1, 2008, UNTIL FURTHER NOTICE. THE CLAIMS PROCESSING SYSTEM IS BEING UPDATED TO ACCOMMODATE THESE CODES AND YOU WILL BE NOTIFIED WHEN THE UPDATES ARE COMPLETE AND THE CODES ARE AVAILABLE FOR YOUR USE.

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THREE NEW VFC CODES WERE APPROVED EFFECTIVE JULY 1, 2008: 90681 A ROTAVIRUS VACCINE, 90696, A DTAP−IPV VACCINE, AND 90698, A DTAP−HIB−IPV VACCINATION.
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#3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (312)* * * N E W S O F T W A R E R E L E A S E * **

VERSION 2.10 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE UPGRADE AND FULL INSTALL − ALONG WITH THE UPDATED USERS GUIDE − CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV. CLICK ‘BILLING,’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.09 BEFORE ATTEMPTING TO UPGRADE TO 2.10. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@eds com.
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November 07, 2008 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS

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#4 ATTENTION: ALL HOSPITAL PROVIDERS (291)

HOSPITALS CAN NOW FILE INPATIENT CLAIMS FOR OCTOBER 1, 2008, DATES OF SERVICE AND THEREAFTER. INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR−END AS THE PHP FILING LIMIT EXPIRES ON FEBRUARY 28, 2009.

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#5 ATTENTION: ALL PROVIDERS (312)

THE NEW ICD−9 DIAGNOSIS CODES THAT BECAME EFFECTIVE OCTOBER 1, 2008, ARE NOW AVAILABLE FOR USE.

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#6 ATTENTION: ALL EPSDT SCREENING PROVIDERSn (277)

EFFECTIVE OCTOBER 1, 2008, URINE SCREENS (URINALYSIS) SHOULD BE PERFORMED ONLY IF CLINICALLY INDICATED AND SHOULD NO LONGER BE PERFORMED AS A ROUTINE PART OF ANY EPSDT SCREENING.

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November 21, 2008 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS

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#4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (326)

+ + + + + CLAIM RESPONSES ARE BACK! + + + + +

PROVIDER ELECTRONIC SOLUTIONS SOFTWARE VERSION 2.10 GIVES USERS THE ABILITY TO DOWNLOAD BATCH RESPONSE FILES (BRFs) AFTER SUBMITTING CLAIMS USING THE SOFTWARE. FOR FURTHER INSTRUCTIONS AND INFORMATION, SEE CHAPTER 13 (RECEIVING A RESPONSE) IN THE PROVIDER ELECTRONIC SOLUTIONS USER MANUAL. TO VIEW THE MANUAL, GO TO: WWW.MEDICAID.ALABAMA GOV, CLICK ’BILLING,’ ’MANUALS,’ ’PROVIDER ELECTRONIC SOLUTIONS (PES) MANUAL.’

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#5 ATTENTION: ALL PATIENT 1ST PROVIDERS (326)

PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 2009, REQUIRE CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE−ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDES SPECIFICS FOR IMPLEMENTING 24/7 VOICE−TO−VOICE COVERAGE. CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THIS REQUIREMENT WILL BE RETURNED. CONTRACTS NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY DECEMBER 15 WILL RESULT IN WITHHELD CASE MANAGEMENT FEES UNTIL THE PROVIDER IS RE−ENROLLED. QUESTIONS? CALL EDS PROVIDER ENROLLMENT, 1−888−223−3630, OR PATIENT 1ST, (334) 353−4301.
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#6 ATTENTION: ALL HOSPITAL PROVIDERS (291)

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December 05, 2008 EOP Mini-Messages

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PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 2009, REQUIRE CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE−ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDES SPECIFICS FOR IMPLEMENTING 24/7 VOICE−TO−VOICE COVERAGE. CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THIS REQUIREMENT WILL BE RETURNED. CONTRACTS NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY DECEMBER 15 WILL RESULT IN WITHHELD CASE MANAGEMENT FEES UNTIL THE PROVIDER IS RE−ENROLLED. QUESTIONS? CALL EDS PROVIDER ENROLLMENT, 1−888−223−3630, OR PATIENT 1ST, (334) 353−4301.
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#6 ATTENTION: ALL HOSPITAL PROVIDERS (291)

HOSPITALS CAN NOW FILE INPATIENT CLAIMS FOR OCTOBER 1, 2008, DATES OF SERVICE AND THEREAFTER. INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR−END AS THE PHP FILING LIMIT EXPIRES ON FEBRUARY 28, 2009.
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#7 ATTENTION: ALL PROVIDERS (312)

THE NEW ICD−9 DIAGNOSIS CODES THAT BECAME EFFECTIVE OCTOBER 1, 2008, ARE NOW AVAILABLE FOR USE.
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#8 ATTENTION: ALL HOSPITALS (109)

ALABAMA MEDICAID WILL BE AMENDING ITS STATE PLAN TO REQUIRE THAT HOSPITALS MUST SUBMIT ELECTRONIC VERSIONS OF THE MEDICARE COST REPORT WITH MEDICARE AS WELL AS MEDICAID SECTIONS COMPLETED BEGINNING WITH THE FISCAL YEARS ENDING IN 2008 AND THEREAFTER. THESE MUST BE SUBMITTED ELECTRONICALLY TO TERRY.BRYANT@MEDICAID.ALABAMA.GOV. IF THERE ARE ANY QUESTIONS, PLEASE CONTACT TERRY BRYANT AT 334−242−2301.

#5 ATTENTION: ALL PATIENT 1ST PROVIDERS (326)

PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 2009, REQUIRE CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE−ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDES SPECIFICS FOR IMPLEMENTING 24/7 VOICE−TO−VOICE COVERAGE. CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THIS REQUIREMENT WILL BE RETURNED. CONTRACTS NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY DECEMBER 15 WILL RESULT IN WITHHELD CASE MANAGEMENT FEES UNTIL THE PROVIDER IS RE−ENROLLED. QUESTIONS? CALL EDS PROVIDER ENROLLMENT, 1−888−223−3630, OR PATIENT 1ST, (334) 353−4301.
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#6 ATTENTION: ALL HOSPITAL PROVIDERS (291)

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#7 ATTENTION: ALL PROVIDERS (312)

THE NEW ICD−9 DIAGNOSIS CODES THAT BECAME EFFECTIVE OCTOBER 1, 2008, ARE NOW AVAILABLE FOR USE.
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#8 ATTENTION: ALL EPSDT SCREENING PROVIDERSn (277)

EFFECTIVE OCTOBER 1, 2008, URINE SCREENS (URINALYSIS) SHOULD BE PERFORMED ONLY IF CLINICALLY INDICATED AND SHOULD NO LONGER BE PERFORMED AS A ROUTINE PART OF ANY EPSDT SCREENING.
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#9 ATTENTION: ALL HOSPITALS (109)

ALABAMA MEDICAID WILL BE AMENDING ITS STATE PLAN TO REQUIRE THAT HOSPITALS MUST SUBMIT ELECTRONIC VERSIONS OF THE MEDICARE COST REPORT WITH MEDICARE AS WELL AS MEDICAID SECTIONS COMPLETED BEGINNING WITH THE FISCAL YEARS ENDING IN 2008 AND THEREAFTER. THESE MUST BE SUBMITTED ELECTRONICALLY TO TERRY.BRYANT@MEDICAID.ALABAMA.GOV. IF THERE ARE ANY QUESTIONS, PLEASE CONTACT TERRY BRYANT AT 334−242−2301.

January 02, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS (277)
* * * CLARIFICATION ON CHANGE IN MEDICAID RELEASE OF FUNDS * * *
ALABAMA MEDICAID HAS CHANGED THE PAYROLL DATE FOR THE RELEASE OF PROVIDER PAYROLLS EFFECTIVE WITH THE OCTOBER 17, 2008 CHECKWRITE. THIS IS A PERMANENT CHANGE FOR THE RELEASE OF FUNDS.

THIS MEANS THAT THE FUNDS PREVIOUSLY RELEASED ON WEDNESDAYS AFTER THE CHECKWRITE DATE WILL NOT BE RELEASED UNTIL THE FRIDAY FOLLOWING THE CHECKWRITE DATE AT MIDNIGHT. THIS MEANS FUNDS WILL NOT BE AVAILABLE UNTIL 12:01 AM ON SATURDAY.

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#3 ATTENTION: PHYSICIANS, PRACTITIONERS, RADIOLOGISTS, AND HOSPITALS (002)
AS A REMINDER, NON-INVASIVE EAR OR PULSE OXIMETRY SERVICES (94760, 94761, AND 94762) ARE CONSIDERED BUNDLED SERVICES AND THEREFORE ARE NOT SEPARATELY REIMBURSABLE. CURRENTLY, THE ONLY INSTANCES IN WHICH THESE SERVICES MAY BE BILLED ARE WHEN NO OTHER SERVICES ARE BILLED ON THE SAME DAY BY THE SAME PROVIDER. EFFECTIVE JANUARY 1, 2009, MEDICAID WILL NOT ALLOW THESE SERVICES TO BE REIMBURSED SEPARATELY; THEREFORE, THESE SERVICES WILL BE DENIED FOR A BENEFIT PLAN ADMINISTRATION (BPA) RULE. THE RECIPIENT CANNOT BE BILLED FOR THESE SERVICES.

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#4 ATTENTION: ALL PATIENT 1ST PROVIDERS (002)
AS STATED IN PREVIOUS COMMUNICATIONS, PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 1, 2009 REQUIRED CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE-ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDED SPECIFICS FOR IMPLEMENTING 24/7 VOICE-TO-VOICE COVERAGE. CONTRACTS THAT WERE NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY THE DUE DATE WILL RESULT IN THE SUSPENSION OF CASE MANAGEMENT FEES STARTING THE FIRST CHECKWRITE OF JANUARY 2009 UNTIL THE PROVIDER IS RE-ENROLLED. ANY CASE MANAGEMENT FEES WITHHELD FOR THIS REASON WILL NOT BE PAID RETROACTIVELY. PLEASE CONTACT EDS PROVIDER ENROLLMENT IMMEDIATELY, AT (334) 215-4130 TO RE-ENROLL. REMEMBER, CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THE 24/7 VOICE-TO-VOICE COVERAGE REQUIREMENT WILL BE RETURNED. IF YOU HAVE QUESTIONS PLEASE CONTACT EDS AT THE NUMBER ABOVE OR PATIENT 1ST AT (334) 353-4301.

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#5 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
* * * N E W S O F T W A R E V E R S I O N 2.11* * *
BEGINNING JANUARY 5, 2009, VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID ALABAMA.GOV. CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds com.

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#6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (326)
+ + + + + CLAIM RESPONSES ARE BACK! + + + + +
PROVIDER ELECTRONIC SOLUTIONS SOFTWARE VERSIONS 2.10 AND 2.11 GIVE USERS THE ABILITY TO DOWNLOAD BATCH RESPONSE FILES (BRFs) AFTER SUBMITTING CLAIMS USING THE SOFTWARE. FOR FURTHER INSTRUCTIONS AND INFORMATION, SEE CHAPTER 13 (RECEIVING A RESPONSE) IN THE PROVIDER ELECTRONIC SOLUTIONS USER MANUAL. TO VIEW THE MANUAL, GO TO: WWW.MEDICAID ALABAMA.GOV, CLICK 'BILLING,' 'MANUALS,' 'PROVIDER ELECTRONIC SOLUTIONS (PES) MANUAL.'

