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From the Idaho Department of Health and Welfare, Division of Medicaid

**December 2007** 

# Watch Your Mail for Information about National Provider Identifier (NPI) 'Mismatched' Claims!

A serious problem has been identified on some electronic claims. Some claims are being submitted with an NPI-Idaho Medicaid provider number combination that **does not** match the NPI Idaho Medicaid provider number link registered on the Idaho Medicaid NPI Registration website. Because no Explanation of Benefits (EOB) message is currently generated on the remittance advice (RA) for these 'mismatched' claims, Idaho Medicaid will begin mailing notification letters to providers who submit claims identified as NPI mismatched claims.

#### How are the 'mismatched' claims identified?

Mismatched claims are identified using information sent to Idaho Medicaid on electronic claims. The Idaho Medicaid provider number received in the billing provider loop is the only provider identifier used to pay the claim. To see if Idaho Medicaid could pay the claim correctly using only the NPI submitted in the billing provider loop, the claim is tested against the information the provider submitted during the registration process. If the claim would deny or pay to a different Idaho Medicaid provider number using only the NPI submitted in the billing provider loop, the claim is identified as an NPI mismatched claim.

### What do providers need to do?

If you receive a letter alerting you to an NPI mismatch problem on your claims, review the information and RA specified in the letter with your billing staff, clearinghouse, or software vendor, as appropriate, to correct the billing issues. Please do not ignore this information just because an error is not being reported on your RA. At the end of the federal NPI contingency period on May 23, 2008, federal law requires Idaho Medicaid to process your claims based only on the NPI submitted in the billing provider loop. If the identified error has not been corrected by that date, your claims will deny or be paid to a different Idaho Medicaid provider number.

### Who can help me resolve NPI mismatched claims problems?

Your local EDS Provider Relations Consultant (PRC) is available to help you resolve mismatched claims issues. PRC contact information can be found in the sidebar on Page 5.

## **National Provider Identifier (NPI):**

Explanation of Benefits (EOB) Messages

Are you watching for NPI EOB message codes on your paper RA?

The NPI Explanation of Benefit (EOB) message codes have been designed to help providers correct claim errors that will affect claim payments when the NPI changes are fully implemented. EOB message codes are listed under the participant's name and Medicaid ID number, or under the claim's 'from date of service' on the left side of the claims detail section of the paper RA.

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The 'message codes' section at the end of the RA provides a list of all message codes found on the paper RA and their associated messages.

The following table lists codes and messages that are generated on your paper RA if a claim submitted with both an NPI and a Medicaid provider number fails the NPI crosswalk. EOB message 056 is shown when an NPI is expected on a claim from a health care provider but is not submitted.

Remember, until May 23, 2008, claims will be processed using your Medicaid provider number if it was included on the electronic claim. These messages do not mean your claim has failed. They indicate what you need to do to bill successfully using only your NPI in the future.

