New York State Medicaid Update Special Edition - August 2016 Volume 32 - Number 8

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eMedNY 2017 ICD-10 Update Testing Opening September, 2016

2016 is the last year that eligible providers (EPs) may begin participation in the Medicaid EHR Incentive Program. By EP law, receipt by 2/28/17 is the last year for a new EP to receive an EHR incentive payment. Last chance for EP 1st payment is 2/28/17. Last chance for EP 2nd payment is 2/28/18. Last chance for EP 3rd payment is 2/28/19. Last chance for EP 4th payment is 2/28/20.

Effective October 1, 2015, the ICD-10-CM/PCS coding system will be used to report diagnoses and procedures for HIPAA transactions. The ICD-10 code sets will replace the ICD-9-CM code sets. The ICD-10 code sets will expand the ICD-9-CM code sets from approximately 14,000 codes to approximately 68,000 codes in ICD-10-CM and from approximately 3,800 codes to approximately 72,000 codes in ICD-10-PCS. The ICD-10 code sets will provide the necessary detail for more accurate claim payment and will support better tracking of healthcare quality measures.

Starting in September 2016, providers will be able to submit ICD-10 claims to the eMedNY for testing purposes. Providers will be able to submit ICD-10 claims to the eMedNY's production environment in order to allow for iterative testing. NYS does not require providers to submit ICD-10 claims to the eMedNY prior to October 1, 2016.

How to Use the eMedNY Provider Testing Environment

- All providers must use a valid ICD-10 code on the claim.
- The ICD-10 claim will be processed through the eMedNY's claim edits.
- The ICD-10 claim will receive an ICD-10 response. The "accepted" or "rejected" message will be returned.
- **Effective July 1, 2016**, all claims submitted to the eMedNY must contain valid ICD-10 codes.
- The ICD-10 claim will not be paid. Providers will not be billed for any claims submitted for testing purposes.

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New York Medicaid EHR Incentive Program Update

The Office of the National Coordinator for Health Information Technology has issued the final rule to revise requirements for meaningful use of certified electronic health record technology (CEHRT) by eligible providers (EPs). Providers also receive a long EHRs since for the Medicaid EHR Incentive Program. The final rule will be effective on October 16, 2015. The final rule will be effective on October 16, 2015.

24,281 Payments

$782+ Million Paid

Are you vigilant? We must remain vigilant. Visit www.emedny.org/hipaa

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Are you registered for the eMedNY Provider Testing Environment?

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- The ICD-10 claim will not be paid. Providers will not be billed for any claims submitted for testing purposes.

Postpartum Maternal Depression Screening - Updated Billing Guidance

Effective January 1, 2016, Medicaid will reimburse providers for screening postpartum maternal depression using the following CPT codes:

- 96160 - Administration of patient-focused health risk assessment instrument (e.g., pediatric symptom checklist (PSC), Beck Depression Inventory (BDI)) with interpretation and report, 5-10 minutes
- 96161 - Administration of caregiver-focused health risk assessment instrument (e.g., parent marital satisfaction questionnaire, family APGAR) for the benefit of the patient, with interpretation and report
- G0444 - Annual depression screening, 15 minutes
- G0445 - High intensity behavioral counseling to prevent sexually transmitted infections, face-to-face, individual, 30 minutes

Medicaid will reimburse one of the codes listed above for a screening that is performed during the postpartum period. The postpartum period is defined as the 60 days following the end of pregnancy. Medicaid will reimburse only one screening per postpartum period. Medicaid will reimburse only one of the codes listed above for a screening that is performed during the postpartum period.

Screening and Referral Tools

The following tools are available for screening and referral:

- Edinburgh Postnatal Depression Scale (EPDS)
- Patient Health Questionnaire-9 (PHQ-9)

Billing Guidance

Medicaid will reimburse one of the codes listed above for a screening that is performed during the postpartum period. The postpartum period is defined as the 60 days following the end of pregnancy. Medicaid will reimburse only one screening per postpartum period. Medicaid will reimburse only one of the codes listed above for a screening that is performed during the postpartum period.

Reminders

The codes listed above are covered screening assessments apply to an annual, office-visit preventive encounter.

Medicaid will reimburse one of the codes listed above for a screening that is performed during the postpartum period. Medicaid providers can bill a postpartum screening code in addition to other preventive or office visit codes billed on the same date of service.

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Physician Signature – Billing Update for Home Health Care Providers

Effective for dates of service on or after October 1, 2016, Medicaid will require a physician signature on the Home Health Care Plan of Treatment (DOH-4106) before a claim for personal care or skilled nursing services will be paid. The Home Health Care Plan of Treatment (DOH-4106) is available at http://www.health.ny.gov/forms/ and is titled "Home Health Care Plan of Treatment".

Medicaid will reimburse one of the codes listed above for a screening that is performed during the postpartum period. Medicaid will reimburse only one screening per postpartum period. Medicaid will reimburse only one of the codes listed above for a screening that is performed during the postpartum period.

Change in Medicaid Reimbursement for Intravenous Pre-E Oxygenation and Conveyance Liabilities

The NYS Department of Health (DOH) Partnership Plan, and CMS Medicaid Health Program (MHP) Medicaid Managed Care Organizations (MCOs) have agreed to reimburse managed care providers for outpatient services provided to duals eligible Medicaid/Medicare. Credit Eligible beneficiaries will have Medicare coverage and Medicaid coverage. Medicaid will reimburse one of the codes listed above for a screening that is performed during the postpartum period. Medicaid will reimburse only one screening per postpartum period.

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Incontinence Supply Management Program September 1, 2016

Effective for dates of service on or after September 1, 2016, Medicaid will reimburse one of the codes listed above for a screening that is performed during the postpartum period. Medicaid will reimburse only one screening per postpartum period. Medicaid will reimburse only one of the codes listed above for a screening that is performed during the postpartum period.

Pre-Dispensed Pre-numbered authorization numbers will be assigned to each pharmacy. Medicaid will reimburse one of the codes listed above for a screening that is performed during the postpartum period. Medicaid will reimburse only one screening per postpartum period. Medicaid will reimburse only one of the codes listed above for a screening that is performed during the postpartum period.

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New York State Medicaid Incontinence Supply Program Pre-Dispensed Pre-numbered Authorization Number
(NYSIS) Limits Updated Effective on or after September 1, 2016

Product	Description	Limit per Month
T4521	Disposable, adult brief, large	$4.20
T4521	Disposable, adult brief, medium	$4.20
T4521	Disposable, adult brief, small	$4.20
T4521	Disposable, adult brief, extra large	$4.20
T4521	Disposable, adult brief, extra small	$4.20
T4522	Disposable, adult pull-on, large	$4.20
T4522	Disposable, adult pull-on, medium	$4.20
T4522	Disposable, adult pull-on, small	$4.20
T4523	Disposable, adult pull-on, extra large	$4.20
T4524	Disposable, adult pull-on, extra small	$4.20
T4525	Disposable, briefs, baby	$4.20
T4526	Disposable, briefs, child	$4.20

New York State Incontinence Supply Program Pre-Dispensed Pre-numbered Authorization Number

Product	Description	Limit per Month
A4310	Over Quality Pre-Numbered, Male, 24" x 30"/610	