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#7 ATTENTION: ALL HOSPITAL PROVIDERS (291)
HOSPITALS CAN NOW FILE INPATIENT CLAIMS FOR OCTOBER 1, 2008, DATES OF SERVICE AND THEREAFTER. INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR-END AS THE PHP FILING LIMIT EXPIRES ON FEBRUARY 28, 2009.

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#8 ATTENTION: ALL HOSPITALS (109)
ALABAMA MEDICAID WILL BE AMENDING ITS STATE PLAN TO REQUIRE THAT HOSPITALS MUST SUBMIT ELECTRONIC VERSIONS OF THE MEDICARE COST REPORT WITH MEDICARE AS WELL AS MEDICAID SECTIONS COMPLETED BEGINNING WITH THE FISCAL YEARS ENDING IN 2008 AND THEREAFTER. THESE MUST BE SUBMITTED ELECTRONICALLY TO TERRY.BRYANT@MEDICAID.ALABAMA.GOV. IF THERE ARE ANY QUESTIONS, PLEASE CONTACT TERRY BRYANT AT 334-242-2301.

January 16, 2008 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS (277)
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THIS MEANS THAT THE FUNDS PREVIOUSLY RELEASED ON WEDNESDAYS AFTER THE CHECKWRITE DATE WILL NOT BE RELEASED UNTIL THE FRIDAY FOLLOWING THE CHECKWRITE DATE AT MIDNIGHT. THIS MEANS FUNDS WILL NOT BE AVAILABLE UNTIL 12:01 AM ON SATURDAY.

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#4 ATTENTION: PHYSICIANS, PRACTITIONERS, RADIOLOGISTS, AND HOSPITALS (002)
AS A REMINDER, NON-INVASIVE EAR OR PULSE OXIMETRY SERVICES (94760, 94761, AND 94762) ARE CONSIDERED BUNDLED SERVICES AND THEREFORE ARE NOT SEPARATELY REIMBURSABLE. CURRENTLY, THE ONLY INSTANCES IN WHICH THESE SERVICES MAY BE BILLED ARE WHEN NO OTHER SERVICES ARE BILLED ON THE SAME DAY BY THE SAME PROVIDER. EFFECTIVE JANUARY 1, 2009, MEDICAID WILL NOT ALLOW THESE SERVICES TO BE REIMBURSED SEPARATELY; THEREFORE, THESE SERVICES WILL BE DENIED FOR A BENEFIT PLAN ADMINISTRATION (BPA) RULE. THE RECIPIENT CANNOT BE BILLED FOR THESE SERVICES.

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#5 ATTENTION: ALL PATIENT 1ST PROVIDERS (002)
AS STATED IN PREVIOUS COMMUNICATIONS, PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 1, 2009 REQUIRED CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE-ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDED SPECIFICS FOR IMPLEMENTING 24/7 VOICE-TO-VOICE COVERAGE. CONTRACTS THAT WERE NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY THE DUE DATE WILL RESULT IN THE SUSPENSION OF CASE MANAGEMENT FEES STARTING THE FIRST CHECKWRITE OF JANUARY 2009 UNTIL THE PROVIDER IS RE-ENROLLED. ANY CASE MANAGEMENT FEES WITHHELD FOR THIS REASON WILL NOT BE PAID RETROACTIVELY. PLEASE CONTACT EDS PROVIDER ENROLLMENT IMMEDIATELY, AT (334) 215-4130 TO RE-ENROLL. REMEMBER, CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THE 24/7 VOICE-TO-VOICE COVERAGE REQUIREMENT WILL BE RETURNED. IF YOU HAVE QUESTIONS PLEASE CONTACT EDS AT THE NUMBER ABOVE OR PATIENT 1ST AT (334) 353-4301.

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#6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
* * * N E W S O F T W A R E V E R S I O N 2.11* * *
BEGINNING JANUARY 5, 2009, VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID ALABAMA.GOV. CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds com.

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#7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (326)
+ + + + + CLAIM RESPONSES ARE BACK! + + + + +
PROVIDER ELECTRONIC SOLUTIONS SOFTWARE VERSIONS 2.10 AND 2.11 GIVE USERS THE ABILITY TO DOWNLOAD BATCH RESPONSE FILES (BRFs) AFTER SUBMITTING CLAIMS USING THE SOFTWARE. FOR FURTHER INSTRUCTIONS AND INFORMATION, SEE CHAPTER 13 (RECEIVING A RESPONSE) IN THE PROVIDER ELECTRONIC SOLUTIONS USER MANUAL. TO VIEW THE MANUAL, GO TO: WWW.MEDICAID ALABAMA.GOV, CLICK 'BILLING,' 'MANUALS,' 'PROVIDER ELECTRONIC SOLUTIONS (PES) MANUAL.'

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#8 ATTENTION: ALL HOSPITAL PROVIDERS (291)
HOSPITALS CAN NOW FILE INPATIENT CLAIMS FOR OCTOBER 1, 2008, DATES OF SERVICE AND THEREAFTER. INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR-END AS THE PHP FILING LIMIT EXPIRES ON FEBRUARY 28, 2009.

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#9 ATTENTION: ALL HOSPITALS (109)
ALABAMA MEDICAID WILL BE AMENDING ITS STATE PLAN TO REQUIRE THAT HOSPITALS MUST SUBMIT ELECTRONIC VERSIONS OF THE MEDICARE COST REPORT WITH MEDICARE AS WELL AS MEDICAID SECTIONS COMPLETED BEGINNING WITH THE FISCAL YEARS ENDING IN 2008 AND THEREAFTER. THESE MUST BE SUBMITTED ELECTRONICALLY TO TERRY.BRYANT@MEDICAID.ALABAMA.GOV. IF THERE ARE ANY QUESTIONS, PLEASE CONTACT TERRY BRYANT AT 334-242-2301.

February 06, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#3 ATTENTION: ALL PHYSICIANS, PRACTITIONERS, AND HOSPITALS (035)
ON PAGE 6 OF THE JULY 2008 PROVIDER INSIDER, MAKE THE FOLLOWING NOTATION. FOR HCPCS CODE J9217, CHANGE NDC 00300334201 TO 00300364201.

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#5 ATTENTION: PHYSICIANS, PRACTITIONERS, RADIOLOGISTS, AND HOSPITALS (002)
AS A REMINDER, NON-INVASIVE EAR OR PULSE OXIMETRY SERVICES (94760, 94761, AND 94762) ARE CONSIDERED BUNDLED SERVICES AND THEREFORE ARE NOT SEPARATELY REIMBURSABLE. CURRENTLY, THE ONLY INSTANCES IN WHICH THESE SERVICES MAY BE BILLED ARE WHEN NO OTHER SERVICES ARE BILLED ON THE SAME DAY BY THE SAME PROVIDER. EFFECTIVE JANUARY 1, 2009, MEDICAID WILL NOT ALLOW THESE SERVICES TO BE REIMBURSED SEPARATELY; THEREFORE, THESE SERVICES WILL BE DENIED FOR A BENEFIT PLAN ADMINISTRATION (BPA) RULE. THE RECIPIENT CANNOT BE BILLED FOR THESE SERVICES.

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#6 ATTENTION: ALL PATIENT 1ST PROVIDERS (002)
AS STATED IN PREVIOUS COMMUNICATIONS, PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 1, 2009 REQUIRED CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE-ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDED SPECIFICS FOR IMPLEMENTING 24/7 VOICE-TO-VOICE COVERAGE. CONTRACTS THAT WERE NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY THE DUE DATE WILL RESULT IN THE SUSPENSION OF CASE MANAGEMENT FEES STARTING THE FIRST CHECKWRITE OF JANUARY 2009 UNTIL THE PROVIDER IS RE-ENROLLED. ANY CASE MANAGEMENT FEES WITHHELD FOR THIS REASON WILL NOT BE PAID RETROACTIVELY. PLEASE CONTACT EDS PROVIDER ENROLLMENT IMMEDIATELY, AT (334) 215-4130 TO RE-ENROLL. REMEMBER, CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THE 24/7 VOICE-TO-VOICE COVERAGE REQUIREMENT WILL BE RETURNED. IF YOU HAVE QUESTIONS PLEASE CONTACT EDS AT THE NUMBER ABOVE OR PATIENT 1ST AT (334) 353-4301.

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#7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
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BEGINNING JANUARY 5, 2009, VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID ALABAMA.GOV. CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds com.

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#8 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (326)
+ + + + + CLAIM RESPONSES ARE BACK! + + + + +
PROVIDER ELECTRONIC SOLUTIONS SOFTWARE VERSIONS 2.10 AND 2.11 GIVE USERS THE ABILITY TO DOWNLOAD BATCH RESPONSE FILES (BRFs) AFTER SUBMITTING CLAIMS USING THE SOFTWARE. FOR FURTHER INSTRUCTIONS AND INFORMATION, SEE CHAPTER 13 (RECEIVING A RESPONSE) IN THE PROVIDER ELECTRONIC SOLUTIONS USER MANUAL. TO VIEW THE MANUAL, GO TO: WWW.MEDICAID ALABAMA.GOV, CLICK 'BILLING,' 'MANUALS,' 'PROVIDER ELECTRONIC SOLUTIONS (PES) MANUAL.'

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#9 ATTENTION: ALL HOSPITAL PROVIDERS (291)
HOSPITALS CAN NOW FILE INPATIENT CLAIMS FOR OCTOBER 1, 2008, DATES OF SERVICE AND THEREAFTER. INPATIENT HOSPITAL CLAIMS MUST BE SPLIT BILLED FOR ADMISSIONS SPANNING SEPTEMBER 30 AND OCTOBER 1, 2008. BE SURE TO FILE YOUR PHP CLAIMS AS SOON AS POSSIBLE AFTER THE SEPTEMBER 30, 2008 YEAR-END AS THE PHP FILING LIMIT EXPIRES ON FEBRUARY 28, 2009.

February 20, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PHYSICIANS, PRACTITIONERS, AND HOSPITALS (035)
ON PAGE 6 OF THE JULY 2008 PROVIDER INSIDER, MAKE THE FOLLOWING NOTATION. FOR HCPCS CODE J9217, CHANGE NDC 00300334201 TO 00300364201.

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#4 ATTENTION: PHYSICIANS, PRACTITIONERS, RADIOLOGISTS, AND HOSPITALS (002)
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#6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
* * * N E W S O F T W A R E V E R S I O N 2.11* * *
VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11 FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds.com.

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March 06, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PATIENT 1ST PROVIDERS (002)
AS STATED IN PREVIOUS COMMUNICATIONS, PLANNED CHANGES TO THE PATIENT 1ST PROGRAM ON JANUARY 1, 2009 REQUIRED CURRENT PATIENT 1ST PROVIDERS TO SUBMIT A RE-ENROLLMENT CONTRACT BY DECEMBER 15, 2008 THAT INCLUDED SPECIFICS FOR IMPLEMENTING 24/7 VOICE-TO-VOICE COVERAGE. CONTRACTS THAT WERE NOT RECEIVED BY EDS PROVIDER ENROLLMENT BY THE DUE DATE WILL RESULT IN THE SUSPENSION OF CASE MANAGEMENT FEES STARTING THE FIRST CHECKWRITE OF JANUARY 2009 UNTIL THE PROVIDER IS RE-ENROLLED. ANY CASE MANAGEMENT FEES WITHHELD FOR THIS REASON WILL NOT BE PAID RETROACTIVELY. PLEASE CONTACT EDS PROVIDER ENROLLMENT IMMEDIATELY, AT (334) 215-4130 TO RE-ENROLL. REMEMBER, CONTRACTS THAT DO NOT LIST A CONTACT TELEPHONE NUMBER AND AN ACCURATE DESCRIPTION OF THE PROCESS FOR MEETING THE 24/7 VOICE-TO-VOICE COVERAGE REQUIREMENT WILL BE RETURNED. IF YOU HAVE QUESTIONS PLEASE CONTACT EDS AT THE NUMBER ABOVE OR PATIENT 1ST AT (334) 353-4301.