Message Code	Message	This message is generated when the crosswalk fails because	Tips for success
049	NPI not registered with Idaho Medi- caid or linked to an Idaho Medicaid provider number	The NPI is not registered with Idaho Medicaid, or the NPI is not successfully linked to an Idaho Medicaid provider number.	Register your NPI with Idaho Medicaid and link it to your Medicaid provider number using the web registration tool at: https://npi.dhw.idaho.gov
050	NPI not linked to Medicaid provider number allowed to bill for this service	The NPI is not linked to a Medicaid provider number of a type and specialty allowed to bill with the claim type submitted.	Check your NPI web registration account. Determine if you need to update or correct the links between your NPI and your Medicaid provider number(s).
051	Taxonomy code is required when submitting this NPI on claims.	Multiple Medicaid provider numbers are linked to one NPI and a taxonomy code is needed to determine which Medicaid provider number to use for processing the claim.	Submit the correct national taxonomy code on each claim. Acceptable taxonomy codes for each Idaho Medicaid provider type and specialty can be found in Appendix B of your provider handbook.
052	Taxonomy code on claim is not used by Idaho Medicaid.	The taxonomy code submitted with the NPI on the claim is not used by Idaho Medicaid.	Find acceptable taxonomy codes for each Idaho Medicaid provider type and specialty in Appendix B of your provider handbook.
053	NPI and taxonomy combination does not match any linked Medicaid provider number.	There is no Idaho Medicaid provider number linked to this NPI with a provider specialty that matches the taxonomy code submitted on the claim.	Find acceptable taxonomy codes for each Idaho Medicaid provider type and specialty in Appendix B of your provider handbook.
054	Zip code sent on claim does not match zip code on file.	The zip code submitted on the claim does not match the zip code that was registered for the service location address when the Medicaid provider number was linked to the NPI.	Use the same zip code you used in your NPI registration account. If your address has changed, contact EDS Provider Enrollment at (800) 685-3757 to have it updated.
055	NPI taxonomy zip combination matches multiple linked Medicaid provider numbers.	Multiple Medicaid provider numbers are linked to one NPI, and all of the Medicaid numbers have the same provider specialty and 9-digit zip code.	Update the service location zip codes in the NPI web registration tool at: https://npi.dhw.idaho.gov Each service location should have a unique 9-digit zip code.
056	An NPI must be submitted on claims for these services effective May 23, 2008.	Your provider type and specialty identify you as a healthcare provider and your electronic claim was submitted without an NPI.	Remember to first register your NPI with Idaho Medicaid and link your NPI to your Medicaid provider number using the web registration tool at: https://npi.dhw.idaho.gov

DHW Phone Nun

Phone Numbers Addresses Web Sites

DHW Websites www.healthandwelfare. idaho.gov

Idaho Careline 2-1-1 (available throughout Idaho) (800) 926-2588 (toll free)

Medicaid Fraud and Program Integrity Unit P.O. Box 83720 Boise, ID 83720-0036 Fax (208) 334-2026

Email: prvfraud@dhw.idaho.gov

Healthy Connections Regional Health Resources Coordinators

Region I - Coeur d'Alene (208) 666-6766 (800) 299-6766

Region II - Lewiston (208) 799-5088 (800) 799-5088

Region III - Caldwell (208) 642-7006 (800) 494-4133

Region IV - Boise (208) 334-0717 or (208) 334-0718 (800) 354-2574

Region V - Twin Falls (208) 736-4793 (800) 897-4929

Region VI - Pocatello (208) 235-2927 (800) 284-7857

Region VII - Idaho Falls (208) 528-5786 (800) 919-9945

In Spanish (en Español) (800) 378-3385 (toll free)

Prior Authorization
Phone Numbers
Addresses
Web Sites

#### **Prior Authorizations:**

DME Specialist Medical Care P.O. Box 83720 Boise, ID 83720-0036 (866) 205-7403 (toll free) Fax (800) 352-6044 (Attn: DME Specialist)

Pharmacy P.O. Box 83720 Boise, ID 83720-0036 (866) 827-9967 (toll free) (208) 364-1829 Fax (208) 364-1864

Qualis Health (Telephonic & Retrospective Reviews) 10700 Meridian Ave. N. Suite 100 Seattle, WA 98133-9075 (800) 783-9207 Fax (800) 826-3836 or (206) 368-2765

Qualis Health Website www.qualishealth.org/ idahomedicaid.htm

Transportation Prior Authorization:

Developmental Disability and Mental Health (800) 296-0509, #1172 (208) 287-1172

Other Non-emergent and Outof-State

(800) 296-0509, #1173 (208) 287-1173

Fax

(800) 296-0513 (208) 334-4979

**Ambulance Review** 

(800) 362-7648 (208) 287-1155

Fax

(800) 359-2236 (208) 334-5242

**Insurance Verification:** 

HMS P.O. Box 2894 Boise, ID 83701 (800) 873-5875 (208) 375-1132 Fax (208) 375-1134

## **National Provider Identifier (NPI) Validation**

Idaho Medicaid started validating the format of all National Provider Identifiers (NPIs) submitted on the following electronic transactions on October 1, 2007:

- Electronic 837 healthcare claim
- Electronic 270 eligibility transaction
- Electronic 276 request for claim status information

The NPI validation check is based on the ID qualifier you use on the transaction. If you submit a provider identification number with an NPI ID qualifier, the NPI validation check will be performed. The NPI must be ten numeric digits in length and entered in the correct order to pass the check-digit validation.

