



042810 NEWS BLAST

LA MEDICAID CLAIMCHECK - NEW PATIENT GUIDELINES

Effective for claims received on or after, May 17, 2010 *in keeping* with the implementation of ClaimCheck, LA Medicaid will change its New Patient determination protocol:

Excerpt from the LA Medicaid ClaimCheck & Clear Claim Connection Orientation:

“New Patient” Evaluation & Management Code Frequency:

Consistent with CPT guidelines, a new patient is one who has not received any professional services from the physician or another physician of the ***same specialty**, who belongs to the same group practice, within the past **three** years.

Exception: When identifying the “initial” pre-natal visit of each new pregnancy.

*Providers are encouraged to verify specialty/sub-specialty designations.

Previously 2 years since last seen qualified as a New Patient.

*As noted above, providers are encouraged to verify the specialty that LA Medicaid has on file. To do so, providers can fax a 1 page statement to Provider Enrollment at 225-216-6392 to have information verified and/or updated. Statement should include the following:

- Please verify provider’s specialty/subspecialty and update if necessary.
- Provider’s name
- Provider’s LA Medicaid provider #
- Provider’s specialty code with description
- Provider’s individual NPI #
- Provider’s signature

Providers should also review the LA Medicaid ClaimCheck & Clear Claim Connection Orientation to obtain an understanding of the upcoming changes to be implemented effective May 17, 2010 with the implementation of ClaimCheck. The orientation can be reviewed at: http://www.lamedicaid.com/provweb1/ClaimCheck/Claim_Pres_Materials.pdf