March 20, 2009 EOP Mini-Messages

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THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
* * * S O F T W A R E V E R S I O N 2.11* * *
VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11 FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds.com.

April 03, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#3 ATTENTION: ALL PROVIDERS (093) EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV.

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#4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
* * * S O F T W A R E V E R S I O N 2.11* * *
VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11 FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds.com.

April 17, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#3 ATTENTION: ALL PROVIDERS (093) EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV.

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#4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (347)
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VERSION 2.11 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. CLICK BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.10 BEFORE ATTEMPTING TO UPGRADE TO 2.11 FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds.com.

May 01, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PRESCRIBING PROVIDERS AND ALL PHARMACY PROVIDERS (121)
IN LIGHT OF THE RECENT DECLARATION OF A NATIONAL PUBLIC HEALTH EMERGENCY RELATED TO THE SWINE INFLUENZA OUTBREAK, THE ALABAMA MEDICAID AGENCY HAS EXTENDED THE PREFERRED STATUS OF BOTH TAMIFLU(R) AND RELENZA(R) UNTIL FURTHER NOTICE.

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#3 ATTENTION: ALL NON-PHARMACY PROVIDERS (121)
THE PROCESS FOR SUBMITTING PA REQUESTS HAS NOT CHANGED. ELECTRONIC PA REQUESTS MAY BE SUBMITTED ON-LINE THROUGH THE EDS SOFTWARE. ATTACHMENTS REQUIRED AS PART OF THE PA REVIEW PROCESS MUST BE SENT TO EDS FOR SCANNING INTO THE SYSTEM.

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#4 ATTENTION: ALL DENTAL PROVIDERS (107)
PLEASE NOTE THAT PROCEDURE D4355 WILL REQUIRE A PRIOR AUTHORIZATION EFFECTIVE 5/1/09. IF YOU HAVE ANY QUESTIONS YOU MAY CONTACT THE DENTAL PROGRAM MANAGER AT 334-242-5472.

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#6 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV.

May 15, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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June 05, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS (156)
ENDOVENOUS LASER ABLATION OF VARICOSE VEINS & ENDOLUMINAL RADIOFREQUENCY ABLATION OF SAPHENOUS VARICOSE VEINS
EFFECTIVE JULY 1, 2009, PROCEDURE CODES 36475, 36476, 36478, AND 36479, WILL REQUIRE PRIOR AUTHORIZATION IN ORDER TO DETERMINE MEDICAL NECESSITY AND REIMBURSEMENT CONSIDERATION BEFORE SERVICES ARE RENDERED TO THE RECIPIENT.

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#3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (156)
* * * N E W S O F T W A R E V E R S I O N 2
12* * *
VERSION 2.12 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE BILLING MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV. CLICK 'BILLING,? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.11 BEFORE ATTEMPTING TO UPGRADE TO 2.12. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds com.

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#4 ATTENTION: ALL PRESCRIBING PROVIDERS AND ALL PHARMACY PROVIDERS (121)
IN LIGHT OF THE RECENT DECLARATION OF A NATIONAL PUBLIC HEALTH EMERGENCY RELATED TO THE SWINE INFLUENZA OUTBREAK, THE ALABAMA MEDICAID AGENCY HAS EXTENDED THE PREFERRED STATUS OF BOTH TAMIFLU(R) AND RELENZA(R) UNTIL FURTHER NOTICE.

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#5 ATTENTION: ALL NON-PHARMACY PROVIDERS (121)
THE PROCESS FOR SUBMITTING PA REQUESTS HAS NOT CHANGED. ELECTRONIC PA REQUESTS MAY BE SUBMITTED ON-LINE THROUGH THE EDS SOFTWARE. ATTACHMENTS REQUIRED AS PART OF THE PA REVIEW PROCESS MUST BE SENT TO EDS FOR SCANNING INTO THE SYSTEM.

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#6 ATTENTION: ALL DENTAL PROVIDERS (107)
PLEASE NOTE THAT PROCEDURE D4355 WILL REQUIRE A PRIOR AUTHORIZATION EFFECTIVE 5/1/09. IF YOU HAVE ANY QUESTIONS YOU MAY CONTACT THE DENTAL PROGRAM MANAGER AT 334-242-5472.

#8 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV.

June 19, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS (170)
AT THE END OF EACH MONTH, MEDICAID IDENTIFIES RECIPIENTS THAT HAVE EITHER BEEN AWARDED RETRO-ACTIVE MEDICARE ELIGIBILITY OR HAS HAD A CHANGE IN MEDICARE ELIGIBILITY. CLAIMS FOR THESE RECIPIENTS WHICH HAVE BEEN PAID BY MEDICAID THAT FALL WITHIN THE MEDICARE ELIGIBILITY DATES ARE TARGETED FOR RECOUPMENT. DUE TO A SYSTEM ISSUE, NOT ALL CLAIMS WERE IDENTIFIED TO BE RECOUPED. THEY HAVE NOW BEEN IDENTIFIED FOR RECOUPMENT AND APPEAR ON THIS CHECKWRITE. IF YOU HAVE CLAIMS AFFECTED BY THIS RECOUPMENT, A LETTER WITH FURTHER INSTRUCTION AND A CLAIMS LIST ARE ENCLOSED WITH THIS RA.

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#3 ATTENTION: ALL PROVIDERS (156)
ENDOVENOUS LASER ABLATION OF VARICOSE VEINS & ENDOLUMINAL RADIOFREQUENCY ABLATION OF SAPHENOUS VARICOSE VEINS
EFFECTIVE JULY 1, 2009, PROCEDURE CODES 36475, 36476, 36478, AND 36479, WILL REQUIRE PRIOR AUTHORIZATION IN ORDER TO DETERMINE MEDICAL NECESSITY AND REIMBURSEMENT CONSIDERATION BEFORE SERVICES ARE RENDERED TO THE RECIPIENT.

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#4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (156)
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VERSION 2.12 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE BILLING MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV. CLICK 'BILLING,? SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.11 BEFORE ATTEMPTING TO UPGRADE TO 2.12. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds com.

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#5 ATTENTION: ALL PRESCRIBING PROVIDERS AND ALL PHARMACY PROVIDERS (121)
IN LIGHT OF THE RECENT DECLARATION OF A NATIONAL PUBLIC HEALTH EMERGENCY RELATED TO THE SWINE INFLUENZA OUTBREAK, THE ALABAMA MEDICAID AGENCY HAS EXTENDED THE PREFERRED STATUS OF BOTH TAMIFLU(R) AND RELENZA(R) UNTIL FURTHER NOTICE.

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#7 ATTENTION: ALL DENTAL PROVIDERS (107)
PLEASE NOTE THAT PROCEDURE D4355 WILL REQUIRE A PRIOR AUTHORIZATION EFFECTIVE 5/1/09. IF YOU HAVE ANY QUESTIONS YOU MAY CONTACT THE DENTAL PROGRAM MANAGER AT 334-242-5472.

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July 10, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS (191)
CLAIMS PAID BETWEEN MARCH 2008 AND APRIL 2009 WITH "ZERO" IN THE MEDICARE PAID AMOUNT FIELD ARE RECOUPED WITH ERROR MESSAGED- 8134 ON THIS REMITTANCE ADVICE. SEE THE JULY 2009 PROVIDER INSIDER AT WWW.MEDICAID.ALABAMA.GOV FOR MORE DETAILS.

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#3 ATTENTION: ALL PROVIDERS (156)
ENDOVENOUS LASER ABLATION OF VARICOSE VEINS & ENDOLUMINAL RADIOFREQUENCY ABLATION OF SAPHENOUS VARICOSE VEINS
EFFECTIVE JULY 1, 2009, PROCEDURE CODES 36475, 36476, 36478, AND 36479, WILL REQUIRE PRIOR AUTHORIZATION IN ORDER TO DETERMINE MEDICAL NECESSITY AND REIMBURSEMENT CONSIDERATION BEFORE SERVICES ARE RENDERED TO THE RECIPIENT.

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#4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (156)
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12* * *
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#5 ATTENTION: ALL PRESCRIBING PROVIDERS AND ALL PHARMACY PROVIDERS (121)
IN LIGHT OF THE RECENT DECLARATION OF A NATIONAL PUBLIC HEALTH EMERGENCY RELATED TO THE SWINE INFLUENZA OUTBREAK, THE ALABAMA MEDICAID AGENCY HAS EXTENDED THE PREFERRED STATUS OF BOTH TAMIFLU(R) AND RELENZA(R) UNTIL FURTHER NOTICE.

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#6 ATTENTION: ALL NON-PHARMACY PROVIDERS (121)
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July 24, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS (156)
ENDOVENOUS LASER ABLATION OF VARICOSE VEINS & ENDOLUMINAL RADIOFREQUENCY ABLATION OF SAPHENOUS VARICOSE VEINS
EFFECTIVE JULY 1, 2009, PROCEDURE CODES 36475, 36476, 36478, AND 36479, WILL REQUIRE PRIOR AUTHORIZATION IN ORDER TO DETERMINE MEDICAL NECESSITY AND REIMBURSEMENT CONSIDERATION BEFORE SERVICES ARE RENDERED TO THE RECIPIENT.

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#3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (156)
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August 7, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (156)
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August 21, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (156)
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VERSION 2.12 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE BILLING MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW MEDICAID.ALABAMA.GOV. CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.11 BEFORE ATTEMPTING TO UPGRADE TO 2.12. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1-800-456-1242 OR E-MAIL ADDRESS: AlabamaSystemsEMC@eds com.

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September 04, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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September 11, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#3 ATTENTION: ALL PROVIDERS (254)
THE 2010 ICD-9-CM DIAGNOSIS CODES ARE EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2009, AND THEREAFTER.

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#4 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV.

October 02, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS (275)
IN AUGUST 2008, HEWLETT-PACKARD (HP) ACQUIRED EDS, CLAIMS PROCESSOR FOR THE ALABAMA MEDICAID PROGRAM. ON WEDNESDAY, SEPTEMBER 23, 2009 THE EDS BUSINESS UNIT OF HP CHANGED ITS NAME TO HP ENTERPRISE SERVICES IN MOST LOCATIONS ACROSS THE COUNTRY AND AROUND THE WORLD.
HOW WILL THAT AFFECT HEALTH CARE PROVIDERS IN ALABAMA? YOU PROBABLY WON'T NOTICE MUCH OF ANY CHANGE. YOU'LL BEGIN TO SEE THE HP LOGO OR THE HP ENTERPRISE SERVICES NAME ON CORRESPONDENCE. YOU'LL BEGIN TO RECEIVE E-MAILS FROM AN @hp.com E-MAIL ADDRESS RATHER THAN AN @eds.com ADDRESS AND YOU'LL HEAR THE HP NAME WHEN CALLING THE MONTGOMERY OFFICE. THINK OF IT AS A SPORTS TEAM CHANGING JERSEYS. THE SAME PLAYERS ARE ON THE FIELD WORKING HARD TO DELIVER THE OUTSTANDING MEDICAID SERVICES YOU'VE COME TO EXPECT FROM A TRUSTED BUSINESS ALLY.
WHILE THE EDS NAME AND LOGO ARE BEING PHASED OUT, THE TECHNOLOGY SERVICES EQUITY WE'VE BUILT OVER THE PAST FIVE DECADES WILL REMAIN. THIS INCLUDES THE ATTITUDE, EXPERTISE AND COMMITMENT TO DELIVERING EXCELLENCE THAT DEFINED EDS.
THE NEW NAME REFLECTS HP'S COMMITMENT TO THE LONGTIME SUCCESS OF ITS CLIENTS. IT ALSO REMINDS OUR CLIENTS OF THE ENHANCED VALUE THEY NOW GET FROM THE COMBINATION OF EDS' PROVEN OPERATIONAL EXCELLENCE PLUS THE BEST-IN-CLASS TECHNOLOGY OF HP.