If your electronic transaction is rejected because of an invalid NPI, you will be sent a rejection message indicating the specific reason the NPI is not valid. Possible rejection messages include errors for length, numeric value, both length and numeric value, or invalid check-digit.

If you receive an invalid NPI rejection message, check the format of the NPI you included in the transaction. Also make sure you used the correct qualifier. The qualifier communicates the type of ID you are sending. There are separate qualifiers for each identifier, including NPI, Medicaid provider number, and tax ID. Once you have identified the problem, make corrections and resubmit the transaction.

Provider Electronic Solutions (PES) software, which is provided at no cost by EDS, performs the NPI validation check before a claim or eligibility request transaction is submitted to Medicaid.

For questions, please call the EDI Helpdesk toll free at: (800) 685-3757 or in the Boise area at: (208) 383-4310 and say 'Technical Support'.

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## Medicaid School-Based Services FAQs

Medicaid frequently receives questions from schools, parents, and other service providers regarding the School Based Services program. Medicaid School Based Services are rehabilitative and health related services which are provided by enrolled school districts, charter schools and the Idaho Infant Toddler Programs. These services are provided to students who are enrolled in the Idaho Medicaid program and recommended or referred by a physician or other practitioner of the healing arts.

The most frequently asked School Based Services questions and answers are listed below. Please contact Shannon Carlin at: (208) 364-1903 if you have questions regarding the FAQs.

QUESTION	ANSWER
Can the school and the private provider bill Medicaid for the different services on the same day?	Yes. There are no restrictions placed on procedure codes for different services billed on the same day under SBS. The Individualized Education Plan (IEP) indicates justification for the provision of health related services. All services must be medically necessary and cannot be duplicative of other services in order to be reimbursed by Medicaid.
	Reference: Resolution Manual at: www.dhw.idaho.gov Medicaid Automated System. Access a claim specialist, who can provide information, by calling (208) 364-1986.

Continued on Page 4 (School-Based Services FAQs)

QUESTION	ANSWER	MAVIS
2. Are all services on the Individualized Education Plan (IEP) reimbursable?	No. The following health-related services if medically necessary and included on the IEP are reimbursable from Medicaid when provided to eligible students:	(800) 685-3757 (208) 383-4310 EDS
	Collateral contact	Correspondence P.O. Box 23
	Developmental Therapy and Evaluation	Boise, ID 83707
	Medical Equipment and Supplies	Provider Enrollment
	Nursing Services	P.O. Box 23
	Occupational Therapy and Evaluation	Boise, Idaho 83707
	Personal Care Services	Medicaid Claims
	Physical Therapy and Evaluation	P.O. Box 23 Boise, ID 83707
	Psychotherapy	•
	Psychosocial Rehabilitation	PCS & ResHab Claims P.O. Box 83755
	Intensive Behavioral Intervention	Boise, ID 83707
	Speech/Audiological Therapy and Evaluation	
	Social History and Evaluation	EDS Fax Numbers Provider Enrollment
	Transportation Services	(208) 395-2198
	Reference: IDAPA 16.03.09.852 Coverage and Limitations	Provider Services (208) 395-2072
Can Medicaid be billed without the parent's permission?	No. The school district must obtain a signed release/consent from the parent(s) in order to verify the student's eligibility for Medicaid and to bill Medicaid for covered IEP related services that are provided to the student.	Participant Assistance Line Toll free: (888) 239-8463
	Reference: IDAPA 16.03.09.854.06(d) Requirements for Cooperation and Notification	
Can the school bill Medicaid if the student has private insurance?	Yes. In such cases the school districts must inform families of the policy that Medicaid is the payer of last resort. Private insurance is billed first, and Medicaid is only the payer of last resort.	
Can the Psychologist bill time spent writing the report after testing is completed?	Yes. Refer to the current Medicaid School-Based Service Handbook guidelines which indicate that reimbursement is for psychological testing per hour of the physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.  Reference: Medicaid Provider Handbook 3.2.12.1 Evaluation Services	
Are "social histories" reimbursable if the stu- dent does not end up with an IEP?	Yes. Evaluations to determine eligibility or the need for health related services may be reimbursed.	
	Reference: IDAPA 16.03.09.852.02 Evaluation and Diagnostic Services	

**EDS Phone Numbers** 

Addresses

Continued on Page 5 (School-Based Services FAQs)

### EDS Phone Numbers Addresses

Continued from Page 4 (School-Based Services FAQs)

Provider Relations Consultants

Region 1 Prudie Teal 1120 Ironwood Dr., Suite 102 Coeur d'Alene, ID 83814 EDSPRC-Region1@eds.com (208) 666-6859 (866) 899-2512 (toll free) Fax (208) 666-6856

Region 2 Darlene Wilkinson 1118 F Street P.O. Drawer B Lewiston, ID 83501 EDSPRC-Region2@eds.com (208) 799-4350 Fax (208) 799-5167

Region 3 Mary Jeffries 3402 Franklin Caldwell, ID 83605

EDSPRC-Region3@eds.com (208) 455-7162 Fax (208) 454-7625

Region 4 Angela Applegate 1720 Westgate Drive, # A Boise, ID 83704

EDSPRC-Region4@eds.com (208) 334-0842 Fax (208) 334-0953

Region 5 Penny Schell 601 Poleline, Suite 3 Twin Falls, ID 83303

EDSPRC-Region5@eds.com (208) 736-2143 Fax (208) 678-1263

Region 6 Janice Curtis 1070 Hiline Road Pocatello, ID 83201

EDSPRC-Region6@eds.com (208) 239-6268 Fax (208) 239-6269

Region 7 Ellen Kiester 150 Shoup Avenue Idaho Falls, ID 83402

EDSPRC-Region7@eds.com (208) 528-5728 Fax (208) 528-5756

QUESTION	ANSWER
7. What is collateral contact?	Collateral contact is consultation or treatment direction about the student to a significant other in the student's life which may be face to face or by telephone contact. The following contacts are not reimbursable as collateral contacts:
	General staff training
	Regularly scheduled staff training
	Regularly scheduled parent-teacher conferences
	General parent education
	Treatment meetings even when the parent is present
	Reference: IDAPA 16.03.09.852.03(a) Collateral Contact
8. What can be billed under Interpretive Services?	Medicaid payment will be made to the provider when it is necessary for the provider to hire an interpreter in order to communicate with a participant when they are providing a direct service. Payment will not be made for interpretive services to assist the participant to understand information or services that are not reimbursed by Medicaid. Payment will not be made for interpretive services when the provider of the service is able to communicate in the participant's language or sign language.
	Reference: IDAPA 16.03.09.852.03(o) Coverage and Limitations
9. Does Medicaid reimburse for a 504 plan?	No. Medicaid reimburses for Medicaid services on the following plans:
	Individualized Education Plan (IEP)
	Individualized Family Service Plan (IFSP)
	Service Plan (SP)
	Reference: IDAPA 16.03.09.853.01 Procedural Requirements
10. Are School Based Services prior-authorized?	No. School Based Service rules do not require that health related services included in a child's IEP is prior authorized.
11. Are all evaluations, including social histories	Yes.
billable if directed toward a Medicaid covered health related service?	Reference: IDAPA 16.03.09.852.02 Evaluation and Diagnostic Services
Can the services of a practitioner who has completed and passed the test for IBI certification bill Medicaid while the practitioner is in the process of fulfilling certification requirements?	Yes. The services of the IBI professional or paraprofessional can be billed to Medicaid after the required training hours are accumulated and all requirements are met. The Idaho Training Cooperative, University of Idaho Boise Center Disabilities & Human Development is responsible for coordinating this program.
	Reference: Requirements are listed at: http://itc.idahocdhd.org