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#3 ATTENTION: ALL PROVIDERS (254)
THE 2010 ICD-9-CM DIAGNOSIS CODES ARE EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2009, AND THEREAFTER.

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#4 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV.

October 23, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS (275)
IN AUGUST 2008, HEWLETT-PACKARD (HP) ACQUIRED EDS, CLAIMS PROCESSOR FOR THE ALABAMA MEDICAID PROGRAM. ON WEDNESDAY, SEPTEMBER 23, 2009 THE EDS BUSINESS UNIT OF HP CHANGED ITS NAME TO HP ENTERPRISE SERVICES IN MOST LOCATIONS ACROSS THE COUNTRY AND AROUND THE WORLD.
HOW WILL THAT AFFECT HEALTH CARE PROVIDERS IN ALABAMA? YOU PROBABLY WON'T NOTICE MUCH OF ANY CHANGE. YOU'LL BEGIN TO SEE THE HP LOGO OR THE HP ENTERPRISE SERVICES NAME ON CORRESPONDENCE. YOU'LL BEGIN TO RECEIVE E-MAILS FROM AN @hp.com E-MAIL ADDRESS RATHER THAN AN @eds.com ADDRESS AND YOU'LL HEAR THE HP NAME WHEN CALLING THE MONTGOMERY OFFICE. THINK OF IT AS A SPORTS TEAM CHANGING JERSEYS. THE SAME PLAYERS ARE ON THE FIELD WORKING HARD TO DELIVER THE OUTSTANDING MEDICAID SERVICES YOU'VE COME TO EXPECT FROM A TRUSTED BUSINESS ALLY.
WHILE THE EDS NAME AND LOGO ARE BEING PHASED OUT, THE TECHNOLOGY SERVICES EQUITY WE'VE BUILT OVER THE PAST FIVE DECADES WILL REMAIN. THIS INCLUDES THE ATTITUDE, EXPERTISE AND COMMITMENT TO DELIVERING EXCELLENCE THAT DEFINED EDS.
THE NEW NAME REFLECTS HP'S COMMITMENT TO THE LONGTIME SUCCESS OF ITS CLIENTS. IT ALSO REMINDS OUR CLIENTS OF THE ENHANCED VALUE THEY NOW GET FROM THE COMBINATION OF EDS' PROVEN OPERATIONAL EXCELLENCE PLUS THE BEST-IN-CLASS TECHNOLOGY OF HP.

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#3 ATTENTION: ALL PROVIDERS (254)
THE 2010 ICD-9-CM DIAGNOSIS CODES ARE EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2009, AND THEREAFTER.

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#4 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2009 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

November 06, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS (275)
IN AUGUST 2008, HEWLETT-PACKARD (HP) ACQUIRED EDS, CLAIMS PROCESSOR FOR THE ALABAMA MEDICAID PROGRAM. ON WEDNESDAY, SEPTEMBER 23, 2009 THE EDS BUSINESS UNIT OF HP CHANGED ITS NAME TO HP ENTERPRISE SERVICES IN MOST LOCATIONS ACROSS THE COUNTRY AND AROUND THE WORLD.
HOW WILL THAT AFFECT HEALTH CARE PROVIDERS IN ALABAMA? YOU PROBABLY WON'T NOTICE MUCH OF ANY CHANGE. YOU'LL BEGIN TO SEE THE HP LOGO OR THE HP ENTERPRISE SERVICES NAME ON CORRESPONDENCE. YOU'LL BEGIN TO RECEIVE E-MAILS FROM AN @hp.com E-MAIL ADDRESS RATHER THAN AN @eds.com ADDRESS AND YOU'LL HEAR THE HP NAME WHEN CALLING THE MONTGOMERY OFFICE. THINK OF IT AS A SPORTS TEAM CHANGING JERSEYS. THE SAME PLAYERS ARE ON THE FIELD WORKING HARD TO DELIVER THE OUTSTANDING MEDICAID SERVICES YOU'VE COME TO EXPECT FROM A TRUSTED BUSINESS ALLY.
WHILE THE EDS NAME AND LOGO ARE BEING PHASED OUT, THE TECHNOLOGY SERVICES EQUITY WE'VE BUILT OVER THE PAST FIVE DECADES WILL REMAIN. THIS INCLUDES THE ATTITUDE, EXPERTISE AND COMMITMENT TO DELIVERING EXCELLENCE THAT DEFINED EDS.
THE NEW NAME REFLECTS HP'S COMMITMENT TO THE LONGTIME SUCCESS OF ITS CLIENTS. IT ALSO REMINDS OUR CLIENTS OF THE ENHANCED VALUE THEY NOW GET FROM THE COMBINATION OF EDS' PROVEN OPERATIONAL EXCELLENCE PLUS THE BEST-IN-CLASS TECHNOLOGY OF HP.

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#3 ATTENTION: ALL PROVIDERS (254)
THE 2010 ICD-9-CM DIAGNOSIS CODES ARE EFFECTIVE FOR DATES OF SERVICE OCTOBER 1, 2009, AND THEREAFTER.

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#4 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2009 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

November 20, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS
THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED NOVEMBER 26 AND 27 IN OBSERVANCE OF THANKSGIVING. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE BOTH DAYS FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

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#4 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2009 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

December 04, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS (338)
THE MAXIMUM ALLOWED UNITS FOR CODE 87804 (INFLUENZA A & B RAPID TEST) IS 2. WHEN TWO SEPARATE (INFLUENZA A/INFLUENZA B) TEST RESULTS ARE ORDERED AND REPORTED, IT IS APPROPRIATE TO BILL FOR 2 UNITS. IF ONLY ONE TEST (INFLUENZA A OR B) IS ORDERED AND REPORTED, ONLY 1 UNIT SHOULD BE BILLED. USING MODIFIERS FOR SEPARATE TESTS ARE NOT ALLOWED.

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#3 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIMS IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

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#5 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2009 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

December 18, 2009 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS
THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED THE FOLLOWING DAYS IN OBSERVANCE OF THE HOLIDAYS: DECEMBER 25, 2009 AND JANUARY 1, 2010. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE BOTH DAYS FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242 INSIDE ALABAMA AND 334-215-0111 OUTSIDE ALABAMA.

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#3 ATTENTION: INDIVIDUAL PROVIDERS (352)
IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334-215-4298

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#5 ATTENTION: PHYSICIANS, HEALTH DEPARTMENTS, FQHCs, RHCs, MATERNITY CARE AND HOSPITAL PROVIDERS (352)
EFFECTIVE JANUARY 1, 2010, PROVIDERS WILL BILL PROCEDURE A4264 (INTRATUBAL OCCLUSION DEVICE) FOR THE ESSURE DEVICE AND 58565 (HYSTEROSCOPY, STERILIZATION) FOR THE PROCEDURE. THESE PROCEDURE CODES REQUIRE PRIOR AUTHORIZATION.

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#6 ATTENTION: ALL PROVIDERS (338)
THE MAXIMUM ALLOWED UNITS FOR CODE 87804 (INFLUENZA A & B RAPID TEST) IS 2. WHEN TWO SEPARATE (INFLUENZA A/INFLUENZA B) TEST RESULTS ARE ORDERED AND REPORTED, IT IS APPROPRIATE TO BILL FOR 2 UNITS. IF ONLY ONE TEST (INFLUENZA A OR B) IS ORDERED AND REPORTED, ONLY 1 UNIT SHOULD BE BILLED. USING MODIFIERS FOR SEPARATE TESTS ARE NOT ALLOWED.

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#7 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIMS IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

#9 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE OCTOBER 2009 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

January 08, 2010 EOP Mini-Messages

#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS
THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED JANUARY 18, 2010 IN OBSERVANCE OF MARTIN LUTHER KING, JR. DAY. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242 INSIDE ALABAMA AND 334-215-0111 OUTSIDE ALABAMA.
BANNER # 3

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#3 ATTENTION: ALL HOSPITALS, PHYSICIANS, FQHCS, RHCS, HEALTH DEPARTMENTS (008)
EFFECTIVE 01/01/10 THE FOLLOWING THREE MATERNITY CARE PRIMARY CONTRACTORS CHANGED AS FOLLOWS:
DISTRICT 3 CHANGED FROM ?VIVA HEALTH ADM. LLC? TO ?QUALITY OF LIFE.?; PHONE # 1-888-490-0131.

DISTRICT 7 CHANGED FROM ?TOMBIGBEE HEALTH AUTHORITY? TO ?GREATER ALABAMA HEALTH NETWORK? PHONE # 1-877-553-4485.

DISTRICT 9 CHANGED FROM ?VIVA HEALTH ADM. LLC? TO ?GREATER ALABAMA HEALTH NETWORK?; PHONE # 1-877-553-4485.

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#4 ATTENTION: INDIVIDUAL PROVIDERS (352)
IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334-215-4298.

January 22, 2010 EOP Mini-Messages

#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#3 ATTENTION: ALL HOSPITALS, PHYSICIANS, FQHCS, RHCS, HEALTH DEPARTMENTS (008)
EFFECTIVE 01/01/10 THE FOLLOWING THREE MATERNITY CARE PRIMARY CONTRACTORS CHANGED AS FOLLOWS:
DISTRICT 3 CHANGED FROM "VIVA HEALTH ADM. LLC" TO "QUALITY OF LIFE" PHONE # 1-888-490-0131.

DISTRICT 7 CHANGED FROM "TOMBIGBEE HEALTH AUTHORITY" TO "GREATER ALABAMA HEALTH NETWORK" PHONE # 1-877-553-4485.

DISTRICT 9 CHANGED FROM "VIVA HEALTH ADM. LLC" TO "GREATER ALABAMA HEALTH NETWORK" PHONE # 1-877-553-4485.

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#4 ATTENTION: INDIVIDUAL PROVIDERS (352)
IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334-215-4298.

#5 ATTENTION: RENAL DIALYSIS FACILITIES (352)
MEDICARE/MEDICAID CROSSOVER CHANGES: UNRESOLVED ISSUES HAVE REQUIRED THE ALABAMA MEDICAID AGENCY TO STOP AUTOMATIC ACCEPTANCE OF CROSSOVER CLAIMS FROM MEDICARE THAT BEGAN WITH THE DECEMBER 18, 2009 CHECKWRITE.