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QUESTION	ANSWER
13. Is the school district required to allow private providers into the school to provide services?	No.
	Reference: IDAPA 16.03.09.855.03 Contracted Providers
14. When school districts provide IBI, will the time affect the 3 year limitation on IBI?	No. The IBI 3 year limitation per child by a private agency does not count against the IBI services delivered in the school.
	Reference: Parent Brochure: "Special Education/Health Related Services for my Child"
15. What policy or informational web sites are out there to help understand Medicaid and School Based Services?	References: Department of Health & Welfare http://www.healthandwelfare.idaho.gov
	Department of Administration, Idaho Administrative rules http://adm.idaho.gov/adminrules & IDAPA 16.03.09 School Based Services
	Department of Education, Bureau of Special Populations http://www.sde.idaho.gov/Special Education/Medicaid. Asp
	U.S. Department of Education http://www.ed.gov/index.jhtml
	U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services http://www.cms.hhs.gov/
16. Where can I obtain the Medicaid rules and provider handbook?	References: Department of Health and Welfare; see "Medicaid Basic Plan Benefits" www.healthandwelfare.idaho.gov
	Department of Administration; see Administrative Rules" http://adm.idaho.gov/adminrules at section 16.03.09.851
	To request a hard copy, please mail your request to: Sherri Kovach Administrative Procedures Coordinator DHW – Administrative Procedures Section 450 West State Street, 10 <sup>th</sup> floor P.O. Box 83720-0036 Boise, ID 83720 kovachs@dhw.idaho.gov
17. Are Healthy Connection referrals required for School Based Services?	No. Healthy Connection referral is not required for School Based Services
	Reference: Idaho Medicaid Provider Handbook – Rehabilitative and Health Related Services Guidelines 3.2.5.1

QUESTION	ANSWER
18. What does "substantial functional limitation" mean?	Medicaid criterion for DD services is described at: Determination Standards
	Reference: IDAPA 16.03.10.501 DD Determination Standards
19. Is a licensed psychologist considered a "practitioner of the healing arts" within the	No.
Medicaid program?	Reference: IDAPA 16.03.09.853(02)
20. What are the requirements for "notification of parents"?	Parents of students must be notified when the school intends to bill Medicaid.
	Reference: IDAPA 16.03.09.854.06 Requirements for Cooperation with and Notification of Parents and Agencies.
21. Do all evaluations (speech/lang, psych, OT/PT) need to be signed by the evaluator?	Yes. This is accepted medical standard practice.
	Reference: IDAPA 16.03.09.854(05)(06) Parental Notification and Requirements for Cooperation with and Notification of Parents and Agencies

## Revenue Code 658:

## Hospice Room and Board for Nursing Home Residents with Third Party Coverage Other than Medicare

Effective December 1, 2007, hospice providers billing with Revenue Code 658, Hospice Room and Board for Nursing Home Residents, will be required to file claims with insurances other than Medicare that cover hospice services before filing the claims with Idaho Medicaid for payment.

If the other insurance will not make payment to a hospice provider because the nursing home is considered to be the provider of service, then the hospice provider will be required to obtain an Explanation of Benefit (EOB) denial from the other insurance stating the claim was denied because the hospice is not the provider of service. Only one EOB denial per Medicaid participant with other insurance that cover hospice services will be required. Once the EOB is on file with EDS, the hospice provider will be able to bill future claims to Medicaid without having to obtain another EOB denial from the other insurance.