PROVIDERS WHOSE CLAIMS WERE PROCESSED AND PAID INCORRECTLY ON THE DECEMBER 18, 2009 CHECKWRITE, (AND POSSIBLY ON THE JANUARY 8, 2010 CHECK WRITE), MUST TAKE ACTION ON THOSE CLAIMS, BY EITHER ADJUSTING OR VOIDING AND RESUBMITTING ELECTRONICALLY AS DONE PRIOR TO THE DECEMBER 18TH CHECKWRITE.

PROVIDERS WILL BE NOTIFIED WHEN THE ALABAMA MEDICAID AGENCY WILL BEGIN AUTOMATICALLY ACCEPTING RENAL DIALYSIS CLAIMS FROM MEDICARE.

STRAIGHT MEDICAID CHANGES: EFFECTIVE FOR DATES OF SERVICES JANUARY 1, 2010, PROCEDURE CODE 90993 MUST BE USED FOR BILLING DIALYSIS TRAINING. PROCEDURE CODE 90993 IS THE MORE APPROPRIATE CODE FOR BILLING TRAINING UNITS IN DIALYSIS AND IS CONSISTENT WITH MEDICARE BILLING. MEDICAID WILL HAVE A LIFETIME LIMIT OF 12 UNITS PER RECIPIENT. FOR DATES OF SERVICE PRIOR TO JANUARY 1, 2010, PROCEDURE CODE 90989 SHOULD CONTINUE TO BE BILLED FOR DIALYSIS TRAINING. PROCEDURE CODE 90989 IS A ONE-TIME CODE FOR THE ENTIRE TRAINING.

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#6 ATTENTION: PHYSICIANS, HEALTH DEPARTMENTS, FQHCs, RHCs, MATERNITY CARE AND HOSPITAL PROVIDERS (352)
EFFECTIVE JANUARY 1, 2010, PROVIDERS WILL BILL PROCEDURE A4264 (INTRATUBAL OCCLUSION DEVICE) FOR THE ESSURE DEVICE AND 58565 (HYSTEROSCOPY, STERILIZATION) FOR THE PROCEDURE. THESE PROCEDURE CODES REQUIRE PRIOR AUTHORIZATION.

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#7 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

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#8 ATTENTION: ALL PHYSICIANS, FQHCS, RHCS, AND HEALTH DEPARTMENTS (310)
THE MIRENA IUD IS RESTRICTED TO ONE EVERY 5 CALENDAR YEARS. IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT LEIGH ANN HIXON AT 334-353-5263.

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#9 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

February 05, 2010 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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2 ATTENTION: ALL PROVIDERS
THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED MONDAY, FEFRUARY 15, 2010 IN OBSERVANCE OF PRESIDENTS' DAY. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A.M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1-800-456-1242.

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3 ATTENTION: ALL PROVIDERS (022)
FOLLOWING CHANGES WILL BE MADE EFFECTIVE MARCH 1, 2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
-ELECTRONIC CLAIMS SUBMISSION WILL BE REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
-MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE THE A VENDOR TO DOWNLOAD RA.
-ELECTRONIC CLAIM ADJUSTMENTS WILL BE REQUIRED.
-PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES.
-MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PATIENT 1ST AND EPSDT RESCREENING LISTS FOR PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE.

AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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4 ATTENTION: ALL HOSPITALS, PHYSICIANS, FQHCS, RHCS, HEALTH DEPARTMENTS (008)
EFFECTIVE 01/01/10 THE FOLLOWING THREE MATERNITY CARE PRIMARY CONTRACTORS CHANGED AS FOLLOWS:
DISTRICT 3 CHANGED FROM "VIVA HEALTH ADM. LLC" TO "QUALITY OF LIFE" PHONE # 1-888-490-0131.

DISTRICT 7 CHANGED FROM "TOMBIGBEE HEALTH AUTHORITY" TO "GREATER ALABAMA HEALTH NETWORK" PHONE # 1-877-553-4485.

DISTRICT 9 CHANGED FROM "VIVA HEALTH ADM. LLC" TO "GREATER ALABAMA HEALTH NETWORK" PHONE # 1-877-553-4485.

5 ATTENTION: INDIVIDUAL PROVIDERS (352)
IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334-215-4298.

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6 ATTENTION: RENAL DIALYSIS FACILITIES (352)
MEDICARE/MEDICAID CROSSOVER CHANGES: UNRESOLVED ISSUES HAVE REQUIRED THE ALABAMA MEDICAID AGENCY TO STOP AUTOMATIC ACCEPTANCE OF CROSSOVER CLAIMS FROM MEDICARE THAT BEGAN WITH THE DECEMBER 18, 2009 CHECKWRITE.

PROVIDERS WHOSE CLAIMS WERE PROCESSED AND PAID INCORRECTLY ON THE DECEMBER 18, 2009 CHECKWRITE, (AND POSSIBLY ON THE JANUARY 8, 2010 CHECK WRITE), MUST TAKE ACTION ON THOSE CLAIMS, BY EITHER ADJUSTING OR VOIDING AND RESUBMITTING ELECTRONICALLY AS DONE PRIOR TO THE DECEMBER 18TH CHECKWRITE.

PROVIDERS WILL BE NOTIFIED WHEN THE ALABAMA MEDICAID AGENCY WILL BEGIN AUTOMATICALLY ACCEPTING RENAL DIALYSIS CLAIMS FROM MEDICARE.

STRAIGHT MEDICAID CHANGES: EFFECTIVE FOR DATES OF SERVICES JANUARY 1, 2010, PROCEDURE CODE 90993 MUST BE USED FOR BILLING DIALYSIS TRAINING. PROCEDURE CODE 90993 IS THE MORE APPROPRIATE CODE FOR BILLING TRAINING UNITS IN DIALYSIS AND IS CONSISTENT WITH MEDICARE BILLING. MEDICAID WILL HAVE A LIFETIME LIMIT OF 12 UNITS PER RECIPIENT. FOR DATES OF SERVICE PRIOR TO JANUARY 1, 2010, PROCEDURE CODE 90989 SHOULD CONTINUE TO BE BILLED FOR DIALYSIS TRAINING. PROCEDURE CODE 90989 IS A ONE-TIME CODE FOR THE ENTIRE TRAINING.

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7 ATTENTION: PHYSICIANS, HEALTH DEPARTMENTS, FQHCs, RHCs, MATERNITY CARE AND HOSPITAL PROVIDERS (352)
EFFECTIVE JANUARY 1, 2010, PROVIDERS WILL BILL PROCEDURE A4264 (INTRATUBAL OCCLUSION DEVICE) FOR THE ESSURE DEVICE AND 58565 (HYSTEROSCOPY, STERILIZATION) FOR THE PROCEDURE. THESE PROCEDURE CODES REQUIRE PRIOR AUTHORIZATION.

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8 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

#10 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

February 19, 2010 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS
THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS (022)
FOLLOWING CHANGES WILL BE MADE EFFECTIVE MARCH 1, 2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
-ELECTRONIC CLAIMS SUBMISSION WILL BE REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
-MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE THE A VENDOR TO DOWNLOAD RA.
-ELECTRONIC CLAIM ADJUSTMENTS WILL BE REQUIRED.
-PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES.
-MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PATIENT 1ST AND EPSDT RESCREENING LISTS FOR PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE.

AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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#3 ATTENTION: ALL INSTATE HOSPITALS (050)
EFFECTIVE FOR ALL INPATIENT CLAIMS RECEIVED FEBRUARY 20, 2010, AND THEREAFTER, THE PHP FILING LIMIT IS NO LONGER APPLICABLE. ALL INPATIENT HOSPITAL CLAIMS MUST BE FILED WITHIN ONE YEAR OF THE DATE OF SERVICE.

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#4 ATTENTION: ALL PHYSICIAN, HOSPITAL, FQHC AND RHC PROVIDERS (050)
SCREENING COLONOSCOPIES ARE NOT A COVERED SERVICE BY MEDICAID. PLEASE USE THE APPROPRIATE DIAGNOSIS CODE WHEN BILLING FOR DIAGNOSTIC COLONOSCOPIES (PROCEDURE CODES 45378-45392) . THESE CLAIMS ARE SUBJECT TO POST PAYMENT REVIEW AND RECOUPMENT.

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#5 ATTENTION: INDIVIDUAL PROVIDERS (352)
IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334-215-4298.

#6 ATTENTION: ALL PROVIDERS (338)
PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

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#7 ATTENTION: ALL PROVIDERS (093)
EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

March 05, 2010 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION ALL PROVIDERS (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE MARCH 1, 2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:

−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.

−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE RA.

−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.

−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES.

−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PATIENT 1ST AND EPSDT RESCREENING LISTS FOR PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE.

AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK: http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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#3 ATTENTION: ALL DENTAL PROVIDERS (064)

CLAIMS PROCESSED EFFECTIVE MARCH 10, 2010 AND AFTER WILL DENY FOR PERIAPICAL X−RAYS IF THE RECIPIENT HAS HAD MORE THAN 5 PERIAPICAL X−RAYS IN ONE YEAR. EFFECTIVE MARCH 10, 2010, PAID, PERIAPICAL X−RAYS WILL BE DISPLAYED ON THE RECIPIENT BENEFIT SCREEN.

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#4 ATTENTION: ALL INSTATE HOSPITALS (050)

EFFECTIVE FOR ALL INPATIENT CLAIMS RECEIVED FEBRUARY 20, 2010, AND THEREAFTER, THE PHP FILING LIMIT IS NO LONGER APPLICABLE. ALL INPATIENT HOSPITAL CLAIMS MUST BE FILED WITHIN ONE YEAR OF THE DATE OF SERVICE.

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#5 ATTENTION: ALL PHYSICIAN, HOSPITAL, FQHC AND RHC PROVIDERS (050)

SCREENING COLONOSCOPIES ARE NOT A COVERED SERVICE BY MEDICAID. PLEASE USE THE APPROPRIATE DIAGNOSIS CODE WHEN BILLING FOR DIAGNOSTIC COLONOSCOPIES (PROCEDURE CODES 45378−45392) . THESE CLAIMS ARE SUBJECT TO POST PAYMENT REVIEW AND RECOUPMENT.
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#6 ATTENTION: INDIVIDUAL PROVIDERS (352)

IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334−215−4298.
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#7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.
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#8 ATTENTION: ALL PROVIDERS (093)

EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

March 19, 2010 EOP Mini-Messages

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#1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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#2 ATTENTION: ALL PROVIDERS (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE MARCH 1, 2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:

−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.

−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY
PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE
RA.

−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.

−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES.

−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PATIENT 1ST AND EPSDT RESCREENING LISTS FOR PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE.

AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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#3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (078)

* * * N E W S O F T W A R E V E R S I O N 2.13* * *
VERSION 2.13 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID ALABAMA.GOV. CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.12 BEFORE ATTEMPTING TO UPGRADE TO 2.13. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hpcom.

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#4 ATTENTION: ALL DENTAL PROVIDERS (064)

CLAIMS PROCESSED EFFECTIVE MARCH 10, 2010 AND AFTER WILL DENY FOR PERIAPICAL X−RAYS IF THE RECIPIENT HAS HAD MORE THAN 5 PERIAPICAL X−RAYS IN ONE YEAR. EFFECTIVE MARCH 10, 2010, PAID, PERIAPICAL X−RAYS WILL BE DISPLAYED ON THE RECIPIENT BENEFIT SCREEN.

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#5 ATTENTION: ALL INSTATE HOSPITALS (050)

EFFECTIVE FOR ALL INPATIENT CLAIMS RECEIVED FEBRUARY 20, 2010, AND THEREAFTER, THE PHP FILING LIMIT IS NO LONGER APPLICABLE. ALL INPATIENT HOSPITAL CLAIMS MUST BE FILED WITHIN ONE YEAR OF THE DATE OF SERVICE.

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#6 ATTENTION: ALL PHYSICIAN, HOSPITAL, FQHC AND RHC PROVIDERS (050)

SCREENING COLONOSCOPIES ARE NOT A COVERED SERVICE BY MEDICAID. PLEASE USE THE APPROPRIATE DIAGNOSIS CODE WHEN BILLING FOR DIAGNOSTIC COLONOSCOPIES (PROCEDURE CODES 45378−45392) . THESE CLAIMS ARE SUBJECT TO POST PAYMENT REVIEW AND RECOUPMENT.

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#7 ATTENTION: INDIVIDUAL PROVIDERS (352)

IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334−215−4298.

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#8 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

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#9 ATTENTION: ALL PROVIDERS (093)

EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JANUARY 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

April 02, 2010 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE
POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 10 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

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 # 2 ATTENTION: ALL PROVIDERS (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE MARCH 1, 2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER. −MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY
PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES. AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 3 ATTENTION: ALL PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTIONERS, FQHC'S, RHC'S,HOSPTIALS, RENAL DIALYSIS FACILITIES AND NURSING HOMES (092)

EFFECTIVE MAY 1, 2010 HCPCS CODE J2357 FOR INJECTABLE DRUG XOLAIR WILL REQUIRE PRIOR AUTHORIZATION THROUGH HEALTH INFORMATION DESIGNS (HID) PRIOR TO TREATMENT. THIS DRUG CURRENTLY REQUIRES PRIOR AUTHORIZATION WHEN DISPENSED THROUGH A RETAIL PHARMACY. THE
SAME PA CRITERIA AND FORMS USED FOR RETAIL PHARMACY DISPENSED DRUGS WILL BE REQUIRED FROM PROVIDERS BILLING THE HCPCS CODE FOR XOLAIR. HID MAY BE CONTACTED AT 1−800−748−0130. THE PRIOR AUTHORIZATION FORM 369 AND CRITERIA INFORMATION IS LOCATED ON
THE MEDICAID WEBSITE AT www.medicaid.alabama.gov.

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 # 6 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (078)

* * * N E W S O F T W A R E V E R S I O N 2.13* * *
VERSION 2.13 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID ALABAMA.GOV. CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND
DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.12 BEFORE ATTEMPTING TO UPGRADE TO 2.13. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp
Com
****

 # 7 ATTENTION: ALL DENTAL PROVIDERS (064)

CLAIMS PROCESSED EFFECTIVE MARCH 10, 2010 AND AFTER WILL DENY FOR PERIAPICAL X−RAYS IF THE RECIPIENT HAS HAD MORE THAN 5 PERIAPICAL X−RAYS IN ONE YEAR. EFFECTIVE MARCH 10,2010, PAID, PERIAPICAL X−RAYS WILL BE DISPLAYED ON THE RECIPIENT BENEFIT SCREEN.
****

 # 8 ATTENTION: ALL INSTATE HOSPITALS (050)

EFFECTIVE FOR ALL INPATIENT CLAIMS RECEIVED FEBRUARY 20, 2010, AND THEREAFTER, THE PHP FILING LIMIT IS NO LONGER APPLICABLE. ALL INPATIENT HOSPITAL CLAIMS MUST BE FILED WITHIN ONE YEAR OF THE DATE OF SERVICE.
****

 # 9 ATTENTION: INDIVIDUAL PROVIDERS (352)

IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION
INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334−215−4298.
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**********#11

ATTENTION: ALL PROVIDERS (093)

EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL

2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

April 16, 2010 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE
POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: ALL PROVIDERS (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE MARCH 1, 2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY
PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES.
AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK: http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 4 ATTENTION: ALL PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTIONERS, FQHC'S, RHC'S, HOSPTIALS, RENAL DIALYSIS FACILITIES AND NURSING HOMES (092)

EFFECTIVE MAY 1, 2010 HCPCS CODE J2357 FOR INJECTABLE DRUG XOLAIR WILL REQUIRE PRIOR AUTHORIZATION THROUGH HEALTH INFORMATION DESIGNS (HID) PRIOR TO TREATMENT. THIS DRUG CURRENTLY REQUIRES PRIOR AUTHORIZATION WHEN DISPENSED THROUGH A RETAIL PHARMACY. THE
SAME PA CRITERIA AND FORMS USED FOR RETAIL PHARMACY DISPENSED DRUGS WILL BE REQUIRED FROM PROVIDERS BILLING THE HCPCS CODE FOR XOLAIR. HID MAY BE CONTACTED AT 1−800−748−0130. THE PRIOR AUTHORIZATION FORM 369 AND CRITERIA INFORMATION IS LOCATED ON
THE MEDICAID WEBSITE AT www.medicaid.alabama.gov .

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 # 7 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (078)

* * * N E W S O F T W A R E V E R S I O N 2.13* * *
VERSION 2.13 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND
DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.12 BEFORE ATTEMPTING TO UPGRADE TO 2.13. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp
Com .
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 # 8 ATTENTION: INDIVIDUAL PROVIDERS (352)

IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO
ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED
TO HP PROVIDER ENROLLMENT UNIT AT 334−215−4298.
****

 # 9 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.
****

#10 ATTENTION: ALL PROVIDERS (093)

EFFECTIVE JANUARY 1, 2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL

2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

May 07, 2010 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE
POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: ALL PROVIDERS (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE 03/01/2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE
RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES. AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 3 ATTENTION: ALL PRIMARY MEDICAL PROVIDERS (127)

EFFECTIVE 05/01/2010, THE PATIENT 1ST REFERRAL REPORT (MGD−A500−Q) IS BEING DISTRIBUTED QUARTERLY INSTEAD OF MONTHLY. THE NEXT REPORT WILL BE AVAILABLE ON 07/11/2010 AND WILL CONTAIN DATA FOR THE MONTHS OF APRIL, MAY AND JUNE. THE REPORT MAY BE ACCESSED ON MEDICAID'S INTERACTIVE WEBSITE AT www.medicaid.alabama.gov .

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 # 4 ATTENTION: ALL PROVIDERS (127)

DUE TO RECENT CMS NOTIFICATION REGARDING DISCONTINUANCE OF COVERAGE DUE TO REBATE STATUS, CERTAIN PANCREATIC ENZYMES WILL NO LONGER BE COVERED BY ALABAMA MEDICAID EFFECTIVE 04/29/2010. FOR A LIST OF COVERED PRODUCTS OR FOR MORE INFORMATION, PLEASE
CONTACT ALABAMA MEDICAID PHARMACY SERVICES AT 334−242−5050.

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 # 6 ATTENTION: ALL PROVIDERS (127)

THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) IS HOSTING AN "OPEN DOOR FORUM CONFERENCE CALL" TO PROVIDE AN OPPORTUNITY FOR LIVE DIALOGUE BETWEEN CMS AND THE MEDICAID PROVIDER COMMUNITY IN THE STATES OF ALABAMA, GEORGIA, MARYLAND, AND NEW JERSEY.

THE CALL WILL BE HELD WEDNESDAY, 05/26/2010 AT 3: 00 TO 4:30, EST. MORE DETAILED INFORMATION WILL BE PROVIDED LATER.
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 # 7 ATTENTION: ALL PHYSICIANS, ASCs AND HOSPITALS (127)

EFFECTIVE FOR DATES OF SERVICE 05/01/2010, AND THEREAFTER PROCEDURE CODES 15781 AND 14040 WILL REQUIRE PRIOR AUTHORIZATION.
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 # 9 ATTENTION: ALL PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTIONERS, FQHC'S, RHC'S, HOSPTIALS, RENAL DIALYSIS FACILITIES AND NURSING HOMES (092)

EFFECTIVE 05/01/2010, HCPCS CODE J2357 FOR INJECTABLE DRUG XOLAIR WILL REQUIRE PRIOR AUTHORIZATION THROUGH HEALTH INFORMATION DESIGNS (HID) PRIOR TO TREATMENT. THIS DRUG CURRENTLY REQUIRES PRIOR AUTHORIZATION WHEN DISPENSED THROUGH A RETAIL PHARMACY. THE
SAME PA CRITERIA AND FORMS USED FOR RETAIL PHARMACY DISPENSED DRUGS WILL BE REQUIRED FROM PROVIDERS BILLING THE HCPCS CODE FOR XOLAIR. HID MAY BE CONTACTED AT 1−800−748−0130. THE PRIOR AUTHORIZATION FORM 369 AND CRITERIA INFORMATION IS LOCATED ON
THE MEDICAID WEBSITE AT www.medicaid.alabama.gov .
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#12 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (078)

* * * N E W S O F T W A R E V E R S I O N 2.13* * *
VERSION 2.13 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND
DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.12 BEFORE ATTEMPTING TO UPGRADE TO 2.13. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp
com.
****

#13 ATTENTION: INDIVIDUAL PROVIDERS (352)

IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO
ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED
TO HP PROVIDER ENROLLMENT UNIT AT 334−215−4298.
****

#14 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

#15 ATTENTION: ALL PROVIDERS (093)

EFFECTIVE 01/01/2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE APRIL 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

May 21, 2010 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE
POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

****

 # 2 ATTENTION: ALL PROVIDERS (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE 03/01/2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS: −ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE
RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES. AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 3 ATTENTION: ALL PROVIDERS THAT RECEIVE THE EPSDT PERIODIC RESCREEN LIST REPORT (141)

EFFECTIVE IMMEDIATELY, THIS REPORT WILL NO LONGER BE AVAILABLE IN HARD COPY. TO RECEIVE ANY FUTURE COPIES OF THIS REPORT, PLEASE LOGON TO THE ALABAMA MEDICAID SERVICES PROVIDER WEB PORTAL AT www.medicaid.alabama.gov , NAVIGATE TO TRADE FILES, THEN DOWNLOAD, SELECT
THE REPORT FROM THE TRANSACTION TYPE DROP DOWN LIST AND SELECT SEARCH. SELECT THE REPORT FROM THE LIST RETURNED, WHICH MAY BE OPENED ONLINE OR SAVED FOR FUTURE REFERENCE AND/OR PRINTING. ADOBE ACROBAT READER IS REQUIRED TO VIEW THIS REPORT. FOR FURTHER ASSISTANCE, CONTACT THE EMC HELPDESK VIA PHONE: 800−456−1242, Fax: (334)
215 ? 4272, OR E−MAIL: AlabamaSystemsEMC@eds.com.

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 # 4 ATTENTION: ALL PRIMARY MEDICAL PROVIDERS (127)

EFFECTIVE 05/01/2010, THE PATIENT 1ST REFERRAL REPORT (MGD−A500−Q) IS BEING DISTRIBUTED QUARTERLY INSTEAD OF MONTHLY. THE NEXT REPORT WILL BE AVAILABLE ON 07/11/2010 AND WILL CONTAIN DATA FOR THE MONTHS OF APRIL, MAY AND JUNE. THE REPORT MAY BE ACCESSED ON MEDICAID'S INTERACTIVE WEBSITE AT www.medicaid.alabama.gov .