# Billing Nursing Home Claims for Medicaid Participants with Long-Term Care Insurance

The waiver which allowed Idaho Medicaid to pay as primary on nursing home claims, and pursue the other insurance resources after the fact, was not renewed by the Centers for Medicare and Medicaid Services (CMS). Therefore, nursing homes must file claims with other insurances that cover long-term care services before filing claims with Medicaid for payment.

Medicaid requires an Explanation of Benefits (EOB) from the primary insurance before claims will be processed for payment. The Health Insurance Portability and Accountability (HIPAA) compliant billing format, 837-Institutional, allows for third party information to be sent electronically. Medicaid will not require an EOB from insurance plans that do not provide coverage for long term care.

# **Get Ready for 1099 Forms**

Note: There have been a few modifications to this form. If you need an updated form, please contact EDS at: (800) 685-3757 toll-free or in the Boise area at: 383-4310; ask for 'Provider Enrollment'.

The time of year is coming again when we will soon be sending your 1099 forms. The information that follows will help ensure that your 1099 information is current.

First, check your recent remittance advice report to make certain we have your correct business name and address and that this information is linked to the correct provider identification number.

Next, determine if your tax identification number has changed during this past year.

If any corrections are needed, please submit your updates using the Change of Provider Information Authorization form. This form must be signed by the provider to authorize a change in the pay-to name or address, or the tax identification number. You can either fax it to EDS Provider Enrollment at: (208) 395-2198, or mail it to: EDS Provider Enrollment P.O. Box 23, Boise, ID 83707.

By taking a few minutes to verify your correct information now, you can save time and frustration in the future. If you have questions, please call EDS at: (800) 685-3757 toll-free or in the Boise area at: 383-4310; ask for 'Provider Enrollment'.

Provider Number:	Provider Name:	
Date requested information is effective:		
Please change the information for the following name(s) or address(es):		
Pay-to	Mail-to Service Location(s)	
Old Name:	New Name:	
	(attach a signed W-9 with effective date if Pay-To name is changing)	
Old Address:	New Address:	
Old Telephone Number:	New Telephone Number:	
Old Tax ID Number:	New Tax ID Number:	
	(attach a signed W-9 with effective date)	
Additional Comments:		
Provider Signature:		
Date Signed:		

Mail to: EDS

Provider Enrollment P.O. Box 23 Boise, ID 83707

Fax to: EDS

Attn: Provider Enrollment

(208) 395-2198

Information: (800) 685-3757

# **Explanation Of Benefits (EOB) 101:**Participant Name and/or Number Does Not Match Participant File

The following examples may help providers to better understand how to enter the participant's name on the claim for successful processing.

- Example 1: Participant recently changed his/her name. Participant informed provider of the new name and provider

  Updates participants information accordingly. However, the participant has not changed the name with Idaho

  Medicaid. If claim is billed before the name change is made with Idaho Medicaid the claim will deny.
- Example 2: Participant has a first and last name that both sound like first names (ex: Craig Michael). The first name is Craig, the last name is Michael. The provider enters the name Craig Michael on a paper claim form, the last name will be entered as Craig and the first name as Michael which will cause the claim to deny. Be sure names are entered last name, first name.
- Example 3: Participant gives a first name that is a nickname (ex: Mike vs. Michael, Sue vs. Susan, Ed vs. Edward, etc). If the claim is submitted with the nickname and does not match the first three letters of the first name on file with Idaho Medicaid the claim will be denied. This is also true if the first or last name is misspelled on claims. Idaho Medicaid matches the first five letters of the last name and the first three letters of the first name when processing claims. If any one of those letters do not match the file the claim will be denied.
- Example 4: Claims are submitted with special characters such as an apostrophe ('), hyphen (-), a period (.), a comma(,), or an asterisk (\*). Claims submitted with any of these characters may be denied. Special characters should not be used on claims submitted to Idaho Medicaid.
- Example 5: Claims are submitted with a space between letters (ex: OConnor is submitted as O Connor, McDonald is submitted as Mc Donald, etc.) Make sure the first and last name are entered as shown on the participants Idaho Medicaid identification card, or on eligibility printouts.
- Example 6: Participant has two last names (ex: Tiffany Robles Garcia). The first name is Tiffany, the last name is Robles Garcia. When entering this name on a paper claim form the last name should be entered as Robles and the first name as Tiffany. Entering both last names on a paper claim form causes the system to enter Robles as the last name and Garcia as the first name which will cause the claim to deny. Electronic claims can be submitted with both last names in the last name field if billing systems allow this function.