June 04, 2010 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE
POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE 03/01/2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS: −ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE
RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES. AN ALERT WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 3 ATTENTION: ALL PROVIDERS (155)

EFFECTIVE 06/01/2010, THE FOLLOWING PROCEDURE CODES WILL REQUIRE PRIOR AUTHORIZATION:
1.15780 −− DERMABRASION; TOTAL FACE
2.15781 −− DERMABRASION; SEGMENTAL, FACE
3.15782 −− DERMABRASION; REGIONAL, OTHER THAN FACE
4.15786 −− ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)
5.15787 −− ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS
6.15788 −− CHEMICAL PEEL, FACIAL; EPIDERMAL
7.15792 −− CHEMICAL PEEL, NONFACIAL; EPIDERMAL
8.15793 −− CHEMICAL PEEL, NONFACIAL; DERMAL
9.15819 −− CERVICOPLASTY, PLASTIC SURGERY, NECK

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 # 4 ATTENTION PATIENT 1ST PRIMARY CARE PROVIDERS (155)

THE MONTHLY PMP ENROLLMENT ROSTER IS NOW AVAILABLE FOR DOWNLOAD THROUGH THE MEDICAID INTERACTIVE WEB PORTAL AT www.medicaid.alabama.gov . THE REPORTS ARE AVAILABLE AROUND THE 20TH OF EACH MONTH FOR DOWNLOAD. PAPER REPORTS WILL NO LONGER BE MAILED TO PROVIDERS.

 # 5 ATTENTION: ALL PROVIDERS THAT RECEIVE THE EPSDT PERIODIC RESCREEN LIST REPORT (141)

EFFECTIVE IMMEDIATELY, THIS REPORT WILL NO LONGER BE AVAILABLE IN HARD COPY. TO RECEIVE ANY FUTURE COPIES OF THIS REPORT, PLEASE LOGON TO THE ALABAMA MEDICAID SERVICES PROVIDER WEB PORTAL AT www.medicaid.alabama.gov , NAVIGATE TO TRADE FILES, THEN DOWNLOAD, SELECT
THE REPORT FROM THE TRANSACTION TYPE DROP DOWN LIST AND SELECT SEARCH. SELECT THE REPORT FROM THE LIST RETURNED, WHICH MAY BE OPENED ONLINE OR SAVED FOR FUTURE REFERENCE AND/OR PRINTING. ADOBE ACROBAT READER IS REQUIRED TO VIEW THIS REPORT. FOR FURTHER ASSISTANCE, CONTACT THE EMC HELPDESK VIA PHONE: 800−456−1242, Fax: (334)
215 ? 4272, OR E−MAIL: AlabamaSystemsEMC@eds.com.
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 # 6 ATTENTION: ALL PRIMARY MEDICAL PROVIDERS (127)

EFFECTIVE 05/01/2010, THE PATIENT 1ST REFERRAL REPORT (MGD−A500−Q) IS BEING DISTRIBUTED QUARTERLY INSTEAD OF MONTHLY. THE NEXT REPORT WILL BE AVAILABLE ON 07/11/2010 AND WILL CONTAIN DATA FOR THE MONTHS OF APRIL, MAY AND JUNE. THE REPORT MAY BE ACCESSED ON MEDICAID'S INTERACTIVE WEBSITE AT www.medicaid.alabama.gov .
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 # 7 ATTENTION: ALL PROVIDERS (127)

DUE TO RECENT CMS NOTIFICATION REGARDING DISCONTINUANCE OF COVERAGE DUE TO REBATE STATUS, CERTAIN PANCREATIC ENZYMES WILL NO LONGER BE COVERED BY ALABAMA MEDICAID EFFECTIVE 04/29/2010. FOR A LIST OF COVERED PRODUCTS OR FOR MORE INFORMATION, PLEASE CONTACT ALABAMA MEDICAID PHARMACY SERVICES AT 334−242−5050.
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 # 9 ATTENTION: ALL PHYSICIANS, ASCs AND HOSPITALS (127)

EFFECTIVE FOR DATES OF SERVICE 05/01/2010, AND THEREAFTER PROCEDURE CODES 15781 AND 14040 WILL REQUIRE PRIOR AUTHORIZATION.
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#10 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.
****

#11 ATTENTION: ALL PROVIDERS (093)

EFFECTIVE 01/01/2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV THE APRIL 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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 # 5 ATTENTION: ALL PROVIDERS (127)

DUE TO RECENT CMS NOTIFICATION REGARDING DISCONTINUANCE OF COVERAGE DUE TO REBATE STATUS, CERTAIN PANCREATIC ENZYMES WILL NO LONGER BE COVERED BY ALABAMA MEDICAID EFFECTIVE 04/29/2010. FOR A LIST OF COVERED PRODUCTS OR FOR MORE INFORMATION, PLEASE CONTACT ALABAMA MEDICAID PHARMACY SERVICES AT 334−242−5050.

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 # 7 ATTENTION: ALL PROVIDERS (127)

THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) IS HOSTING AN "OPEN DOOR FORUM CONFERENCE CALL" TO PROVIDE AN OPPORTUNITY FOR LIVE DIALOGUE BETWEEN CMS AND THE MEDICAID PROVIDER COMMUNITY IN THE STATES OF ALABAMA, GEORGIA, MARYLAND, AND NEW JERSEY. THE CALL WILL BE HELD WEDNESDAY, 05/26/2010 AT 3: 00 TO 4:30, EST.

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 # 8 ATTENTION: ALL PHYSICIANS, ASCs AND HOSPITALS (127)

EFFECTIVE FOR DATES OF SERVICE 05/01/2010, AND THEREAFTER PROCEDURE CODES 15781 AND 14040 WILL REQUIRE PRIOR AUTHORIZATION.

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#11 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (078)

* * * N E W S O F T W A R E V E R S I O N 2.13* * *VERSION 2.13 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL, CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID ALABAMA.GOV . CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.12 BEFORE ATTEMPTING TO UPGRADE TO 2.13. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com .

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#12 ATTENTION: INDIVIDUAL PROVIDERS (352)

IN ORDER TO ALLOW YOUR MEDICARE CLAIMS TO CROSSOVER AUTOMATICALLY, THE MEDICARE CERTIFICATION LETTER MUST BE ON FILE. PHYSICIANS AND OTHER INDIVIDUAL PRACTITIONERS, WHO ENROLL IN THE ALABAMA MEDICAID PROGRAM AND DO NOT SUBMIT MEDICARE CERTIFICATION
INFORMATION UPON INITIAL ENROLLMENT, MAY SUBMIT THE MEDICARE CERTIFICATION INFORMATION AT A LATER TIME FOR UPDATE PURPOSES. THE MEDICARE CERTIFICATION LETTER SHOULD BE FAXED TO HP PROVIDER ENROLLMENT UNIT AT 334−215−4298.

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#13 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

****

#14 ATTENTION: ALL PROVIDERS (093)

EFFECTIVE 01/01/2009, THE ALABAMA MEDICAID PROVIDER MANUAL WILL BE DUPLICATED AND DISTRIBUTED ON A YEARLY BASIS. THE PROVIDER MANUAL WILL CONTINUE TO BE UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV THE APRIL 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

June 18, 2010 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE 03/01/2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE
RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER
ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES. AN ALERT (DATED 01/26/2010) WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT
THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 5 ATTENTION: ALL PROVIDERS (155)

EFFECTIVE 06/01/2010, THE FOLLOWING PROCEDURE CODES WILL REQUIRE PRIOR AUTHORIZATION:
1.15780 −− DERMABRASION; TOTAL FACE
2.15781 −− DERMABRASION; SEGMENTAL, FACE
3.15782 −− DERMABRASION; REGIONAL, OTHER THAN FACE
4.15786 −− ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)
5.15787 −− ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS
6.15788 −− CHEMICAL PEEL, FACIAL; EPIDERMAL
7.15792 −− CHEMICAL PEEL, NONFACIAL; EPIDERMAL
8.15793 −− CHEMICAL PEEL, NONFACIAL; DERMAL
9.15819 −− CERVICOPLASTY, PLASTIC SURGERY, NECK

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 # 6 ATTENTION PATIENT 1ST PRIMARY CARE PROVIDERS (155)

THE MONTHLY PMP ENROLLMENT ROSTER IS NOW AVAILABLE FOR DOWNLOAD THROUGH THE MEDICAID INTERACTIVE WEB PORTAL AT www.medicaid.alabama.gov . THE REPORTS ARE AVAILABLE AROUND THE 20TH OF EACH MONTH FOR DOWNLOAD. PAPER REPORTS WILL NO LONGER BE MAILED TO
PROVIDERS.

July 09, 2010 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS (036)

THE FOLLOWING CHANGES WERE MADE EFFECTIVE 03/01/2010 IN ORDER TO ALLOW THE MEDICAID AGENCY TO MEET BUDGET CONSTRAINTS:
−ELECTRONIC CLAIMS SUBMISSION IS REQUIRED UNLESS MEDICAID POLICY STATES THAT THE CLAIM MUST BE SUBMITTED ON PAPER.
−MEDICAID WILL NO LONGER PRINT AND DISTRIBUTE PAPER RA'S TO PROVIDERS. PROVIDERS MAY PRINT, VIEW OR SAVE FROM MEDICAID INTERACTIVE WEBSITE, OR USE A VENDOR TO DOWNLOAD THE
RA.
−ELECTRONIC CLAIM ADJUSTMENTS ARE NOW REQUIRED.
−PROVIDERS MUST USE ELECTRONIC METHODS TO VERIFY RECIPIENT ELIGIBILITY. THE PROVIDER
ASSISTANCE CENTER WILL NO LONGER ANSWER BASIC RECIPIENT ELIGIBILITY INQUIRIES. AN ALERT (DATED 01/26/2010) WITH MORE DETAILS IS AVAILABLE ON THE MEDICAID WEBSITE AT
THE FOLLOWING LINK:
http://www.medicaid.alabama.gov/news/provider_alerts_2010.aspx

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 # 4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (190)

* * * N E W S O F T W A R E V E R S I O N 2.14* * *
VERSION 2.14 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAIDALABAMA.GOV . CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.13 BEFORE ATTEMPTING TO UPGRADE TO 2.14. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 6 ATTENTION: ALL PROVIDERS (155)

EFFECTIVE 06/01/2010, THE FOLLOWING PROCEDURE CODES WILL REQUIRE PRIOR AUTHORIZATION:
1.15780 −− DERMABRASION; TOTAL FACE
2.15781 −− DERMABRASION; SEGMENTAL, FACE
3.15782 −− DERMABRASION; REGIONAL, OTHER THAN FACE
4.15786 −− ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)
5.15787 −− ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS
6.15788 −− CHEMICAL PEEL, FACIAL; EPIDERMAL
7.15792 −− CHEMICAL PEEL, NONFACIAL; EPIDERMAL
8.15793 −− CHEMICAL PEEL, NONFACIAL; DERMAL
9.15819 −− CERVICOPLASTY, PLASTIC SURGERY, NECK
****

 # 7 ATTENTION PATIENT 1ST PRIMARY CARE PROVIDERS (155)

THE MONTHLY PMP ENROLLMENT ROSTER IS NOW AVAILABLE FOR DOWNLOAD THROUGH THE MEDICAID INTERACTIVE WEB PORTAL AT www.medicaid.alabama.gov . THE REPORTS ARE AVAILABLE AROUND THE 20TH OF EACH MONTH FOR DOWNLOAD. PAPER REPORTS WILL NO LONGER BE MAILED TO
PROVIDERS.
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 # 8 ATTENTION: ALL PROVIDERS THAT RECEIVE THE EPSDT PERIODIC RESCREEN LIST REPORT 141)