To avoid these errors, verify eligibility every time services are rendered. The Medicaid Automated Voice Information Service (MAVIS), Provider Electronic Solutions (PES), and Point-of-Service (POS) give a printed record of the correct spelling of the participant's name. If you receive a denial with EOB 101, look for typing, spelling, and name order errors. If these are not the problem, call MAVIS during normal business hours and talk to a Provider Service Representative to confirm the participant's name on the date of service.

## **Keeping Your Staff Up to Date in 2008**

EDS Provider Relations Consultants continue to offer a series of provider workshops. Each consultant conducts a two hour regional workshop every two months to help providers in their region. The topics include:

- Learn more about NPI
- · General Medicaid Billing
- Provider Resources
- Using Provider Electronic Solutions (PES) Software
- CMS 1500 (08/05)

The next workshop is scheduled for all regions Tuesday, January 8, 2008, from 2 to 4 p.m. These training sessions are provided at no cost to providers, but space is limited so please pre-register with your local consultant. Their phone numbers are listed in the Medicaid newsletter on Page 5.

# Safeguard Protected Health Information (PHI): Don't Overstuff Your Envelopes

Thousands of paper claims coming in every day makes an automatic envelope opener an indispensable office machine at EDS. This handy appliance works by shaking the batches of mail to settle the contents into the bottom of the envelopes. Then, the very top of each envelope is sliced off so the documents can be removed by hand as they are unfolded, unstapled, unclipped, repaired if torn, batched, and readied for scanning.

When sending paper claims, please be careful that the glue on the envelope flap does not stick directly onto the claim documents. When claims are stuck to the envelope, they can be torn when removed, or they may be sliced in the automatic envelope opener machine when the contents don't settle to the bottom and out of the way of the slicing blade.

Over-stuffed envelopes are especially at risk for being stuck to the glue on the flap. Another risk is that the envelope can pull open and disclose protected health information (PHI) before it reaches its destination at EDS. Remember that HIPAA regulations governing the protection of health information strictly enforce how the information should be safeguarded against unauthorized disclosure. Please don't overstuff envelopes.

You can help us process your claims quickly by not sticking or stapling the claim to the envelope. In fact, all staples must be removed before scanning, so please don't use them at all. Claims should be sent <u>flat</u> in a large envelope with any supporting documents behind each claim form.

To avoid the paper hassle altogether, remember that electronic billing is the fastest and most efficient way to get your claim processed when paper attachments are not necessary.

# **Attention Anesthesiologists: Billing for Dental Procedures**

The correct Current Procedural Terminology (CPT) code for anesthesia for dental procedures is **00170 - Anesthesia for Intraoral Procedures.** 

All anesthesia claims for dental procedures performed in a hospital or ambulatory surgical center should be billed with 00170, not 01999 - Unlisted anesthesia procedure(s).

- Edits have been developed to deny claims billed inappropriately. Effective for dates of service on or after
  January 1, 2008, anesthesia services billed with CPT code 01999 and with an ICD-9-CM diagnosis code of 521.0
  (dental caries) or other dental diagnosis will be denied and will need to be rebilled using the correct CPT code.
- When billing 01999 for procedures other than dental that do not have an appropriate CPT code, a report must be attached to the claim so Medicaid can manually price the claim.

## **Provider Electronic Software (PES) Passwords**

If you use Provider Electronic Solutions software to submit your batch or interactive transactions using the Web server method, you will now have two different passwords that the PES software will prompt you to change. Each password is associated with different functions and connects to different areas in the PES software. The following describes the purpose for each type of password.

#### Logon Password

This password allows you to open the PES software. The logon password expires every 30 days unless otherwise indicated in the retention settings, which can be found in the **Tools/Options/Retention** menu in PES.

#### Web Password

This password allows you to submit your transactions over the internet. PES will prompt you to change the Web password every 30 days. To locate the old web password, click the Batch tab in **Tools/Options** menu. The Batch tab is for reference only.

If you don't remember your correct password, after three attempts you will be locked out. If this occurs you will need to call the EDI Helpdesk at: (800) 685-3757 toll-free or in the Boise area at: 383-4310; ask for 'Technical Support'.

**NOTE:** When using the Web server method to submit batch or interactive transaction, it is recommended that you have a different Logon Id and Password on each PC that has the PES software installed. You can request multiple logon Id and passwords through the EDI Helpdesk.

# More Tips to Make Your Paper Claim "Readable"

When your claim is submitted it is read by a computer as it is scanned into the system. The computer looks for all the required information and is able to identify characters and "read" the information into the system for processing the claim.

The source of the most common errors found on the CMS-1500 (08/05) claim form is field 33b, the billing provider's qualifier and Medicaid provider number field. The claim data <u>must</u> include the qualifier 1D (one-D) and then the 9-digit Medicaid provider ID number immediately following the qualifier with no space centered in field 33b. (Example: 1D123456789).



This information is required in this field for claim processing. Claims submitted without the ID qualifier cannot be processed and are returned to providers.

The second most common error on the CMS-1500 (08/05) claim is when data is out of alignment causing information to overflow into adjacent fields.

Remember, the computer is reading the information on the claim and is looking in specific fields for particular information. Keep data within the correct fields for correct processing and to prevent delays.

Additionally, no text should be printed in the pink areas of the service detail (fields 24 a –h).

If you handwrite information on a claim, please use black ink and make the characters legible without write-overs or scribbles.

Remember, a machine is "reading" data on the claim. If illegible, data may be misread into the system and cause claim denials or incorrect payments.

When claims are submitted with every detail in place you can prevent delays in processing and payments.

# **Identifying Medicare Crossover Claims**

We are seeing more Medicare Remittance Notice (MRN) forms that do not have any wording, or indicator, on them to identify that they are Medicare related. Each Medicare crossover claim must be submitted with a MRN attached that clearly states what was applied to the Medicare payment and any adjustments.

If the MRN does not clearly identify that it is a Medicare document, please write 'Medicare' on the top right margin of the claim form or the MRN to help us sort the claim correctly. This will help ensure that your claim is batched correctly for appropriate processing. Please refer to your Idaho Medicaid Provider Handbook, Section 2.5.1 for this instruction.

Remember too, you can bill Medicare crossover claims electronically. Electronic billing is faster and more efficient than billing on paper. For help call at: (800) 685-3757 toll-free or in the Boise area at: 383-4310, from 8 a.m. to 6 p.m. MT, to request our Provider Electronic Solution (PES) software at no charge. You can choose the EDI 'Technical Support' option from 8 a.m. to 5 p.m. to set up electronic billing with your vendor software.

EDS P.O. BOX 23 BOISE, IDAHO 83707



# **December Office Closures**

The Department of Health and Welfare and EDS offices will be closed for the following holiday:

## Christmas

Tuesday, December 25, 2007

**Reminder that MAVIS** 

(the Medicaid Automated Voice Information Service) is available on State holidays at:

(800) 685-3757 (toll-free) or

(208) 383-4310 (Boise local)

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