EFFECTIVE 05/21/2010, THIS REPORT WILL NO LONGER BE AVAILABLE IN HARD COPY. TO RECEIVE ANY FUTURE COPIES OF THIS REPORT, PLEASE LOGON TO THE ALABAMA MEDICAID SERVICES PROVIDER WEB PORTAL AT www.medicaid.alabama.gov , NAVIGATE TO TRADE FILES, THEN DOWNLOAD, SELECT
THE REPORT FROM THE TRANSACTION TYPE DROP DOWN LIST AND SELECT SEARCH. SELECT THE REPORT FROM THE LIST RETURNED, WHICH MAY BE OPENED ONLINE OR SAVED FOR FUTURE REFERENCE AND/OR PRINTING. ADOBE ACROBAT READER IS REQUIRED TO VIEW THIS REPORT. FOR FURTHER ASSISTANCE, CONTACT THE EMC HELPDESK VIA PHONE: 800−456−1242, Fax: (334)
215−4272, OR E−MAIL: AlabamaSystemsEMC@eds.com.
****

 # 9 ATTENTION: ALL PRIMARY MEDICAL PROVIDERS (127)

EFFECTIVE 05/01/2010, THE PATIENT 1ST REFERRAL REPORT (MGD−A500−Q) IS BEING DISTRIBUTED QUARTERLY INSTEAD OF MONTHLY. THE NEXT REPORT WILL BE AVAILABLE ON 07/11/2010 AND WILL
CONTAIN DATA FOR THE MONTHS OF APRIL, MAY AND JUNE. THE REPORT MAY BE ACCESSED ON MEDICAID'S INTERACTIVE WEBSITE AT
https://www.medicaid.alabamaservices.org/ALPortal/

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 # 10 ATTENTION: ALL PROVIDERS (127)

DUE TO RECENT CMS NOTIFICATION REGARDING DISCONTINUANCE OF COVERAGE DUE TO REBATE STATUS, CERTAIN PANCREATIC ENZYMES WILL NO LONGER BE COVERED BY ALABAMA MEDICAID EFFECTIVE 04/29/2010. FOR A LIST OF COVERED PRODUCTS OR FOR MORE INFORMATION, PLEASE
CONTACT ALABAMA MEDICAID PHARMACY SERVICES AT 334−242−5050.

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#12 ATTENTION: ALL PHYSICIANS, ASCs AND HOSPITALS (127)

EFFECTIVE FOR DATES OF SERVICE 05/01/2010, AND THEREAFTER PROCEDURE CODES 15781 AND 14040 WILL REQUIRE PRIOR AUTHORIZATION.

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#13 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

****

#14 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE APRIL 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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 # 7 ATTENTION: ALL PROVIDERS THAT RECEIVE THE EPSDT PERIODIC RESCREEN LIST REPORT 141)

EFFECTIVE 05/21/2010, THIS REPORT WILL NO LONGER BE AVAILABLE IN HARD COPY. TO RECEIVE ANY FUTURE COPIES OF THIS REPORT, PLEASE LOGON TO THE ALABAMA MEDICAID SERVICES PROVIDER WEB PORTAL AT www.medicaid.alabama.gov , NAVIGATE TO TRADE FILES, THEN DOWNLOAD, SELECT
THE REPORT FROM THE TRANSACTION TYPE DROP DOWN LIST AND SELECT SEARCH. SELECT THE REPORT FROM THE LIST RETURNED, WHICH MAY BE OPENED ONLINE OR SAVED FOR FUTURE REFERENCE AND/OR PRINTING. ADOBE ACROBAT READER IS REQUIRED TO VIEW THIS REPORT. FOR FURTHER ASSISTANCE, CONTACT THE EMC HELPDESK VIA PHONE: 800−456−1242, Fax: (334)
215−4272, OR E−MAIL: AlabamaSystemsEMC@eds.com.
****

 # 8 ATTENTION: ALL PRIMARY MEDICAL PROVIDERS (127)

EFFECTIVE 05/01/2010, THE PATIENT 1ST REFERRAL REPORT (MGD−A500−Q) IS BEING DISTRIBUTED QUARTERLY INSTEAD OF MONTHLY. THE NEXT REPORT WILL BE AVAILABLE ON 07/11/2010 AND WILL
CONTAIN DATA FOR THE MONTHS OF APRIL, MAY AND JUNE. THE REPORT MAY BE ACCESSED ON MEDICAID'S INTERACTIVE WEBSITE AT
https://www.medicaid.alabamaservices.org/ALPortal/
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 # 9 ATTENTION: ALL PROVIDERS (127)

DUE TO RECENT CMS NOTIFICATION REGARDING DISCONTINUANCE OF COVERAGE DUE TO REBATE STATUS, CERTAIN PANCREATIC ENZYMES WILL NO LONGER BE COVERED BY ALABAMA MEDICAID EFFECTIVE 04/29/2010. FOR A LIST OF COVERED PRODUCTS OR FOR MORE INFORMATION, PLEASE
CONTACT ALABAMA MEDICAID PHARMACY SERVICES AT 334−242−5050.
****

#11 ATTENTION: ALL PHYSICIANS, ASCs AND HOSPITALS (127)

EFFECTIVE FOR DATES OF SERVICE 05/01/2010, AND THEREAFTER PROCEDURE CODES 15781 AND 14040 WILL REQUIRE PRIOR AUTHORIZATION.
****

#12 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.
****

#13 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE APRIL 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

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July 23, 2010 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW.MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (190)

* * * N E W S O F T W A R E V E R S I O N 2.14* * *
VERSION 2.14 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAIDALABAMA.GOV . CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.13 BEFORE ATTEMPTING TO UPGRADE TO 2.14. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp.com.

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 # 5 ATTENTION: ALL PROVIDERS (155)

EFFECTIVE 06/01/2010, THE FOLLOWING PROCEDURE CODES WILL REQUIRE PRIOR AUTHORIZATION:
1.15780 −− DERMABRASION; TOTAL FACE
2.15781 −− DERMABRASION; SEGMENTAL, FACE
3.15782 −− DERMABRASION; REGIONAL, OTHER THAN FACE
4.15786 −− ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)
5.15787 −− ABRASION; EACH ADDITIONAL 4 LESIONS OR LESS
6.15788 −− CHEMICAL PEEL, FACIAL; EPIDERMAL
7.15792 −− CHEMICAL PEEL, NONFACIAL; EPIDERMAL
8.15793 −− CHEMICAL PEEL, NONFACIAL; DERMAL
9.15819 −− CERVICOPLASTY, PLASTIC SURGERY, NECK

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 # 6 ATTENTION PATIENT 1ST PRIMARY CARE PROVIDERS (155)

THE MONTHLY PMP ENROLLMENT ROSTER IS NOW AVAILABLE FOR DOWNLOAD THROUGH THE MEDICAID INTERACTIVE WEB PORTAL AT www.medicaid.alabama.gov . THE REPORTS ARE AVAILABLE AROUND THE 20TH OF EACH MONTH FOR DOWNLOAD. PAPER REPORTS WILL NO LONGER BE MAILED TO
PROVIDERS.

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#7 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES.

****

#14 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV . THE APRIL 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

August 06, 2010 EOP Mini-Messages

**********# 1

ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW
MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.
****

 # 3 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (190)

* * * N E W S O F T W A R E V E R S I O N 2.14* * *
VERSION 2.14 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID
ALABAMA.GOV. CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.13 BEFORE ATTEMPTING TO UPGRADE TO 2.14. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp
com.
****

 # 5 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS
SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.
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 # 6 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2010 QUARTERLY UPDATES HAVE BEEN POSTED TO THE WEBSITE.

August 20, 2010 EOP Mini-Messages

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 # 1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE
POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 2 ATTENTION: ALL PROVIDERS

THE ALABAMA MEDICAID AGENCY AND HP ENTERPRISE SERVICES WILL BE CLOSED 09/06/2010 IN OBSERVANCE OF LABOR DAY. THE ELECTRONIC CLAIMS HELPDESK WILL BE AVAILABLE FROM 9:00 A M. UNTIL 5:00 P.M. AND CAN BE REACHED AT 1−800−456−1242.

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 # 5 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (190)

* * * N E W S O F T W A R E V E R S I O N 2.14* * *
VERSION 2.14 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID
ALABAMA.GOV. CLICK ‘BILLING,’ SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.13 BEFORE ATTEMPTING TO UPGRADE TO 2.14. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON
CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hpcom.

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 # 6 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE ’CLAIM IN PROCESS’ SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS
SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 7 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2010 QUARTERLY UPDATES HAVE BEEN POSTED

TO THE WEBSITE

September 10, 2010 EOP Mini-Messages

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1 ATTENTION: ALL PROVIDERS

THE RELEASE OF DIRECT DEPOSITS AND CHECKS FOR THIS REMITTANCE ADVICE (RA) DEPENDS ON THE AVAILABILITY OF FUNDS. PLEASE VERIFY DIRECT DEPOSIT STATUS WITH YOUR BANK. GO TO WWW
MEDICAID.ALABAMA.GOV TO VIEW THE PAYMENT DELAY UPDATE DETAILS. PAYMENT ALERTS WILL BE
POSTED ONLY IF THERE WILL BE A PAYMENT DELAY.

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 # 4 ATTENTION: PROVIDER ELECTRONIC SOLUTIONS SOFTWARE USERS (190)

* * * N E W S O F T W A R E V E R S I O N 2.14* * *
VERSION 2.14 OF THE PROVIDER ELECTRONIC SOLUTIONS SOFTWARE, UPGRADE AND FULL INSTALL ALONG WITH THE USERS MANUAL CAN BE DOWNLOADED FROM THE MEDICAID WEBSITE AT WWW.MEDICAID
ALABAMA.GOV. CLICK 'BILLING,' SCROLL DOWN TO THE SOFTWARE DOWNLOAD SECTION, AND DOWNLOAD THE SOFTWARE. WHEN APPLYING THE UPGRADE, YOU MUST UPGRADE TO 2.13 BEFORE ATTEMPTING TO UPGRADE TO 2.14. FOR FURTHER ASSISTANCE, OR TO REQUEST THE SOFTWARE ON CD, CONTACT THE EMC HELPDESK AT 1−800−456−1242 OR E−MAIL ADDRESS: AlabamaSystemsEMC@hp
com.

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 # 5 ATTENTION: ALL PROVIDERS (338)

PLEASE REVIEW CLAIMS LOCATED IN THE 'CLAIM IN PROCESS' SECTION OF YOUR RA BEFORE RESUBMITTING CLAIMS. CLAIMS IN PROCESS ARE IN A SUSPENDED STATUS AND REQUIRE NO ACTION
ON BEHALF OF THE PROVIDER. WITH FEW EXCEPTIONS, THE MAJORITY OF THE PENDING CLAIMS SHOULD PROCESS WITHIN TWO CHECKWRITES. CLAIMS PENDING FOR MULTIPLE SURGERY (ERROR 5656 AND FOR MANUAL PRICES (ERRORS 3599, 3800, OR 4014) WHICH REQUIRE A MEDICAL REVIEW CAN
TAKE UP TO 90 DAYS FOR RESOLUTION.

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 # 6 ATTENTION: ALL PROVIDERS (093)

THE ALABAMA MEDICAID PROVIDER MANUAL IS UPDATED QUARTERLY AND POSTED ON THE MEDICAID WEBSITE AT WWW.MEDICAID.ALABAMA.GOV. THE JULY 2010 QUARTERLY UPDATES HAVE BEEN POSTED